

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Yeovil)

Inspection report

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Date of inspection visit:
21 January 2019

Date of publication:
14 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 21 January 2019. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

This service is a domiciliary care service. It provides personal care to people living in their own homes in the community. The service specialises in providing a service to adults and children with complex needs. At the time of the inspection the agency was supporting 13 people. Individual packages of care were arranged according to people's needs and could include 24-hour care.

This was the first inspection of the service since they registered on 9 November 2017. Some people had previously received care and support from the Newcross Healthcare branch in Taunton.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very happy with the care they received and said they would recommend the agency. One person said, "We are very happy with our lovely carers and happy with the level of care." Another relative said they were satisfied with everything and were impressed with the whole service.

There were systems in place to minimise risks and people felt safe with the staff who supported them. One person told us, "They are very safe. They know exactly what to do." A relative said the service was "Very safe. They are very good with them." Another relative felt safe to go to sleep knowing their family member was, "100% safe."

People were cared for by small teams of staff who received specialist training to meet people's individual needs. The provider had systems in place to ensure the service did not begin caring for people until they were sure sufficient staff with the appropriate training were available.

The provider had systems in place to ensure people received a high standard of care and support. These included nurses leading key aspects of care, supporting staff in care delivery and carrying out quality monitoring. Nurses planned people's care and monitored care practice to ensure best practice was maintained.

People or their representatives, were involved in discussions and decisions about their care and support. People told us staff were kind and caring and respected their privacy and dignity. One relative said, "They are excellent and extremely caring." Another relative told us, "They just do everything they love. Playing,

reading stories. You can hear them roaring with laughter which is lovely to hear."

Changes in people's needs were quickly identified and responded to. This meant health emergencies were responded to correctly. The service worked in partnership with other organisations to make sure people's needs were met. Increases in care needs were addressed promptly and support from other health professionals was requested when required.

People received information about how to make a complaint and all said they would be comfortable to raise their concerns with the registered manager or a member of staff. Where complaints had been made these had been fully investigated and responded to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from the risks of abuse because the provider had a robust recruitment process and staff knew how to recognise and report suspicions of abuse.

Risk assessments carried out minimised risk to people and respected their wishes and independence.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good 

The service was effective.

People received skilled care and support because staff were well trained and supported to provide complex care to everyone as required.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good 

The service was caring.

People received their care from staff who were kind and caring.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the registered manager and senior staff.

People received care at the end of their lives that was skilled and compassionate.

Is the service well-led?

The service was well led.

People received a service from a registered manager and provider who were committed to ensuring people had high quality personalised care.

Staff were well supported which helped them to deliver demanding and complex care to people.

People had opportunities to share their views about the service and to influence the service they or their relatives received.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service.

The inspection took place on 21 January 2019 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange for senior staff to be available.

We visited the office location on 21 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with six members of staff. An Expert by Experience carried out six phone calls to people and their relatives before we visited the office. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at records related to people's individual care and the running of the service. Records seen included four care and support plans, details of people's visits and quality audit phone calls. Three recruitment files, supervision records, minutes of meetings and the staff training matrix provided evidence of staff management.

Is the service safe?

Our findings

People felt safe with the service provided by the agency. One person told us, "I do feel safe. There's never been a problem at all." A relative said they had no concerns about the safety of their relative because they knew the staff were well trained and competent. They said, "It's reassuring, I can go out and he's totally safe."

Risks to people using the service were minimised by the provider's systems and processes. These included a robust recruitment procedure and training for staff. Before staff began work they were thoroughly checked to make sure they were safe to work with children and vulnerable adults.

Staff all received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns to the registered manager. All were confident any concerns raised would be dealt with effectively to make sure people were protected.

Where issues had been raised with the registered manager they had acted swiftly to make sure people were kept safe. Adults and children were supported by the service. Staff received training to safeguard children. A nurse specialising in paediatrics was responsible for the assessment and care of the children.

There were adequate numbers of staff employed to make sure people received the correct care and support to meet their needs. The registered manager told us they did not agree to start supporting people until they were sure they had sufficient staff in place. Each person had a team of staff who had been specifically trained to care for them. This ensured as far as possible people received safe and consistent care. The branch completed a critical care pathway form before a person's care commenced. Regional staff checked that there were sufficient staff in place to deliver safe care.

People we spoke with said they received a consistent staff team. This was essential to ensure staff were appropriately trained and knew people and their families well.

The agency operated a system which enabled care staff to log in when they arrived at a person's home and log out when they left. If a scheduled member of staff did not log in the agency received an email to alert them. This enabled them to take prompt action to make sure people received their support visits. There had been no missed visits. The agency had a lone working policy which was available to all staff and helped to keep staff safe when working independently in the community.

People received safe care and support because comprehensive risk assessments were carried out by trained nurses. This was to make sure people received their care and support in a way that minimised risks but supported their independence and freedom of choice. For example, one person's mobility was reducing. The care plan showed ways in which it could be maximised and what to do if the person experienced an escalation of symptoms. Another person was prone to medical emergencies. The care plan clearly set out signs for staff to be aware of that may precede these events and the support needed to enable them to help the person to avoid the risk. The care plan had been fully discussed with the person and their relatives.

All staff had received training in medicine administration. When they began supporting people who needed to have medicines administered their competency in this area was assessed to make sure their practice was safe. Staff kept records to show when these medicines were administered or refused. This allowed the effectiveness of prescribed medicines to be monitored. Some people required support with complex medications and there was evidence of additional training and assessment.

Where things went wrong the service learned from these mistakes and acted to make sure improvements were made. For example, any medication errors were fully investigated and staff responsible received the support they required, such as reflective practice sessions or further training, to make sure mistakes were not repeated.

People were protected from the risks of infection because all staff were issued with personal protective equipment such as disposable aprons and gloves. People and their relatives confirmed staff wore these and washed their hands before delivering care.

Is the service effective?

Our findings

People received effective care and support from staff who had the correct training and experience to meet their needs.

Due to the complex nature of the support people required, the agency only employed staff who had experience of working in health and social care. New staff undertook the agency's induction programme to make sure they were aware of the standards required. New staff completed shadow shifts which enabled them to meet the people they would be working with and observe more experienced staff. Staff confirmed their induction had been thorough. They had been offered additional shadow shifts if they needed them. They were also offered additional support when they commenced supporting new people.

People and their relatives were confident staff had the right training and knew what they were doing. One relative said "They are very good. They know exactly what to do with [family member]." One relative spoke about the difference skilled staff had made to their family member's life. "They know how [family member] operates, for example how they like their tea. They have brought the sunshine out in them again."

The registered manager and a trained nurse carried out a full assessment of all people considering care or being referred to the agency. The service employed nurses trained and qualified in both adult and children's care. This enabled appropriate standards of care to be delivered to each person. Where the service did not feel they could safely meet a person's needs they did not commence the care provision.

Everyone receiving a service, or their representative, signed to say they had been fully involved in the development of their care plan. Care plans were regularly reviewed and up dated to make sure they were reflective of people's current needs. The trained nurses from the agency were responsible for the clinical standards of care. They visited people regularly to discuss and up-date care plans. Relatives told us they had been fully involved in the care plan and any changes. People had copies of their up to date care plans in their home which meant staff had the information they needed when they supported people.

Staff only provided care and support with the consent of the person or their appointed representative. People signed their care plans to indicate they had been discussed with them or their representatives. Staff had received training regarding the Mental Capacity Act 2005 (MCA.) The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People received care and support which met their specific needs which were very different. Each member of staff received training which was tailored to the person they supported and any equipment they used. Once they had undertaken this training they had their competency assessed to make sure they were able to safely and effectively support the person.

To meet the complex needs of people using the service the staff worked in partnership with other healthcare professionals which ensured people received effective care. They held regular multi-disciplinary meetings where people could discuss their care with a range of professionals.

Staff sought advice and support from other professionals to make sure people received the treatment and care they required.

Staff were responsible for providing food and nutrition for some people. Relatives told us staff knew how people needed their food prepared and were skilled at assisting them to eat. If people needed specialised assistance such as a Percutaneous Endoscopic Gastrostomy they received training and had their competency assessed. (A Percutaneous Endoscopy Gastronomy is a tube passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.)

Is the service caring?

Our findings

People received a caring service.

One person said, "They are chatty, talk to me and always ask if I want anything." Relatives we spoke with praised the staff who supported them. One relative said "They talk to my [family member] and phone me up. They sit and chat to [family member], hold their hand. Sometimes they get anxious, scared and they sit with them. They put on their music or the TV. They know what they like. They chat with them and help them to interact with [other family member.]

Another relative said "They do everything [family member] loves. They read stories and play with [family member.] You can hear them roaring with laughter which is lovely to hear."

Staff told us they had regular people to support. Care and support plans confirmed people only received care and support from a small team of staff who had all the skills necessary to support people in a very individual way.

The registered manager told us part of the assessment of people's needs meant finding out about the person to enable them to match staff to the person.

Staff built up relationships with people and their families. Some people had very complex care needs or were coming to the end of their lives. Initially relatives were concerned and anxious about the support their family members were receiving. Families became relaxed and confident with the staff who supported their relative.

One staff member told us about the support they provided to people during the night. They said "We go in as much for [relative] as for [family member]. At first relatives are anxious they are not caring for the person but you can see how they begin to sleep better. They start to look better. They can cope with it all much better for a good sleep."

People and their families were treated with respect and dignity. When staff spoke to us about the people they supported they were respectful and compassionate. One member of staff said, "People become very important to you."

Relatives told us about the ways in which people's privacy and dignity was protected during personal care. They gave us practical examples such as closing doors and helping people in their own bedrooms and talked about the way staff spoke to their family members. They said people were given time and never rushed.

People were involved in all decisions about the care they received. People's care and support was fully discussed with them and all care plans were developed in partnership. Staff fitted into people's routines to enable them to continue to live their chosen lifestyles and enjoy family life.

Is the service responsive?

Our findings

The service was responsive.

People received care and support which was personalised to their individual needs and wishes. Everyone had a care team who knew them well and could identify any changes that may indicate an issue with their health or well-being. One relative said, "They know them so well they know when something isn't right and they respond accordingly."

The provider had a complaints policy which everyone using the service received a copy of. People said they would be comfortable to make a complaint and all felt their concerns would be listened to. One relative said "I have no complaints. I would ring them. There is a complaints procedure in the file and they went through it with me." "Another relative said "No complaints. One person just didn't gel with us. It was quickly and nicely sorted."

Another relative said they would find it easy to raise any issues with the manager or senior staff. Where complaints had been made, full investigations had been carried out and complainants had been advised of the outcome. The provider had acted to address any shortfalls highlighted by complaints, for example when staff had required additional supervision or support.

The staff responded to changes in need to make sure people received appropriate care. The agency employed two trained nurses, one who specialised in adult care and another who specialised in paediatric care. This meant that when people's health changed they could respond quickly to make sure people continued to receive appropriate care and treatment. The trained nurses were also responsible for making sure people's care plans accurately reflected their current needs which ensured staff always had up to date information.

Many people receiving care had health conditions which meant their abilities in some areas decreased with time. Staff could identify changes in need and adapted their care accordingly. Relatives told us how important it was that people were not rushed. Other people gained in confidence and enjoyed the extra experiences and outings the staff could assist them with.

All staff received training in first aid and basic life support which enabled them to respond to any emergency situations. There was detailed guidance in people's care plans regarding the care and support people needed in an emergency. For some people it was critical that the correct action was taken promptly to avoid serious complications. Care records showed how staff had taken the right actions. A relative told us staff knew their family member so well they anticipated possible health complications before they did.

The agency cared for people at the end of their lives. Staff liaised with other professionals to make sure people had the care and medicines they required to maintain their comfort and dignity at the end of their lives. Sometimes people came home for a short period at the end of their lives and staff learnt quickly what their individual preferences were. A relative spoke of the way staff cared for their family

member. "When they are depressed or tearful they talk to them about all sorts of nice things." "They told us about the kind and gentle way staff helped their family member throughout the day and night. They said, "It is so reassuring."

Is the service well-led?

Our findings

The service was well led.

People and their relatives were happy with the service they received and thought it was well organised and professional. One relative said, "I think it is very well run. I'm impressed." Another relative said, "They are very good. They seem to know what they are doing. Things are changed without hassle. They even call to check to see that everything is ok." Everyone we asked said they would recommend the agency. A relative said, "I couldn't fault them. I have met the manager and my contact in the office. They are all very accommodating and professional."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was experienced at running this type of service and continued to manage the branch in Taunton which had been established since 2013. They were supported on a day to day basis by two trained nurses and a team leader in each office location.

The registered manager was fully supported by the provider's systems and policies which made sure people received a consistent standard of care and support. Staff had access to the provider's policies and procedures via their website which meant they could always access information on up to date good practice.

There was also a staff newsletter which highlighted any changes and gave tips on maintaining high standards of care and support.

Regular meetings were held focussing either on general practice or on a particular person receiving support. Staff were encouraged to contribute their views and opinions at the meetings.

People using the service, relatives and staff had access to support 24 hours a day because the provider had a regional centre which was fully staffed throughout the day and night. The registered manager provided a handover to the regional centre each day so they were fully aware of any issues that may arise. The regional centre had access to information which included care plans and telephone numbers to contact in an emergency. There was always someone from the local office on call if further information or action was required.

The provider had a clear vision for the service which was to provide a high standard of care which was personalised to each person. This was achieved by ensuring the right staff were recruited and matched to people. Each person had a small consistent team of staff who had received specialist training to meet the person's needs and were able to develop a trusting relationship with them.

Regular staff training and competency assessments helped to make sure staff maintained their skills. The registered manager had a good knowledge of all the people who used the agency. This helped to make sure each person was treated as an individual and staff were matched in a way that respected people's wishes and culture. They told us they were developing and enhancing the social aspects of the service they provided. People who were supported in a safe and skilled manner would be encouraged to follow their hobbies or maximise the experiences they were able to enjoy.

People received their care from staff who felt well supported and were happy in their jobs. Staff spoke about the support they received from the registered manager, nurses and office staff. One staff member said, "It can be draining. People can be quite poorly. However, the training is brilliant. The support is always there. If there are any concerns you can talk to someone straight away."

Another member of staff said, "We have brilliant support from the office. Any problem and they will help or refer you to the right person."

The provider worked in partnership with other organisations and regularly met with commissioners of the service and other professionals to make sure people received a joined-up service. This could be support from GPs and community nurses to ensure people were comfortable and pain free or liaising with specialist nurses who visiting people's homes to monitor and advise staff and families.

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Audits carried out by the provider were randomised and all audits we saw showed the agency was consistently meeting standards set by the provider.

The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns. There were ways for people to give feedback and influence changes in the service. The provider carried out regular satisfaction surveys to enable people to give feedback on the service they received.

The registered manager was aware of their responsibility to notify the Care Quality Commission of any significant events which had occurred.