

Newcross Healthcare Solutions Limited

# Newcross Healthcare Solutions Limited (Plymouth)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 24, 26 April and 1, 2 May 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people of all ages with complex health needs.

Not everyone using the service receives a 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, the service was providing personal care to 12 people.

At the last inspection, the service was rated Good. At this inspection we found the service required improvement.

People and their relatives were involved in developing people's care plans which helped ensure staff understood people's needs. However, care plans did not always reflect people's preferences for how their care and support was provided, the routines they liked to follow or their wishes and aspirations. People received support from a staff team who knew them well but may not have acted consistently with the person's wishes, as these were not always clear.

Information collected by the registered manager and provider, such as feedback from people and relatives, complaints and incidents was analysed to help ensure the service and the organisation could learn from them. However there was not a clear plan to ensure people's records, such as care plans and risk assessments were regularly monitored. This meant gaps in quality found during the inspection had not been previously identified.

People told us they felt safe using the service. Information was available to staff about people's risks and how to mitigate them but this was not always in the form of a risk assessment. One person who sometimes experienced anxiety told us staff knew how to support them at this time; however information about what caused them anxiety, how staff could recognise they were feeling anxious and how to reassure them, was not detailed in their care plan.

Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust. People and staff were matched carefully and staff training was designed around people's individual needs. Staff treated people as individuals and respected their diverse needs.

Staff were required to comply with the provider's expectations regarding equality and diversity. Staff approach was regularly monitored by senior staff. Staff told us they felt supported by the registered

manager and could easily request support or advice.

People and their relatives spoke highly of the staff and the support provided. Staff spoke about people with compassion and were keen to ensure people were in control of their own care. This included tailoring leisure activities to meet their wishes. Staff shared information with each other and external professionals, where appropriate to help ensure people's needs were met.

We found a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

## 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 is now Requires Improvement

People's risk assessments did not always reflect all their risks.

Where people experienced anxiety, information was not always available to direct staff how to recognise this and support the person effectively.

Staff understood how to keep people safe and how to report suspected abuse.

Staff were recruited safely.

**Requires Improvement** ●

### Is the service effective?

The service remains Good

**Good** ●

### Is the service caring?

The service remains Good

**Good** ●

### Is the service responsive?

The service is now Requires Improvement

People's routines, preferences and aspirations were not always detailed in their care plans.

People were involved in developing their care plans.

The service worked with The Accessible Information Standard (AIS).

People were supported to be socially and cognitively active.

**Requires Improvement** ●

### Is the service well-led?

The service is now Requires Improvement

The registered manager did not have a clear plan in place that showed how they were monitoring all aspects of the service.

**Requires Improvement** ●

The provider had not effectively monitored the quality of records relating to people's care.

People, their relatives and staff gave positive feedback about the registered manager and the provider.

Healthcare professionals told us the registered manager and senior staff were supportive, responsive and listened to advice given.

The provider respected staff diversity and trained staff to respect the diverse needs of the people they supported.

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## **Detailed findings**

### **Background to this inspection**

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

The inspection was carried out by one inspector, a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a similar service.

The inspection site visit activity started on 24 April 2018 and ended on 2 May. It included visiting the office location, and speaking to people, their relatives and staff by phone. We visited the office location on 24 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with the registered manager and three staff members who worked in the office. We reviewed three people's records in detail, three personnel records and the training records for all staff. We also reviewed records relating to the management of the service.

We spoke by phone with one person, two relatives, five staff members and two professionals who knew the

service well. The professionals were a team manager from the Cornwall Clinical Commissioning Group and a Motor Neurone Disease specialist nurse.

# Is the service safe?

## Our findings

One person experienced low moods or displayed behaviour that challenged others. Staff knew the person well and understood their needs at these times. However care plans and risk assessments did not always contain information about what might trigger these times and how to recognise the person was experiencing these feelings. Therefore staff who did not know people as well did not have all the information needed to support the person at challenging times. Following the inspection, the registered manager confirmed a senior staff member was working with the one individual to identify triggers so these could be added to their care plan.

People's risks had been described in their risk assessments or care plans. However, these did not always include all details about the person's risk or how staff should mitigate the risk. For example one person was fed through their stomach but their risk assessment did not detail that they sometimes chose to eat solid food which would increase their risk of choking. Following the inspection, the registered manager told us they were ensuring further detail was being added to people's records. They sent us one person's new risk assessments to confirm they had started this work.

The provider had not ensured accurate and contemporaneous records were held about each person's needs, in order to reduce risks to them. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people and relatives we spoke with told us staff cared for people safely. Staff met each person and shadowed other staff members before they started supporting them; this meant they understood any risks relating to the person's needs. A relative confirmed staff understood the risks relating to their loved one's care and knew they were confident in overcoming any difficulties.

People were protected from abuse by staff members who were recruited safely, had received training on how to recognise and report abuse; and felt supported in raising concerns. One staff member told us, "If there's any problem, I'll call the office straight away. The office has always dealt with things appropriately."

As far as possible, people had a designated team of staff who supported their needs. A relative told us, "We have four carers that we stick with. They are more like her friends and [...] smiles when she sees them". Staff were specifically matched to support people according to their skills, knowledge and experience. People and their relatives confirmed the correct number of staff always attended their visits and stayed for the allocated time. The computer system used by the service alerted staff in the office if no-one had attended someone's allocated visit. This helped ensure visits were not missed.

Some people required assistance from staff to take their medicines. Staff who administered medicines had received training. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. The PIR stated, "We regularly review our incident and complaint logs to identify and address any specific medication related areas of concern, and discuss these during our clinical group conference

calls." This helped ensure any required improvements were made for the future.

Staff reported incidents and acted promptly. Records showed appropriate action had been taken when accidents or incidents had occurred. Where necessary, changes had been made to reduce the risk of a similar incident occurring in the future.

Staff described how they protected people from the spread of infection. This included using appropriate protective equipment to prevent cross infection.

## Is the service effective?

### Our findings

People received care and support which was based on best practice. Staff training was designed around the needs of each individual. Only staff who had up to date training and competency assessments in the areas required, could support an individual. Staff told us they received the training they required to support each person effectively and were confident they could ask for more support or training if they felt they needed it. Where required, training was provided by healthcare professionals who knew the person's needs. A relative confirmed, "The carers came into the hospital with my daughter and were trained by the nurses." A compliment received by the service stated, "[...] is thoroughly impressed with the carers that have been and is so happy with the work they have done." One person told us, "Without them [the service], I wouldn't be able to do anything."

Staff told us, people's care plans gave clear information about what people liked to eat and drink, any specific dietary needs and what support they needed. Where necessary staff monitored food and drink intake to ensure people received enough nutrients in the day.

People were supported by staff who helped them monitor their health. Staff ensured information about people's needs were shared effectively with each other and referred to external professionals where necessary. A staff member told us, "We phone the office straight away if there are any changes, everything is documented straight away, no matter how little and is shared with the rest of the team." A relative told us staff ensured they recorded and shared information about their loved one. They explained, "If suction or medicine was needed its important I know, so I know when [...] can have it again".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff had received training about the MCA and understood their responsibilities under it; however at the time of the inspection they were not supporting anyone who lacked capacity. Staff told us they always asked for consent before providing any care or support.

## Is the service caring?

### Our findings

People received care and support from a consistent staff team who had got to know them well. The PIR explained, "Our philosophy of care is the foundation of all that we do, and this is underpinned by a culture led from the top - to deliver exceptional quality." Senior staff completed regular checks to monitor how staff cared for the people they supported. A compliment received by the service stated, "You were able to give the best care possible to my mum. I can't thank you enough."

A relative reported staff were compassionate and understood their family member's needs. In recent bad weather the registered manager told us they had driven over 300 miles to ensure staff could get to people who needed them. They told us, "The staff were fabulous."

Staff members were aware of what was important to help people maintain their wellbeing and how to help them feel valued. One person was being encouraged to set themselves small challenges to improve their self-esteem. Staff reported they had recently enjoyed going out for a cup of coffee and recently had taken their dog to the vet for a check-up. These were both activities they had not previously felt confident doing.

Staff members told us they supported people to maintain their independence and care plans described which parts of the person's care they could complete themselves. This helped people maintain their independence.

People told us staff were respectful and treated them with dignity. Staff described ways they ensured people had privacy, for example, ensuring doors and curtains were closed when providing personal care. Staff understood how to protect people's confidentiality. Personal records were stored securely and staff ensured conversations involving people's personal information were held in private.

People were treated equally and fairly. For example, some people could not communicate verbally but staff explained how they learnt people's different communication methods to help ensure their needs were still met. A relative confirmed, "They recognise when she is in pain now and they let me know she needs pain relief".

People and their relatives were encouraged to express their views and make decisions about their care throughout. The PIR stated, "We enable people to manage their conditions to maintain the lifestyle they choose." Staff told us, "The customers decide on everything. They have input on every inch of their care"; and a relative confirmed, "The carers talk to [...] all the time when they are with her. They engage with her all the time."

## Is the service responsive?

### Our findings

A relative told us staff were aware of and respected the routines of their loved one and of the family. However, care plans did not always contain details about people's preferences or their individual routines. For example, it was not always clear from people's care plans, in what order they liked their care and support tasks providing. One staff member explained they learned people's routines, "On the job." One person chose to drink a specific amount per day as they felt it improved their health. This was more than had been recommended by a healthcare professional, but was their preference. Staff supported them to drink this amount but this detail was not reflected in their care plan. The registered manager told us people's preferences would be included in more detail in the future.

Care plans were reviewed, with the involvement of relatives and professionals, where appropriate. However, we reviewed one person's records which contained information from the person themselves stating they had several allergies. Other records, written by staff, stated the person had an allergy medicine prescribed. We were told during the inspection the person did not have the allergies described and no longer required the medicine prescribed; however their records had not been updated to reflect this. Following the inspection, the registered manager ensured these changes were made.

The provider's statement of purpose for the service stated, "We endeavour to help those with learning disabilities, physical disabilities or older people and to treat them as individuals to lead full, stimulating and independent lives. Taking into consideration their wants, likes, dislikes, hopes, dreams and aspirations." A staff member explained, "People's passions are always really well known." However, people's hopes, dreams and aspirations, and what steps staff needed to take to support people with these, were not always recorded. This meant people may not have been consistently supported to achieve them. The registered manager told us these would be clarified in people's care plans in the future.

The provider had not ensured accurate and contemporaneous records were held about each person receiving the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People receiving end of life care had plans in place to guide staff about their wishes at this time. An external professional told us staff were incredibly caring when providing end of life care to people. Staff told us they felt well supported when supporting someone at the end of their life; and following someone's death were contacted by the registered manager to see if they required further support. One staff member told us, "To know they [senior management] are there is nice." An external professional told us they had been asked to meet with staff following the death of one person. This had ensured staff were able to ask questions about the person's care at this time and reflect on the support they had provided.

People were involved in developing their care plans and staff were focused on ensuring they supported people in a way that reflected the person's wishes. They understood this meant being flexible from day to day, according to how people felt. Staff member's told us they ensured people received individualised care. One staff member explained, "People are always the centre of my work. It's all about them." One person

confirmed, "They support me with what I like to do" and "They treat me as an individual."

People were supported to be socially and cognitively active. Comments from relatives included, "They talk and sing to [...]" and "Sometimes I overhear conversations and it's lovely. It's what [...] should be talking about at her age with friends." Staff also supported people to build and maintain community and family relationships. One staff member described how they supported a person on outings with their family explaining, "We provide the care so it enables the family to enjoy being together."

People received information in a way that suited their needs and this reflected The Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager explained that one person required information emailing to them so they could listen to it via their computer. Staff also read people's care records to them at the end of the day to make sure they were aware of the contents.

Complaints and concerns were taken seriously, investigated and used as an opportunity to improve the service. A staff member told us, "If someone had a complaint, I would encourage them to contact the office. It may seem something small to me but be important to them."

## Is the service well-led?

### Our findings

A registered manager was in place who was responsible for the day to day running of the service. They were also the registered manager for two other domiciliary care services owned by Newcross Healthcare Solutions Limited. 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 an overview of the service, however they did not have a clear plan to ensure they regularly monitored all aspects of the service. They had not always recorded which aspects of the service they had reviewed or what the outcome was. They told us, as they were not clinically trained, they trusted the clinical lead to complete clinical care plans and risk assessments regarding people's complex needs. However, there were no further checks by the provider to ensure these met the required standards. The provider told us they had recently reviewed how they could best assess services in the future. As a result, a self-assessment tool for managers had been developed based on the areas looked at during a CQC inspection. They stated they were in the process of testing how effective it was.

The provider monitored certain aspects of the service. For example, feedback from people and relatives, accidents, incidents, concerns and complaints were all monitored and any themes used to drive improvement across the organisation. If required, these led to thematic reviews of services to check learning had been implemented. However, there were no records showing how the provider monitored records relating to people's care, such as care plans and risk assessments, to ensure they met the standards required by the provider. This meant gaps in people's care plans and risk assessments found during the inspection had not been identified or acted upon.

The provider had not effectively monitored the service in order to ensure people's records reflected their wishes and preferences. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff regularly received information from the provider to support best practice. The PIR explained, "Our Head of Clinical Governance provides the Clinical Team and the organisation with weekly bulletins. This allows us to be certain that only care that meets best practice in accordance with the best evidence base is being provided to our clients."

People and relatives were positive about the service saying, "So pleased with the care and hope it continues" and "I am very happy with how it is all going. It has had a very positive impact on our lives." A compliment received by a relative stated, "I bless the day I chose Newcross to help me look after my mum."

Healthcare professionals told us the registered manager and senior staff were supportive, responsive and listened to advice given. One told us that the registered manager had worked quickly to ensure someone being discharged from hospital had the correct care in place, at short notice.

Staff all told us the management of the service were approachable, open and supportive. Staff were positive about how the service was run. One member of staff told us, "I love my job!" Another staff told us, "They [the management team] are always keen to try new ideas."

The registered manager told us, "We aim to train staff well enough to leave but treat them well enough to stay." Staff confirmed they were happy in their work, felt supported in their role and were motivated to provide and maintain a high standard of care. One staff member explained that when they had gone beyond their normal role for the service, they received messages of thanks and on one occasion received a bunch of flowers too.

The PIR explained, "Newcross collates feedback to ensure our staff are providing the quality care based on the Newcross values." A staff member explained the anonymised results were then shared with them and anything they could do better or differently was discussed. The quality of staff's work was also monitored through supervision meetings, competency assessments and spot checks.

The provider's statement of purpose for the service stated, "We have sound principles for the way we run our service; central to these is our belief that the rights of Service Users are paramount." The PIR added, "All of our staff receive mandatory annual training in equality and diversity. We also have a 'Team Pledge' which reinforces expected behaviours with one point particularly focusing on equality and diversity." The registered manager explained how the organisation respected the rights of staff members, ensuring for example, any disabilities were taken into account when matching staff to the people they supported.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. Policies were regularly updated to reflect best practice and the PIR added, "As part of the continual improvement process for Newcross we are planning to review our iPad care planning and risk assessment tool to ensure our more complex care plans are completed with the view to giving our care staff the best level of guidance. We are also reviewing our central reporting systems to have a better oversight of incident activities and follow up action. (This will aid review at local level as well) It will also provide qualitative information to drive service improvement and highlight any gaps in training."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured accurate and contemporaneous records were held about each person's needs in order to reduce risks to them.</p> <p>The provider had not ensured accurate and contemporaneous records were held about each person receiving the service.</p> <p>The provider had not effectively monitored the service in order to ensure people's records reflected their wishes and preferences.</p>