

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Ltd (Exeter)

Inspection report

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Date of inspection visit:
09 November 2016
10 November 2016

Date of publication:
09 December 2016

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 took place on 9 and 10 November 2016 and was announced. We gave the service 48 hours' notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave the registered manager sufficient time to ask some people if they would be willing for us to visit and speak with them in their homes. The service was previously inspected on 20 June 2014 when we found the service was fully compliant with all regulations covered in the inspection. During this inspection we found no breaches of regulations and we found people received a good service.

Newcross Healthcare Solutions (Exeter) provides personal care and support to people living in their own homes in the Exeter and East Devon areas. The agency provided three main areas of care – complex care, enabling care, and a sitting service. At the time of this inspection they provided care and support to approximately 34 people.

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 told us they felt safe and said they had never experienced any issues or concerns about abuse or harm. Staff had received training and information on how to recognise and report any suspicions of abuse and they were confident any concerns would be acted on promptly. A relative said, "If there are any issues, Newcross are on it instantly and I'm informed even if they are not worried. They keep me in the loop". The provider had a robust recruitment process which minimised the risks of abuse to people. Staff had received training and guidance to make sure they knew how to recognise and report any suspicions of abuse.

People received reliable and consistent support from staff who were well trained, with the knowledge and skills to meet each person's health and personal care needs safely and effectively.

Staff were well supported. Staff told us they received regular supervision and support, either in the agency office or by telephone. They also received regular monitoring checks by a senior member of staff while they were working directly with people. A member of staff said "They do come and sign you off for competency."

Each person had their needs assessed by a team leader or a member of the management team before the service began. Care plans were detailed, well laid-out, and easy to read. The plans covered all aspects of the person's needs, their support network, likes, dislikes, and usual routines. Staff told us the care plans provided them with all the information they needed about each person's care needs. One person said, "They come and sit down with me and discuss my care. They come and see me to check I'm ok. They check on me. They're very good like that. I have a copy of the care plan."

People received their medicines safely from staff who were trained to carry out the task. Medication administration records (MAR) were drawn up by a qualified nurse. The records we looked at were completed accurately and there were no unexplained gaps. Staff monitored people's health and liaised closely with relevant professionals to make sure people's healthcare needs were met.

People who used the service, their relatives and people closely involved in their care were involved and consulted. People were always asked for their consent before staff assisted them with any tasks. Staff respected people's privacy and people were treated with respect and dignity. The agency sought to match care staff to the people who used the service, for example by matching staff with similar interests to the person.

The service was well led. The provider had an effective quality monitoring system to ensure standards of service were maintained and improved. People were involved and consulted about all aspects of the service.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good ●

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access health and social care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

People and their relatives and supporters were consulted and involved in the service.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in decisions about their support needs. They were able to express their preferences about how they wanted their support to be provided.

People's individual needs and preferences were understood and acted on

Is the service well-led?

Good ●

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

Newcross Healthcare Solutions Ltd (Exeter)

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.

This inspection took place on 9 and 10 November 2016 and was announced. We gave the service 48 hours' notice because the location provides personal care for people who live in their own homes. We needed to make sure the registered manager was available to meet us. We asked them to make arrangements for us to visit people in their own homes. The inspection was carried out by one inspector. We were also supported by an 'expert by experience' who contacted people and/or their relatives by telephone to seek their views on the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we asked the provider to complete 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 the improvements they plan to make. We also looked at other information we had received about the service since the last inspection.

During the inspection we met with the registered manager and seven members of staff. We visited three people in their homes and we spoke with two people who use the service on the telephone. We spoke with, or met, seven relatives. We also contacted four health and social care professionals to seek their views on the service.

During the inspection we looked at a range of records the provider is required to maintain. These included service user support plans, medicine administration records, staff rotas, staff recruitment files, staff training records, meal planning records, and quality monitoring records. We also looked at records of accidents,

incidents, compliments and complaints and safeguarding investigations.

Is the service safe?

Our findings

People received a service that had been carefully planned to meet their needs safely. The registered manager told us in their Provider Information Return (PIR) that risks of abuse to people were minimised by their recruitment policy and procedure. Before commencing work all new staff were rigorously checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff records seen confirmed that new staff did not begin work until satisfactory references and checks had been received by the provider.

People told us they felt safe and said they had never experienced any issues or concerns about abuse or harm. Staff told us they had received training and information on how to recognise and report any suspicions of abuse and they were confident any concerns would be acted on promptly. A relative said, "If there are any issues, Newcross are on it instantly and I'm informed even if they are not worried. They keep me in the loop".

There were sufficient staff employed to ensure people received a reliable and safe service. Since our last inspection the provider had reviewed the geographical areas covered by the agency to ensure they had sufficient staff working in the areas where their clients lived. They had made changes where necessary and this had meant they were confident they could provide a consistent team of staff who knew each person well and understood their needs. This also meant there were sufficient staff available to provide cover for periods of staff sickness or holidays. A relative told us, "My son has had the same carers whilst he has been with this agency". The relative explained that this made them feel happy that their son was safe.

People could be confident staff would arrive on time, and they would not experience missed visits. Visits to people were carefully planned to make sure staff arrived at times requested and agreed with the person. Each person received a timetable each week to let them know who would be visiting them, and the day and time of the visits. If staff were running late people usually received a phone call to let them know when to expect a visit. Staff used a telephone monitoring system linked to the agency's computer system to log in when they arrived at each visit, and again before they left. If the member of staff did not arrive on time the computer system generated an alert sent to the agency office. The office staff acted promptly to investigate the reasons and make sure the person was safe, and that a member of staff was on their way. People we spoke with confirmed that staff turned up on time, stayed the correct time and did all tasks required.

Risks to each person's health and safety had been carefully assessed and regularly reviewed. Care plans contained detailed information on all risks and provided clear instructions to staff on procedures to be followed to minimise those risks. The agency employed a specialist registered nurse who supported the staff to maintain safety for all care packages. Where people had complex health needs they had a crisis plan in place. A qualified nurse described how they used their training and knowledge of a person's health needs to discuss with a doctor and agree appropriate emergency treatment for a person, following the agreed crisis plan.

One relative said they felt completely confident they could go away on holiday and leave their family member safely in the care of a team of agency staff. Staff understood the complex risks to the person's health. The relative said they would not be able to go away if they were not absolutely satisfied the person was safe with the care staff.

Where people required equipment to help them move, staff had received training to ensure they knew how to use the equipment safely. Care plans contained detailed instructions on the use of each item of equipment.

Where people required support with their medication, safe procedures were followed. Each person was assessed at the start of the service to establish the support (if any) they required with their medicines. Care plans contained information about the support that had been agreed. However, we noted that one person received diamorphine on an 'as required' basis, but this was not fully explained in the person's care plan. We spoke with staff who regularly provided care to the person and they were able to give a clear explanation of when the diamorphine was administered. The agency and staff had liaised closely with the person's GP to ensure the person's pain was controlled safely and effectively and staff were fully aware of the GP's instructions. We spoke with the registered manager who acted immediately to amend the person's care plan to include clear instructions on the diamorphine. They confirmed they would also ensure all care plans would be audited to ensure they contained information about all medicines prescribed on an 'as required' basis.

Medication administration records (MAR) were drawn up by a qualified nurse. The records we looked at were completed accurately and there were no unexplained gaps. The records were returned to the agency office when completed. They were audited on a monthly basis to ensure staff had followed safe procedures. People we spoke with confirmed their medication was handled appropriately and safely. One person said, "They check my chart which says what I need. They give the medication into my hand. I take the tablets myself". A relative said the care staff administered all medicines to a young person with severe disabilities. They told us that staff checked the amounts and gave the medication at the appropriate time.

Some people had been assessed to manage their own medication when prompted by the staff. A relative said they were confident the care staff checked that her elderly relative had taken their medication and, if not, the staff prompted the person to do so.

Staff had received training and guidance on safe hygiene and infection control procedures. Staff were provided with protective equipment such as disposable gloves and aprons. A relative told us a person was at risk of contracting pneumonia, but they had been impressed by the infection control measures put in place by the staff. Staff kept the person's room spotless and made sure they used separate towels to the rest of the family.

Is the service effective?

Our findings

People received care and support from a competent and well trained team of staff. All new staff received induction training lasting four days at the start of their employment covering health and safety related topics, and other topics specific to the needs of people who used the service. Topics included equality and diversity, the Mental Capacity Act 2005, challenging behaviour, record keeping, and safeguarding. Staff received classroom based training and regular updates on health and safety topics from the provider's own training team. Staff knowledge and understanding of each topic was tested and staff had to score at least 80% before their employment was confirmed. The provider had a training policy that specified the period in which updated training on essential topics should be completed. Staff were not allowed to work with people unless they had received this training. Checks were regularly carried out on each member of staff's practice to ensure they remained competent and followed best practice. Staff were supported to gain further training and qualifications if they wished.

Staff also received training from relevant specialists on the health conditions of people who used the service. This included training on epilepsy, including emergency medication administration. Staff confirmed the training they received. For example, a member of staff told us "They do client specific training." Where people had complex health needs and required staff to carry out tasks such as feeding through a tube into the person's stomach, staff had received training and had their competency checked before carrying out the task. (This procedure is known as Percutaneous endoscopic gastrostomy (PEG)). Relatives confirmed that this was done appropriately and to their satisfaction. A relative said that the care staff "know what to do" and "they know what they're doing". Another relative said, "They are more than capable".

Staff were well supported. Staff told us they received regular supervision and support, either in the agency office or by telephone. They also received regular monitoring checks by a senior member of staff while they were working directly with people. A member of staff said, "They do come and sign you off for competency." They also said, "We always have a lot of office or telephone supervision. They are always happy for me to ring, especially out of hours. We can ring a local manager or one of the office team. You don't feel so isolated."

Staff received their weekly rotas by e mail. This meant they could be confident they always received their rotas in sufficient time for the following week. Staff usually visited the same people each week which meant people received a consistent service with minimal changes to times of visits or staff. When a new member of member of staff began working with a person they carried out shadow shifts, working alongside experienced members of staff until they were confident and competent to meet the person's needs fully.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. During our inspection we saw

staff seeking people's consent before providing any support. They also offered choices and respected people's rights to make their own decisions.

People were supported to make decisions and retain as much independence as possible. One person gave an example of a planned weekend outing. A problem had occurred and the person was worried they may not have been able to go. However, the care staff had responded positively, reassuring the person by saying, "We'll sort it out. Don't worry about anything". The care staff made sure the person was able to go on their outing. The person praised their care team. A relative said that the carers appropriately allowed a person to move their limbs when they wanted rather than just doing everything for the person. Another relative said a person would not be able to live at home, but for the care and support they received.

Care plans contained information about each person's health conditions. Where necessary staff helped people to see a range of health and social care professionals according to their needs. The service liaised closely with health professionals to ensure they supported people to manage their health needs effectively.

Where people required assistance with meals staff ensured they received food and drinks that met their nutritional needs and preferences. One person told us, "They support me with food and drink. If I need it, they help me. They make drinks for me. They prepare food for me. I say what I want and they prepare it".

Is the service caring?

Our findings

People were supported by kind and caring staff. A person told us about the care they received, saying, "They are very caring". A relative said, "I have excellent care for my daughter". The relative was particularly pleased that the person had the same care staff all the time. Another relative said, "The care is consistent, inclusive". They said that the carers were always thinking ahead for the person and their needs, "...which has been wonderful". At Christmas the management team purchased a unique gift for each person using the service, taking into consideration their likes and dislikes. The gift was delivered in person by one of the management team, wishing them a merry Christmas.

During our visits to people who used the service we observed staff supporting people in a caring, respectful and dignified manner. Most people we spoke with on the telephone told us they were treated by staff with dignity and respect. For example, a relative described how the care staff talked to a person who was severely disabled, telling the person what they were doing, or about to do, thereby treating the person with dignity and respect. Another relative said a person had become unwell recently and had developed a continence problem. Although the family had been upset about this, the carers did not allow it to be an issue and treated it as an everyday occurrence, which lessened the embarrassment for the person and their family.

One relative described a person's fluctuating health and how this frequently resulted in hospital treatment. They told us the staff were caring, always ringing when the person was in hospital to check how they were, and their progress.

However, one person told us they did not feel that all the carers treated them with dignity and respect. They felt staff did not always understand their health condition and told us they sometimes felt patronised by care staff and office staff. We spoke with the registered manager about this concern. They told us they recognised that sometimes times a tone of voice could be misunderstood. To resolve this they would give the person time with field and office staff to express their views, and make sure the person's thoughts and feelings were heard and understood. If the person had a dislike to a carer based on a personality clash they would try to work with the person to reach a satisfactory solution. They also said that where a request could not be met they would explain clearly why, and offer an alternative option. .

We heard examples of how the agency treated people as individuals, and sought to provide a package of care to meet their individual needs. They had helped a couple return to live in their own home after living in a care home. There had been no family support which meant the couple would face a number of difficulties managing their daily lives. The staff helped the couple develop a relationship with a new advocate who befriended them and supported them. With the couple's agreement their new advocate had attended meetings with them. The providers have offered the advocate advice and support, and involved them in any changes that have occurred. This has allowed the couple to remain living safely in their own home.

A relative with a profoundly disabled child told us the staff did all tasks required "and more". If the person was asleep when staff were there, staff always asked if there was anything they could do to help the relative. The relative described staff as, "fantastic" and "very proactive".

Another relative said the person was "never left". No staff left until the next one arrived. The staff carried out all required tasks and were open to adding new ones. Staff were very willing to train to carry out more procedures to support the relative, for example carrying out suctioning to enable the person to breathe. The relative told us this was very important because they had found that paramedics would not carry out this procedure, and they were concerned the person may be admitted to hospital if the relative was not present to carry out the task.

We heard how the agency staff spent time with the family of a severely disabled person with complex health problems, before setting up a package of care. This allowed them to work sensitively with the family to ensure they found the right members of staff. A family member had been unable to sleep through worry about the person's care needs at night. The agency provided a small and consistent team of fully trained and skilled staff on a rota basis. They gained the trust and confidence of the family member and this meant the family were able to sleep at night. The family have received regular visits from a specialist nurse employed by the agency who has provided support and reassurance.

The provider had a philosophy of caring for everyone, including their staff. Staff who had worked for Newcross for five, 10 or 15 years had been given long service awards at a special lunch. The awards were presented by a director and branch manager and staff received a certificate, badge, champagne and flowers to say 'thank you'. The occasion was also celebrated with an article in the provider's news magazine. In addition to these awards the provider recognised staff who had demonstrated excellence in healthcare. Every three months branch managers could nominate staff who they felt went 'over and above' in their normal duties. Nominations were considered by the directors based on feedback from people who used the service, colleagues and the management team. Staff were then presented with a certificate and flowers by the managing director.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Each person had their needs assessed by a team leader or a member of the management team before the service began. Team leaders and managers had portable computer equipment and printers. This enabled them to print out a care plan at the time of their assessment visit, which was then left in the person's home. The care plans were reviewed at least every three months with people, and any updates and changes printed out during the review visit and left with the person. This meant people could be confident staff had access to accurate and up-to-date information about their health needs at all times.

Care plans were detailed, well laid-out, and easy to read. The plans covered all aspects of the person's needs, their support network, likes, dislikes, and usual routines. Staff also had access to the care plans through the provider's secure internet system. This meant they could check on any changes to a care plan before they visited a person. A member of staff showed us a person's care plan and explained each section. The information was well presented and easy for staff to follow. Where people had complex needs that required specific training for staff, their care plan files contained copies of staff training certificates. This meant people who used the service and their families could be confident they would receive support that was responsive to their individual needs.

Where possible care staff were matched to people to enable people to feel comfortable with them. For example, if a person was a keen football fan they tried to provide staff with similar interests. A relative told us a person was receiving "such good care from Newcross." Staff supported and enabled people to go out into the community, for example shops and cinemas, and also on holiday if requested. A member of staff described a recent outing using local buses to take the person to the seaside. They showed us photographs of the outing with the person smiling and clearly having fun.

People we spoke with and/or their relatives confirmed they were involved in decision making about their care and support and had copies of the care plan. One person said, "They come and sit down with me and discuss my care. They come and see me to check I'm ok. They check on me. They're very good like that. I have a copy of the care plan." A relative said, "I am involved in her care. I have a copy of her care plan. This is reviewed and discussed several times a year and we go through it all". Another relative said, "They call regularly. They contact me about once a month to discuss any changes".

Most people and relatives we spoke with told us they knew how to raise a complaint. Information about the complaints procedure was contained in each person's care plan file. The number of the agency office was clearly printed on the outside of the care plan file. The complaints procedure was explained to each person at the start of the service. A person told us, "If I am not satisfied with my carer I can ring up and say I'm not happy and can I change". They said they had been satisfied with the response whenever they had raised a concern or complaint. A relative told us that on one occasion there had been some issues when a member of staff was ill. They were happy with the response when they raised this.

One person said they did not know who to contact at the agency if they had any issues or concerns. We

spoke with the manager about this comment and they told us the complaints procedure was explained during the initial assessment visit. They said staff would check with each person to make sure they knew how to make a complaint and who to contact.

The registered manager told us that all complaints were documented and monitored. If a person raised a complaint that was an immediate concern this would be dealt with through an investigation and they always sought to agree a satisfactory resolution regardless of the seriousness of the complaint. They told us complaints were received positively, taken seriously, and an opportunity to learn from their mistakes. For example, a complaint about poor practice by a member of staff when drawing up injections was investigated, and actions taken to prevent recurrence. The member of staff was re-trained, and new procedures were drawn up. An acknowledgement letter was sent to the person with an apology and information about the actions they had taken to address the matter.

Is the service well-led?

Our findings

People benefitted from a service that was well-led. They had systems in place to regularly monitor all areas of the service and make improvements where necessary. They sought the views of people who used the service, relatives, staff and professionals through questionnaires and care reviews. They told us the responses from a recent survey were 97% positive. They also told us their quality assurance department was looking to improve their feedback systems, to make forms and surveys more 'user friendly'. Most people we spoke with or visited said they were happy with the care and support provided. A relative told us, "Newcross is one of the best agencies."

There was an ethos of openness and learning from mistakes. The regional manager kept a track on all complaints to ensure they were investigated and actioned within the company's timescales. The registered manager had received training on how to deal with complaints. These were included in their quality monitoring system to consider trends and any improvements needed. The provider told us in their Provider Information Return (PIR) 'We promote a positive, open culture by actively involving people who use our service, through person centred care planning, feedback and engagement during visit reviews.' During our inspection we found the registered manager and office based team had an 'open door' policy and that staff and people who used the service were encouraged to visit the office, or contact them to request a home visit. They told us "We regularly invite them in. However they can also come in whenever they want to use the resources, have a chat, or just make a cuppa." A member of staff told us "They are very supportive. They get to know you as a person."

Staff and people who used the service could contact the service at any time of the day or night. There was an out-of-hours team based in Bristol. Operators had access to all client information to ensure they understood each person's needs and provided an appropriate response to any issues. Information available to this team included directions to the person's home, next of kin, risks to health, and information about the person's safety if left alone. The registered manager told us this service was working well.

The provider had a range of checks and monitoring systems to ensure the service was running smoothly. Spot check visits were carried out by members of the management team to ensure staff were providing care in line with people's agreed care plan, and following company policy. A person who uses the service praised a member of the management team who regularly contacted them to check they were happy with the service. They told us "She is absolutely fantastic. I really appreciate our little chats."

Communication between the provider, management and office staff, care staff and people who used the service was good. The provider had a quarterly magazine for staff. They also had a Facebook page for staff where staff had access to information such a charity events staff were involved in. Qualified nurses also had access to a computer networking system (Twitter) called 'Nurchat' which provided them with a platform to discuss relevant nursing and clinical issues, and discuss best practice.

The registered manager and management team regularly attended training to update their knowledge. The provider employed a head of clinical excellence (who was a registered nurse, with a MSc in Advancing

Healthcare Practice), who provided the organisation with weekly bulletins resourced from the recognised sources of national good practice. Their quality manager also received government alerts and newsletters, and passed on relevant information to staff. They reviewed guidance and incorporated any changes within the complex care staff inductions. They also invited specialists from all over the county to participate in forums to share learning and best practice.

People's views were valued. For example, some people had asked staff not to wear uniforms, especially while supporting people on outings in the community. The agency had agreed to this request. A relative told us they left notes for the care staff with requested tasks and said, "Nothing I have written have they refused to do. They are flexible and accommodating".

To the best of our knowledge the home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.