

# Newcross Healthcare Solutions Limited

## Newcross Healthcare Solutions Limited (Truro)

### Inspection report

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Date of inspection visit:  
29 January 2018  
31 January 2018  
02 February 2018

Date of publication:  
20 March 2018

### 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

Newcross Healthcare Solutions Limited (Truro) is a domiciliary care service which provides complex care and support to people of all ages in their own homes. The service provides help with people's complex care and personal care needs in Cornwall. The packages of care that Newcross provide ranged from a minimum of four hours a day up to 24 hour care dependant on the person's care needs.

Not everyone using Newcross receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 26 people were receiving support with personal care needs.

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

The registered manager had been appointed ten weeks prior to this inspection and was therefore new to the Cornwall branch. The registered manager also oversaw two other locations and divided their time between the three Newcross offices. People, relatives and staff felt the registered manager spent sufficient time at the office and was available at all times.

We carried out this announced inspection on 29 and 31 January and 2 February 2018. At the last inspection, in November 2015, the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us they felt safe using the service and said they trusted the staff that supported them. People and their relatives were extremely satisfied with the quality of the service they received and the caring approach from staff. People said about the service, "Carers are excellent, I would be lost without them", "They want to do their best, they want to be outstanding" and "They (staff) genuinely care."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

People were supported by dedicated teams who were employed to work specifically with each person using the service. Staff knew people well and had received training specific to their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. People told us they were never supported by someone they did not know.

Staff were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of trained staff available to provide people's care visits in accordance with their preferences. Newcross operated an on call system outside of office hours. Relatives and staff told us managers would respond promptly to any queries they might have.

There were processes in place to protect people and the security of their home when they received personal care, for example having access to personal protective equipment and carrying identification. People and their relatives had a copy of the staff rota so they knew who would be delivering their care and aware of who was due to call upon them.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Newcross management structure provided clear leadership to the staff team and were valued by people, staff and relatives. There was a shared team culture, the focus of which was how they could do things better for people.

People and their relatives were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Newcross Healthcare Solutions Limited (Truro)

## 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 checked 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 was a comprehensive inspection. It took place on 29 January 2018 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting or contacting them. This was to help them prepare for our contact. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 29 January 2018 and ended on 2 February 2018. We visited the office location on 29 January to see the manager and office staff, and to review care records and policies and procedures.

We used a range of methods to help us make our judgements. This included visiting two people in their homes and talking with one relative by phone. We spoke with two nurses, three health care assistant, two team leaders, two allocation officers and the registered manager. We pathway tracked three people, (reading care plans, and other records kept about them), and reviewed other records about how the service was managed.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

## Is the service safe?

### Our findings

Everyone we spoke with told us they felt safe receiving care and support from Newcross staff. People's comments included; "I feel safe with staff. They make sure that when they leave I am safe in my home."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. The registered manager had a sound knowledge of safeguarding and had raised issues with the relevant Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, such as use of equipment.

We found that individual risks had been identified and appropriately managed for each person. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as, moving and handling and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, how staff should support a parent when they are bathing their child and what equipment was to be used.

Staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

There was equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks

before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The allocation officers organised the staff rota for the week. People, relatives and staff all praised the allocation officer's efficiency in how the rotas were developed. We found people were supported by a sufficient number of known staff to the person to keep them safe and meet their needs. Initial assessments were carried out by health and social care commissioners and a member from the management team who then decided whether they could meet the person's needs. The registered manager told us they did not accept care packages for people if they did not have the capacity to meet them.

Newcross have a centralised Out Of Hours (OOH) team that provide support every evening and over the weekend period. The team comprised of a Home care team leader and a clinical advisor. They ensure that visit times are covered and are available to provide guidance on clinical issues. Staff told us the OOH team responded promptly to any queries. People told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed. A relative had contacted the OOH team and was satisfied with the help and advice provided at the time.

The organisation monitored that all visits had taken place at their specified times. There were a couple of occasions when a visit to a particular person was missed, due to a "lack of communication." The person concerned felt that this had since resolved. The registered manager was aware of this and stated that missed visits were not an option. The service had robust and effective procedures in place to ensure that all planned care visits were provided.

People received a timesheet that identified which member of staff would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers. However, people said new carers were introduced by a member of staff who they already knew.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Where the service provided support to people with particular health conditions, the dedicated staff team were trained in administering particular medicines. The training was provided by their clinical nurse or by an external specialist health professional with expertise in this area of care. The bespoke training ensured the staff had been assessed as competent to administer medicines to a named individual. Staff confirmed that they had received relevant training and this was updated

Medicines administration records (MAR) were kept in the person's home and we found these were checked monthly by clinical staff and management to ensure they were accurate. The clinical nurse had clear procedures in the ordering and checking of medicines and had developed positive relationships with GP's and consultants. During the inspection a medication was amended. The nurse ensured that this was checked with the prescribing medic and updated the care plan and MAR sheet immediately. All staff working with the person was informed of the change of medicine for the person.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

## Is the service effective?

### Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "Carers are excellent, I would be lost without them." Relatives also echoed this view.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed calls. People clearly told us that care staff stay their allocated time, and on occasions will stay a little longer.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date. The training system in place identified if a staff members training was out of date, if it was they were no longer 'Active' to work and had to complete the training, and for some training course, competency observations before they could resume work.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own. A staff member told us when they had completed their induction, they were asked if they felt confident working alone and extra support was available if needed. The registered manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role, and the staff member felt confident to work on their own.

Newcross supported new members of staff to undertake the care certificate alongside their induction. Records confirmed new employees had completed the Care Certificate successfully. All staff were encouraged and supported to further their skills and knowledge once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults and children, medicines, epilepsy, Percutaneous Endoscopic Gastrostomy (PEG)

feeding and Tracheotomy care and their health conditions. Staff told us; "The training is very good" and "We have lots of training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example paediatric epilepsy course and end of life care training. When staff required specialised training this was sourced from their clinical nurse or external professionals.

Staff received regular supervision and annual performance appraisals. Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

Staff felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Records showed Newcross worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the correct equipment was in place at a person's home.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and consultant appointments to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. A relative commented in relation to consent included; "They watch what we do with (person's name) and take cues from us. This way (person's name) gets the care in the way that (person) is comfortable with." This showed that people made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

People and their family members were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Newcross staff on the caring and compassionate manner in which they provided support. People's comments included; "They want to do their best, they want to be outstanding" and "They (staff) genuinely care." Everyone said they would recommend Newcross to others who needed support.

When we visited people's homes we observed staff providing kind and considerate help, appropriate to each person's care and support needs. People told us staff treated them respectfully and asked how they wanted their care and support to be provided

People received care, as much as possible, from the same team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. People commented "The carers are wonderful, so helpful and kind," and "If it wasn't for them I couldn't live in my home." Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could build lasting relationships.

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. For example a care record stated 'Parents are happy for staff to be physically tactile with (person's name) appropriately being mindful of professional boundaries.' People told us they knew about their care plans and they were regularly asked about their views on the service provided.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

People and relatives reported that they were confident they received consistent care and support which did not discriminate them in any way. One commented, "They integrate with my family really well, they watch what we do and listen to what we say." This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I'm always grateful when I get up and come to work, I love work."

We visited people in their own homes and saw care staff providing emotional and physical support to people. This was provided with respect, affection, at the persons own pace and with a sense of humour. One person had limited verbal communication and responded to touch. This was reflected in the persons care plan. We saw staff appropriately provide comfort by touching the person to reassure them of their presence as we were visiting their home. This demonstrated care staff knew the person well and could offer appropriate comfort.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

People's care plans were developed from information provided by the commissioners of care and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan. The interim care plan was reviewed a few weeks later in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to help ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person, or their representative to formally record their consent to the care as described. People showed us a copy of their care plan that they had in their home.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. For example, one was written for the person's morning routine and what caring and nursing interventions were needed, which was repeated throughout the duration of the visit. They specified, not only what caring interventions were needed, but if household tasks were also needed to be completed and by who. For example, the person may need assistance from care staff to encourage them to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

The persons care records also informed staff of their preferred method of communication and some background information including the person's hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them. Records also provided directions for staff in how to get to the person's home and information in how to gain entry to the persons home

Care planning was reviewed regularly and whenever people's needs changed. People told us they knew about their care plans and managers would regularly talk to them about their care.

Daily care records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. Any deterioration in a person's condition was communicated verbally by staff appropriately. For example a person's health condition had deteriorated which resulted in a change of medication. The nurse liaised with the local GP to ensure that the medicine changes were correct and this was updated to staff and on the person's care records. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

Staff were knowledgeable about people who sometimes acted in a way staff could find difficult to manage. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. This meant staff had access to personalised guidance to best meet individual's needs and help keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate. For example, common triggers, such as certain topics of conversation, were highlighted and positive actions that had been successful in de-escalating situations were shared to help enable learning to take place.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example a relative told us how staff had supported them on a family outing. This then enabled the person staff were supporting to participate in a family activity.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They were currently looking at how to provide information in a more meaningful way to the people and staff they support.

The service had a complaints procedure. People, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The people and relatives we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The service had a policy and procedure in place for dealing with any concerns or complaints. One relative told us they had raised a concern with the out of hour's team and was satisfied by their response. This was then passed to the Newcross Truro branch to ensure that the concern would be dealt with more effectively.

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered provider said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving recordings of visits, managers checking that care procedures were carried out and regularly reviewed.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the person's home to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The registered manager said there were good links with GP's and health services to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

People and their relatives told us of the consistent high standards of care and support they received from Newcross. People and relatives described the management of the service as open and approachable. Some comments included; "They are proactive, they really want to do their best" and "I would recommend them."

Newcross Healthcare Solutions Limited (Truro) was one of 62 Branches throughout the United Kingdom. The registered provider was Newcross Healthcare Solutions Limited. 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.

Staff and relatives told us they had been several management changes and there had been some issues with communication. The new registered manager was appointed ten weeks prior to this inspection and people were pleased that they had taken the time to visit them in their own homes to seek their views on the service. The registered manager had identified that communication had been an issue and was addressing this.

The registered manager was also registered at two other Newcross locations. She was an experienced manager and knew the organisations philosophy and systems well. The registered manager spent two days a week at the Cornwall office and divided their time between the other offices. The registered manager was available by phone when not physically at the Cornwall office. Staff felt that this level of support was sufficient and knew that they could contact them at any time.

The service was caring and fully focused on ensuring people received the care and support they needed. Staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. The staff we spoke with was highly motivated and proud of the care and support they provided. Staff told us; "It's a fantastic place to work. It's a lovely company to work for. The staff at the office are very approachable."

The registered manager, nurses, field team leader and staff allocation officer met weekly and invited care staff to attend the meeting if they were able. The registered manager said "Due to staff working in the community with complex package of care it is difficult for staff to attend the meetings so we have an open door policy. Staff come when they are able." People who use the service and relatives are also invited to join the meetings. A monthly clinical nurse meeting was held so that nursing staff had the opportunity to discuss their work and reflect on their practise.

The senior management team met monthly to ensure operational goals were being achieved. The clinical governance team visited the office and randomly check records to audit to ensure they were meeting the standards as expected by the organisation. The organisation also sought feedback from people, families and healthcare professionals to ensure their views were used to continuously develop the service.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

In addition Newcross supported some employees via an apprenticeship scheme. We spoke with an employee who had successfully completed their apprenticeship and was now working for the company permanently. They were complimentary about the management support plus support from their colleagues in helping them understand their role. This showed that Newcross supported and gave people an opportunity to enter the workforce and continuously provide them with assistance to carry out their role.

The registered manager and nurse said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, to ensure that people's health needs were met. This ensured people's needs were met in line with best practice.

The management structure in the service provided clear lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.