

Newcross Healthcare Solutions Limited

# Newcross Healthcare Solutions Limited (Gloucester)

## Inspection report

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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

### About the service

Newcross Healthcare Solutions Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported four people at the time of the inspection

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Since starting to deliver care and support in January 2019 the provider had recently recruited a new manager who had submitted their application to register with CQC to ensure the provider met their registration requirements.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the caring nature and approach of staff. One relative told us their loved ones were the happiest they had been for a long time since receiving care and support from the service. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff who arrived on time supported people and stayed for the designated amount of time to deliver the care and support people required.

Each person had an informative care plan which was used as guidance for staff. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks.

People views on the service were sought. Regular people and staff team meetings took place. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the manager and carers. The manager and staff were passionate about the care they delivered and were driven to improve the service.

The manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The manager monitored the delivery of care through staff observations and feedback from people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 18 May 2018 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

# Newcross Healthcare Solutions Limited (Gloucester)

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 September and ended on 30 September October 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the senior managers and reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We spoke with two relatives after the inspection to gain feedback about the service they received. We also received feedback from two staff members. variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We attempted to contact two health professionals by telephone after the inspection however we were unable to gain any feedback. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were safe and protected from avoidable harm.

- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available.
- All the people and relatives we spoke with told us they felt people were safe. One relative said, "The staff are lovely, they are always on time and my relatives are safe and well, can't thank them enough."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One staff member said, "I would ring Safeguarding or CQC if I had a concern."
- People were protected against identified risks. For example, there were risk assessments for moving and handling, and safe management of eating and choking if required. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. One person had speech and language therapist guidelines and a risk assessment in place for eating and drinking and this was available to all staff.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The managers told us staffing levels were based on people's presenting needs. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels. The service had a consistent staff team and were not using any agency carers at the time of our inspection.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "The staff team are excellent, we are so happy."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The service had a system in place where staff would not be able to start their employment until all relevant checks had been completed.

### Using medicines safely

- People and their relatives told us they received their medicines as prescribed.
- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

#### Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons and were provided with a 'kit bag' with everything required.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the managers observations of staff.

#### Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. We were told that all records of incidents were reviewed by the manager and prompt actions would be taken such as additional staff training and a review of people care needs to reduce the risk of repeat incidents. A recent incident had taken place where no staff were available for a care visit. This meant one person required support from other organisations for their care on one particular day. The service had reported this to CQC and safeguarding and had implemented new procedures and ensured more staff were available who were fully trained to minimise the risk of a repeat scenario. The management team told us, "This was a one off, and we have learnt lessons and implemented changes to ensure this does not happen again."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager and/or provider and management team carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of providing person centred care and support.
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated. One person had visited the dentist two weeks before our inspection. Notes were available to see what treatment was required.

Staff support: induction, training, skills and experience

- Staff had access to supervisions (one to one meeting) with their manager. These covered areas such as; Person centred care, Dignity and privacy, realising potential, punctuality, Safeguarding and crisis management scenarios. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member we spoke to said, "I feel listened to and supported, I've just had my appraisal."
- People's needs were met by care staff that had access to the training they needed. One member of staff told us, "The training is good, I've asked for Acquired Brain Injury training, so I'll be booked on the next course."
- All new staff were required to complete an induction programme including shadowing their colleagues during support visits until the staff member was assessed as competent to work independently. Induction covered areas such as; record keeping, diet and nutrition, medication, GDPR and MCA and DoLS. New staff were due to complete the Care Certificate (a nationally recognised set of care standards) to ensure that staff had the minimum required skills to support people with their personal care however all the current staff were experienced and had relevant qualifications. One staff member told us they had completed their NVQ2 and was looking forward to completing more extra vocational qualifications.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to attend their appointments if required.
- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems.

Supporting people to live healthier lives, access healthcare services and support

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence. People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to a dietician or speech and language therapist (SLT) when needed for advice around their diet and safe eating and drinking.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs. People's care plans gave staff all of the relevant information in regard to people's healthcare and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care at home services

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People and their relatives told us they were always informed of the care being provided or given choices about the support they received. Each person's care plan gave staff clear guidance on people's mental capacity. One relative told us, "[The person has capacity to make decisions and staff understand this and are given support to make decisions for themselves.]"

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who were kind and who knew them well. One person said, "They are simply amazing." Relatives also praised the staff and told us the staff were kind. One relative told us, "They are so lovely, my relative is so happy with who visits, they are consistent and always on time."
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. People and their relatives confirmed that they were fully involved in decisions about their care and daily support.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were fully involved in conversations relating to making decisions about their care and support. This was during the initial assessment of their needs and continued at frequent intervals or when needs changed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, relatives told us that staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence.
- People and their relatives told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. For example, people told us how staff would ensure doors and curtains were closed when supporting people with personal care. One person supported by the service required specific care with feeding and medication. An assessment form was in place for staff with observed and supervised practices and a competency assessment before staff were able to support them. This ensured staff treated this person with dignity and respect whilst following procedures.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's needs were met through good organisation and delivery.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. For example, people's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs. Daily notes were available in people's homes for people and relatives to see what tasks the carers had done at each visit and any important information was recorded for the next carers at the next visit.
- People and their relatives confirmed staff took their time to speak with them and gave them time to respond to their questions, queries or concerns. One relative told us, "There is always someone to discuss things with, even on the weekend."

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them well. People told us staff were reliable, flexible and they were supported by the same staff team. This enabled staff to get to know people and their needs well. One relative told us, "We always have the same carer, this has been agreed and [The person], my relative knows them well, and we are all more than happy."
- An assessment of people's needs was carried out before a service was provided called a 'Meet and greet'. Staff were matched to people being supported by the service. The manager told us people's needs were monitored by staff and the management team.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families. One relative said, "We have really good relationships with the staff."
- Copies of people's electronic care plans and complex care pathways were held securely in the provider's office and in paper copy in people's own homes so that all staff including on call staff always had access to people's care records.

#### Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. Any high risk complaints were discussed at a weekly team call with senior managers and Human resources.
- We reviewed the complaints file and identified that complaints were investigated, and action taken in line

with the provider's policy.

#### End of life care and support

- Appropriate policies and best practice guidance was in place for staff to follow. A complex care end of life/rapid response care pathway was in place for people nearing their end of life; However, staff were not supporting anyone with active end of life care at the time of our visit.
- Staff had received training around end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since starting to deliver care and support in January 2019 the provider had recently recruited a new manager who had submitted their application to register with CQC to ensure the provider met their registration requirements.
- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Staff understood how to escalate their concerns and felt comfortable to do so.
- The manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly. The manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes. A recent incident had been reported appropriately to CQC and Adult Safeguarding.
- The people and relatives we spoke to praised the impact of the manager on the service. Staff told us the manager had an open-door policy and was available to support staff at any time. The staff we spoke with told us morale was good amongst the staff and the strong leadership from the management was a contributing factor to this.
- The manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team undertook regular spot checks to observe the care and support provided by staff. Observations of practice recorded aspects of service delivery such as staff interactions with people, person centred care and practical skills.
- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that staff meetings took place on a regular basis and they felt supported by the registered manager. Staff told us they registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.

#### Continuous learning and improving care

- The service worked openly and in partnership with other care providers and community agencies including commissioners and safeguarding teams. Records demonstrated the manager regularly met with commissioners when people's needs changed, or any concerns arose.
- Effective quality assurance checks were carried out by key staff members, the manager as well as the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions identified were completed. A new and updated electronic system was due to be introduced which would detail more information in 'real time' and provide outcomes for people and identify training requirements for staff.
- The manager and provider continually reviewed quality assurance systems to ensure they were effective. Where additional checks were required, these were introduced. A monthly audit was completed covering areas such as; care plans, assessments, medication and accidents/incidents. The data was analysed and discussed at senior management meetings.

#### Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people.