

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Plymouth)

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?

Outstanding 

Overall summary

The inspection took place on 26, 28, 29 September and 5 October 2015 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Newcross Healthcare Solutions Limited (Plymouth) provides a personal and nursing care service to people living in their own home. On the day of the inspection 13 people were supported by the agency with personal care and / or nursing care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Care records contained information that described what staff needed to do to provide personalised care and support. Staff responded quickly to people's change in needs. Where appropriate friends, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. Professionals and families confirmed people were safe and well looked after. Policies and procedures were in place and understood by staff to help protect people and keep them safe.

People were encouraged and supported to maintain a healthy balanced diet. Staff had received specialised training to support people who had complex dietary needs.

People had their medicines managed safely and received their medicines as prescribed. Staff had received specialised training to support people have their medicines when they were unable to have these orally.

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. The registered manager regular met with families and professionals to ensure they were happy with the care being provided. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The registered manager confirmed that complaints were investigated thoroughly and the outcome would be used as an opportunity for learning to take place.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding from

abuse and equality and diversity. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Staff had received appropriate training in the Mental Capacity Act. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

There were sufficient staff to meet people's needs. People we met had bespoke packages of care and staff. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Health professionals confirmed "Carers are individually trained and skilled in more complex areas of care, such as care of PEG, tracheostomy care, non-invasive suction and end of life care" and "I am very impressed with the skills staff have. They had managed a young, fully ventilated patient at home for several years, dealing with all aspects of his tracheostomy, poor communication, total lack of movement and all the emotional and social aspects of his life."

The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. An induction, regular supervision and competency checks supported staff and helped ensure a high quality of care was provided. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

There were excellent quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Information technology was used to make care more individualised and keep staff abreast of changes within the organisation and current research. Feedback from professionals about the leadership at Newcross was outstanding "Exceptionally good management. I often ring (X), the registered manager to discuss issues about patients and how we might address them. She has always looked to do the best for our motor neurone disease (MND) patients. She fully appreciates their complexity."

Summary of findings

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good



Is the service effective?

The service was effective. People received quality care and support that met their needs and reflected their individual choices and preferences.

Staff received a robust induction and specialised training to meet people's needs.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet and staff had the skills they needed to meet people's complex dietary needs.

Good



Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



Is the service responsive?

The service was responsive. People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and change in need was identified promptly and put into practice.

Arrangements were in place to encourage feedback from friends and family.

Good



Is the service well-led?

The service was exceptionally well-led. There was an open, transparent culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values and these were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Robust auditing and listening to feedback supported continual improvement.

Outstanding



Newcross Healthcare Solutions Limited (Plymouth)

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.

The inspection was undertaken by one inspector, took place on 26, 28, 29 September and 5 October 2015 and was announced. The provider was given a week's notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and five members of staff. We also spoke with one relative, one social care professional, a community matron and a mental health support worker. Following the inspection we contacted the continuing healthcare team and the motor neurone disease (MND) professionals involved in people's care. We reviewed feedback from the clinical commissioning group and other health professionals.

Newcross supports adults and children in their own home. We visited one adult and three young people with complex care needs in their own home and spoke with the registered manager about other people the agency supported. Some people we met were unable to talk with us so we spoke with people who cared for them. We looked at three records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People who were able to talk to us told us they felt safe. Family members confirmed safe care was provided by consistent staff. Professional feedback confirmed people were safe telling us “Absolutely, in fact they have flagged risk up to us.”

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse and would have no hesitation in discussing safeguarding issues and reporting these.

People were supported by sufficient numbers of staff to keep them safe. Newcross Healthcare Solutions Limited (Plymouth) confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people’s needs. Some people had staff at set times across the week, other people had a staff team providing care 24 hours a day. The registered manager informed us staffing levels were dependent upon people’s needs and consistent staff who had been trained in people’s needs was essential where people had complex care needs. In the larger packages of care, additional staff were always trained and known to people to ensure safe, consistent care was provided. An office staff member ensured people’s care was covered and staff had set, consistent hours. One person told us “I have regular staff and regular days so I know who is coming. They swap between themselves if they are having time off so I don’t have too different many people.” Family members confirmed they had the rota of staff in advance and told us “They’ve never let us down.”

The agency was able to monitor staff had arrived at people’s homes. If staff were late arriving the agency would be notified so they could contact the staff member concerned. An out of hour’s team supported any staffing difficulties in the event of sickness or unplanned absence. The out of hours team had the essential information they needed to ensure staff had the necessary skills to meet people’s care safely. Staff had a Newcross app on their

mobile phones; this enabled them to quickly see any changes to their rotas. The registered manager informed us changes to staff’s working pattern were always followed up by telephone to confirm arrangements.

People were protected by safe staff recruitment practices. Thorough work histories were obtained and people’s competencies checked against their work experience. The interviewing process was robust with questionnaires and homecare scenario’s to ensure new staff employed had the values and skills the agency was looking for. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. A staff member said, “All checks were done before I started work”. The registered manager informed us staff vehicle checks were also conducted for example ensuring staff had an up to date MOT and business insurance. An emergency response vehicle was available in the event of staff personal vehicle not being in use. This ensured staff were able to visit people as needed.

Before Newcross Healthcare Solutions Limited (Plymouth) provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risks ensuring staff would be protected. Assessments included checking the equipment in people’s homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists, wheelchairs and shower equipment. Staff were issued with a kit bag which included a circuit breaker for when they were using people’s own electrical equipment. Risk assessments included the pets people had and details on how to manage these to ensure staff were safe when they visited. These had been developed following incidents with some animals. Information about how to access people’s home was known and kept safely.

People’s personal risks associated with their care were known and recorded for example those at risk of skin damage or with respiratory needs and at risk of aspiration. People and their family members confirmed staff gave safe care and took account of these risks ensuring skin creams were applied and people were moved frequently if they remained in bed. Staff knew to sit people upright before offering food and drink. One person told us staff knew the risks associated with their health needs and looked out for possible signs they were not well.

Is the service safe?

All staff confirmed they reported equipment which was not suitable for specific people, for example hoist slings that were the wrong size and any incidents were reported promptly to the local office. Incidents were analysed for trends. The registered manager informed us recent themes had included an increase in medicine errors so additional training had been provided for staff.

People had crisis plans to guide staff how to respond for example in a mental health crisis or if someone became physically unwell. People's individual conditions, signs and symptoms were known and recorded with the essential numbers for health professionals involved. These helped to keep people safe. Contingency plans were also in place in the event of bad weather.

People's medicines were well managed by staff. People told us "They help me with my medicines; I take 16 tablets and know what I'm taking." Staff were appropriately trained and confirmed they understood the importance of safe

administration and management of medicines. Some people had their medicines administered via enteral feeding tubes. People, family, staff and health professionals confirmed staff had been trained and assessed as competent in this method of administering medicines. All medication administration records we reviewed were complete. We saw where there had been medicine errors these had been reported, investigated and additional training provided.

Staff received personal protective equipment in their kit bag when they started work with the agency. Kit bags included protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and we observed staff wearing protective clothing as they carried out personal care. We saw people's medicine and feeding equipment were washed following use; this reduces the risk of cross infection.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff that effectively met their needs and knew them well. A district nurse confirmed staff had been trained quickly in the enhanced care skills they required to care for people and a specialist nurse told us “Carers are individually trained and skilled in more complex areas of care, such as care of PEG, tracheostomy care, non-invasive suction and end of life care.” This meant people had been able to leave hospital and return home with their families, rather than live in residential or nursing homes.

Staff received an induction when they first started working at the service; staff completed the new care certificate. This had been recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. Twice weekly visits to the office branch monitored staff’s progress with the care certificate. Staff had a six month probation period and their progress was monitored at one, three and six months.

Proactive support developed staff’s skills. Staff had personal development plans incorporating their development needs. Staff received ongoing supervision in the form of competency checks, one to one meetings and annual appraisals of their work which drove improvement. Reflective practice was encouraged and embedded within the organisation. Staff told us supervision gave them an opportunity to discuss good practice, share ideas for improvement as well as discussing any challenges, issues or concerns. All staff felt exceptionally well supported and able to seek advice at all times. One staff member told us supervision was helpful. They told us “It’s in their (the registered manager) delivery. Nothing’s left uncovered, professional to a “T”. Always makes time for her staff.”

People were supported by staff that had received a comprehensive training programme. Ongoing training was planned to support staffs’ continued learning and was updated when required. Training was also arranged to meet the individual’s bespoke needs of people the service agreed to support, for example, epilepsy, those with special feeding equipment and people with complex respiratory needs who had a tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe.

Staff confirmed they had received training in equipment used to monitor oxygen saturation and sleep apnoea. Comments included “Training is red hot”; “I’ve had training in medicine management, mental health, epilepsy, health and safety and food hygiene” and “The training with Newcross was so in depth; there were three of us, we were shown flushes, different types of PEG (Percutaneous endoscopic gastrostomy, this is a method of helping a person have adequate nutritional intake when they are unable to eat orally) – I felt very confident”; “The occupational therapist came in to train us on the sling we use here.” Each complex care package Newcross worked with had a nurse and team leader overseeing the staff supporting people’s care. In addition to external specialists who provided training, the nurses also trained staff. Staff felt this enabled them to consistently provide effective support. The registered manager monitored the training skills required for each person’s package of care and ensured staff competency was regularly checked. Family members spoke highly of staff confirming they received good training “They’re very good, I feel they are well trained and know what they’re doing, no one was allowed to do medication or feeding until they were assessed.” The advanced skills training staff had undertaken meant people were able to be cared for in their own homes. One person had spent long periods in hospital and out of area until they had Newcross supporting them. The staff skills had enabled the person to remain at home for long periods and reduce their hospital admissions. We reviewed letters of acknowledgement from families confirming the advanced training staff at Newcross had made them feel confident and enabled to take a step back reassured by their expertise. A professional from the motor neurone disease (MND) network told us “I am very impressed with the skills staff have. They had managed a young, fully ventilated patient at home for several years, dealing with all aspects of his tracheostomy, poor communication, total lack of movement and all the emotional and social aspects of his life.”

Innovative and creative ways of learning about people’s needs were in place at Newcross. The registered manager explained they had shadowed one person’s care in their home and at their school to learn from their family and school staff how best to support them. Family members attended training with Newcross in moving and handling to support consistent care being given.

Is the service effective?

The service had good links with the local hospitals and specialists to ensure best practice was followed. Staff had worked alongside people's health professionals such as their paediatricians and respiratory specialists in hospital before people came home. This helped staff learn how best to meet their personal needs and practice their training in a safe environment.

Staff were well matched to people's care. One staff member told us they had specifically moved employment to continue to support one person due to the relationship they had built up over the years. Family members confirmed Newcross had listened when they felt staff (through no fault of their own) had not fitted in well with the whole family.

Staff understood and had knowledge of the main principles of the Mental Capacity Act 2005 (MCA). Staff put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. Some people we met were unable to communicate their needs and express their consent verbally. Staff observed their bodily movements and facial expressions to ensure they were comfortable with the care provided. Staff spoke to people explaining what they were doing at all stages of care. Care records confirmed people and those who mattered to them and had the legal authority for their care were involved in discussions and decisions about managing their care.

Staff communicated effectively with people, each other and professionals involved in people's care. We observed staff were alert to people's non-verbal communication, for example one young person we met arched their back when anxious. Staff used touch and massage to communicate and comfort them. We saw good written communication documentation in people's homes which supported verbal feedback and sharing of information amongst the team. For example staff had noticed and shared one person's urine output was more than usual and shared with the staff team to monitor the amount of fluid used in the person's flushes to ensure their medicine was not diluted.

People were supported and encouraged to maintain a healthy balanced diet. Staff protected people from risk of

poor nutrition and dehydration. The registered manager confirmed that staff would offer advice to people and involve them in discussions about what they would like prepared for them. Dieticians were involved in people's care and staff confirmed they followed their guidance. Where people had feeding devices in place there was clear guidance and direction for staff. Some people needing encouragement to eat healthily. Staff knew foods people could have which was in line with the guidance from professionals and which foods to avoid and could pose a choking risk. Clear records detailed people's dietary needs for example how to support people's diabetes, foods to encourage stable blood sugars and those best avoided.

One person we met was blind. She told us staff supported her by always putting her drinks bottle with the handle on a particular side so she knew where it was. They said their plate and the food on it was placed in particular places so they knew what they were eating, for example potatoes were at six o'clock and vegetables at quarter past. They said their dinner plate was always the same, a long plate with their sandwiches at one end, crisps in the middle and vegetables at the end. They confirmed their food was cut up to reduce the risk of them choking and their utensils supported them to eat independently.

The registered manager confirmed referrals to relevant healthcare services were made quickly when changes to health or wellbeing had been identified. Health professionals confirmed staff contacted them appropriately and promptly when they needed support or advice. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. One person told us "They know when I'm not well, the long term conditions nurse gets called, we phone Derriford Hospital and go straight in – they don't mess about." People's records gave specific guidance on their health needs and how to respond in an emergency for example those with epilepsy. Essential contact numbers specific to people's care were in place. Staff followed these emergency procedures and informed us they would call the paramedics, place the person in the recovery position and ensure essential information went with them to hospital.

Is the service caring?

Our findings

People were well cared for and treated with kindness and compassion “They are as good as gold in every way.” People’s needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt they mattered. People and their family confirmed they were involved in their care planning. Health professionals confirmed people were listened too and spoken with in a way they could understand.

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. Staff told us the various ways they helped to ensure people’s privacy, dignity and independence were respected. One person at time struggled with motivation, they told us “I get depressed days, they help me to get up, dressed, I need routine...they’ll say we need to go into town as an excuse to get me out; they talk to me, get me out of my chair. They are boundaried and firm and sometimes I need a push!” but “They also know when I’m really bad, to give me time and leave me alone.” People confirmed they were supported to stay as independent as possible for example staff would support them to wash what they were able but helped them with areas of their body they were unable to reach. Other staff worked at

people’s pace to enable them to become more independent and care for themselves. For example if they were able but had become dependent on services due to long periods in care.

People received care and support from staff that understood their history and knew their likes and dislikes. Staff told us that despite people’s complex medical histories and health needs, “Companionship, providing company, that’s important to us; the medical side is almost secondary. It is important for “X” to know someone’s there, someone to chat too, watch movies and TV together in the evening. I know what they like. We use the I PAD, gaming, face book; it helps her stay in touch with her friends.” People told us staff supported them to get the bus, meet their boyfriend and go to the cinema. They confirmed staff were kind and caring “I’d give them 8/10!”

Staff had genuine concern for people’s wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. A district nurse commented “It’s their attitude, the way they speak to “X”, respectful at all times. Always ask their visitors or me to step out if their providing personal care; they know to take baby steps to increase their independence.”

Is the service responsive?

Our findings

The service supported people to express their views where possible. Care records were individualised and comprehensively written. Thorough assessments of people's needs took place prior to people being supported by Newcross. The registered manager visited people at home to gain an understanding of their needs, expectations and wishes.

Mobile electronic equipment enabled assessments and care plans to be written alongside people in their own home. A health professional said "Assessment is completed by an RGN (qualified nurse) who is competent and professionally updated." People's health needs, communication skills, abilities and preferences were known. Care records evidenced how people wanted to be supported. For example, one care record listed the level of the person's independence, what they required support with and what they wished to do for themselves. The registered manager commented that people and if appropriate their family were regularly consulted to help ensure care records reflected a person's current needs.

People's strengths were promoted where possible to help ensure elements of independence were encouraged. People had their individual needs regularly assessed to

help ensure personalised care was provided when they needed it. Arrangements were in place to help ensure care records were reviewed and documented where people's change in needs had been identified. People confirmed their interests were known and they were encouraged to do the activities they enjoyed for example one person liked to go on the bus and meet and talk to people and this was encouraged. Another person sometimes liked to go to church and staff supported this wish. Some people we met were supported to maintain relationships with their social network through Facebook, this helped reduce social isolation.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints and all felt confident they could call the registered manager or speak to staff if they did. A family member told us they had raised a concern and this had been dealt with as quickly as possible by the registered manager. People and family felt confident sharing their views and experiences of care and felt comfortable doing this. The registered manager confirmed all concerns and any complaints were recorded, analysed for themes and reflection and learning took place to reduce the likelihood of a similar complaint.



Is the service well-led?

Our findings

Newcross Healthcare Solutions Limited (Plymouth) was one of 42 branches across the country. The registered provider was Newcross Healthcare Solutions Limited.

The registered manager was involved in all aspects of the day to day running of the service. There was an open, person centred culture. People and their families felt included and strong links were held between people, their families and health and social care professionals. Feedback from health professionals included “Person-centred, I believe so. Each care package is tailored to the individual client, and amended as the clients’ needs change - the Manager is approachable and is willing to have realistic discussions around the cost of some of the more complex care packages”; “The manager’s always on the end of a phone, we meet regularly and they are always able to attend extra meetings arranged to discuss people’s care” and “Exceptionally good management. I often ring (X), the registered manager to discuss issues about patients and how we might address them. She has always looked to do the best for our motor neurone disease (MND) patients. She fully appreciates their complexity”; “Obviously I am not allowed to recommend agencies, but I do know that the family’s and patients looked after by Newcross are always very positive about the experience” and “The patient at the centre of care. We recently had a situation where cuts were going to be made to patient’s care package. Newcross contacted me and explained their concerns and I was able to address this.” Another professional told us “I can only speak for the Plymouth Branch, which I consider has excellent leadership. The Manager has experience of community care so understands the difficulties that arise.”

The registered manager sought feedback from relatives, friends and health and social care professionals to enhance their service. The results of a recent questionnaire sent to people evidenced that people were extremely satisfied in all aspects of the care and support they received.

The registered manager worked in partnership with key organisations to support care provision. Feedback from professionals who used Newcross services was extremely positive and health professional feedback we reviewed indicated a confidence in the registered manager and provider to support people’s complex care needs with skill and commitment “I do feel care is based on best practice.” Staff worked in partnership with external agencies and

feedback was positive “easy to contact, quick to respond, followed advice, and provided good support.” The registered manager was aware of local and national developments in health and social care which affected people’s care.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the provider and were confident they would act on them appropriately.

The registered manager’s leadership inspired staff at all levels to provide a quality service. Staff understood what was expected of them and shared the provider’s and registered manager’s vision and values. Staff had access to the “extranet” which kept them informed of internal developments within the company, enabled them to put their work availability down, access pay information and gave them quick access to policies and procedures. The Newcross app enabled access to staff’s shifts and kept them informed of any changes. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Constructive feedback was given on performance which helped staff to be accountable and reflect on their practice and encourage improvement. Each care package had its own governance arrangements to ensure staff had the necessary skills and supervision in place and reviews and audits were undertaken.

The registered manager confirmed the provider offered a lot of support and they were able to contact the directors quickly at any point. They told us they were always listened too, the local challenges understood and a solution focused approach taken “It’s like working for an extended family, I have a voice and feel listened too.”

Internal training programmes were in place to develop staff for example the field team leaders were having additional care planning training to upskill them in this area. Internal audits had identified a need for regional trainers to develop training packages in understanding behaviour that challenges, venepuncture, syringe driver use and catheterisation. These train the trainer programmes were to be developed and rolled out to support staff caring for people with enhanced needs. The registered manager had



Is the service well-led?

been encouraged to undertake a leadership qualification and told us the directors were a role model for them. Newcross Healthcare Solutions (the provider) had developed internal leadership and management course to develop their managers' skills. All staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them.

Newcross Healthcare Solutions Limited (the provider) had grown rapidly since our previous inspection in 2013. The infrastructure was continuously developing and looking for new ways to advance clinical care, increase staff expertise and share information. The specialist skills staff had across the organisation were known and shared for example clinical group networks had been developed and an online clinical chat forum called "Nurchat." "Nurchat" is a twitter tool (an online social networking service) to engage healthcare professionals for example recent discussions have been held about nurses revalidation. "Newcross News" and "Newcross Journal" had been created, these were journals informing staff of developments within the company, research updates, the roles of the different teams within the organisation and sharing positive staff news for example staff who had particularly good feedback from people. These helped staff keep abreast of changes and part of the growing company.

Information technology was constantly being considered to improve people's experiences, for example the digital pens in use for recording people's care meant care notes were uploaded within 30 minutes and visible to the office and out of hour's staff to monitor. This was particularly important for people with complex care needs. I-pads and portable printers were in use for staff to develop and review care plans in people's homes enabling a more individualised approach to care planning. These also enabled the out of hours team to know the skill set staff required if they were arranging out of hours care for people in the event of an emergency. Innovative technology was used to monitor staff safety and ensure staff arrived safely at people's houses for example each staff had an ID

number given at induction and when they arrived at a person's home they logged in with this number using the person's phone letting it ring twice to confirm their safe arrival.

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people. The team leaders undertook spot checks covering punctuality, care, the person's home environment and ensuring dignity and respect were provided by staff. A "mock" inspection process had been developed to ensure the Newcross branches were meeting the regulations. Staff questionnaires were conducted, we reviewed a "cloud" of people's comments which included common feedback and themes. Positive words such as "rewarding, good, great, fulfilling, satisfying, happy" described how staff felt working within the organisation.

The provider, Newcross Healthcare Solutions Limited looked after and developed their staff. Special days were celebrated such as International Nurses Day. Staff were invested in and supported by clear career development programmes. Rewards were in place for staff that had done well in their appraisals and prizes included a VIP residential improvement programme, holidays, I-pads and food hampers. Registered managers and leaders within the company were involved in sharing and celebrating success, for example a manager's annual three day event in Gibraltar had focussed on the new locations established; the improvements made over the past year and shared the highlights of the past 12 months. Outstanding achievement awards were given to praise high quality work and encourage staff.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The registered manager confirmed that the service had not had any recent safety incidents that would have required notification and action under the duty of candour regulation.