

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Plymouth)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Newcross Healthcare Solutions Plymouth (hereafter referred to as Newcross) is a service providing support to adults, children and young people living in their own homes. It was providing personal care as part of a wider support package to nine people at the time of our inspection, but also provided enabling support to a further 19 people. Newcross specialises in supporting people with complex health needs.

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

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

People and relatives said care was safe. People were supported by staff who had been competency tested in medicines and care procedures. There were enough staff to meet people's needs and people were supported by regular staff members.

Staff training was detailed and specialised. Staff felt supported and were provided with regular one to one meetings and clinical review meetings. Clinical supervision was provided for the nurse clinical leads.

People said staff were caring and they were treated with dignity and respect. People were involved in the planning of their care and felt listened to by staff. Staff put people first.

People's care was delivered in line with their preferences. Care plans were person-centred. People were empowered and supported to be as active a part of their local community as they wished. Complaints were investigated in line with the service's policy and people and relatives felt happy to complain.

There was an established quality assurance system and audits picked up issues and followed them up. Staff said they could approach the registered manager and clinical leads and were listened to.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

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

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also visited the homes of two people. We spoke with six members of staff including the registered manager, paediatric and adult clinical leads, office-based staff and care staff during our office site visit.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four professionals who regularly work with people who use the service. We communicated with staff and received feedback from a further four care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had all attended training on how to safeguard children and adults.
- Staff knew to report concerns to their clinical lead or the registered manager who then investigated and reported appropriately.
- There was a safeguarding policy in place.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure accurate and contemporaneous records were held about each person's needs in order to reduce risks to them. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Risks that people faced were assessed. Assessments were part of people's care plans and reflected people's individual needs. Assessed areas of risk for people included choking, pressure sores, staff performing suction on people with a tracheostomy and ensuring adequate nutrition to people with a Percutaneous Endoscopic Gastroscopy (PEG- where a tube is inserted into the stomach so that people can get adequate nutrition if they are unable to swallow food.)
- Risk areas were identified for staff going into people's homes alone and included assessments of the general environment and dogs.
- Where people needed specialist support with complex health needs, staff completed documentation that showed what action they had taken in relation to a specific care task. For example, a record of when staff used suction and how much food and fluids was given through a person's PEG.

Staffing and recruitment

- There was a robust recruitment process. Staff had undergone police checks to assess whether they were suitable to work with people who may be vulnerable.
- People told us staff were on time and always turned up.
- Staff told us where there were two care staff required to support a person they had never been asked to do this alone.
- The service had trained more people than were needed on each care package in case of illness or other staff absence, so the care package would not be interrupted. One person said, "Continuity is good I always have regulars, if a new one [staff] comes in they meet me first and are always with a person who is

competent and knows me."

Using medicines safely

- Staff were trained, and competency tested before administering medicines by themselves.
- Medicines Administration Records (MAR) were filled out accurately.
- Protocols were in place for people who required medicines as and when and these were followed with staff evidencing administration in line with guidance.
- People told us they were happy with medicines administration.
- The service was responding to people's changing needs regarding medicines and requesting a GP review of some prescribed medicines.

Preventing and controlling infection

- Staff had attended infection control training and demonstrated they knew how to prevent the spread of infection.
- Personal protective equipment (PPE) was available to staff both in people's homes and staff were encouraged to keep a spare box of gloves in their car 'just in case'.

Learning lessons when things go wrong

- The registered manager was reflective and showed us clear examples of where things had gone wrong and what steps had been taken to rectify the situation and what the service had learned.
- Recording of documents and action taken when things went wrong was robust.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Newcross employed a paediatric and registered general nurse who led staff on clinical issues. These staff members had oversight of assessments, care provision and reviewed care needs so that the care provided was reviewed by qualified health professionals.
- Care needs assessments identified people's needs and provided staff with guidance about how best to meet those needs in line with best practice guidance and people's preferences.
- There was robust clinical oversight in the service with two clinical leads keeping up to date and attending regular training and networking. There was also a clinical governance team who provided clinical supervision to the nurses and ensured they were supporting people in line with best practise guidance and the law.

Staff support: induction, training, skills and experience

- Staff induction was robust. Initial training was led by a regional trainer who took each staff member through mandatory training.
- Specialist training was provided for staff who supported people with specific care needs. Staff were checked regularly to ensure they were competent in supporting people with PEG care, specialist bowel care, physiotherapy, people who had a tracheostomy and were ventilated, and people who had acquired brain injuries affecting their movement or behaviour.
- There was a robust system for ensuring staff were up to date with their training and had all been competency tested, and retested, on an ongoing basis by the relevant clinical lead.
- People said staff were knowledgeable. One relative said, "Calibre of their staff is a good way ahead of other agencies, I can tell the training is excellent."
- Staff were supported through one to one supervision, appraisals, competency checks and observed visits and meetings regarding people's care needs. Best practise and ideas were shared on how to support people effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- A healthcare professional told us, "The care staff follow advice/instructions regarding the patients' nutritional care plan. Always ensure they have the most up to date regimens...staff were asked to record a strict food and fluid chart, and this was well recorded."
- People told us that where they were supported to eat, drink, or had support through a PEG, they were happy with how staff supported them and met their needs. One person gave us specific feedback on this which we passed on to the service and they acted promptly to meet the person's concern in this area.

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

- We received feedback from staff and health and social care professionals that staff worked well as a team to provide effective care.
- People told us information regarding their needs was communicated to different staff as needed, and at the change of a shift in a 24hour package, a handover was given.
- Positive outcomes were achieved as a result of the care provided by the service. One person said, "Newcross means I can stay in my home, the moving and handling is a lot better than the other agencies, they are gentle with the moving and handling, they have helped me to get the right equipment, before I was with Newcross I didn't have a leave in sling or shower chair."
- A person had been referred to the service to have a new package of care with Newcross. We saw how their needs were holistically being assessed. The service was ensuring that with consent they were working alongside professionals and gathering information from various agencies involved to meet this person's needs.

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

- During our inspection we saw staff assessing people's health needs on an ongoing basis and contacting health services on their behalf. We observed one family member worried about a health concern of a child and wanted a second opinion. The paediatric clinical lead acted on the information immediately and followed this up.
- One person told us regarding their health and mobility, "I have my goals and my ambitions, and the staff are helping me get there."
- Another person told us how staff had supported them to sit safely and comfortably and gradually move out of bed into a specialised chair designed for them, after being in bed for over two years. The person told us it had changed their life and now they were going out.

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

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

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People had signed to give consent to care where they were able to.
- The registered manager, clinical leads and care staff understood the MCA and consent.
- We asked the registered manager for further clarification on how the service evidenced that it was adhering to the principles of the MCA. Specifically regarding people whose care plans said they had been assessed as lacking capacity but there was no evidence of an assessment, or court of protection documents. This was later sent to us.
- We asked the registered manager to explore whether some people might benefit from having an advocate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by dedicated staff who provided continuity of care and knew people well.
- People told us staff were kind and caring. We saw some examples of staff working together to ensure that people felt well treated, and people told us "They go that extra mile." For example, we heard of two staff who performed lifesaving emergency first aid when a person became unwell and had to be resuscitated.
- Staff were passionate about supporting people to integrate into their local community after life changing injuries or illnesses. They spoke of what people could do rather than focus on how their disabilities or illnesses might affect them.
- Staff were provided with equality and diversity training.

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

- People told us they were involved in the planning of their care and had an active part in formulating and reviewing their care plans. People said the care plans were accurate.
- One person said, "I decide everything," and another person said, "I think my care plan is accurate, I pointed out a few points in my care plan that were wrong and the next day they changed them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us staff followed their rules in their house during care visits. One person said staff gave them the right amount of space and knew when to step back or leave the room.
- People were encouraged to be independent. We saw some good examples where people were being enabled with the support of staff to do things they could not before they had support from the service.
- Staff told us how they ensured people were covered up when delivering personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; meeting people's communication needs

- Care plans were personalised and gave staff clear instruction on how people liked their personal care to be provided.
- People told us they were having their preferences met. One relative described how their child liked to have a particular story at bedtime and one staff member told it every time they were on shift.
- People's communication needs were being met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to strengthen social networks and take part in community events.
- The service enabled people to stay in contact with friends and family and lead the lives they wanted to.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was being adhered to.
- Complaints were fully investigated and there were records of responses and supporting documentation for each record we looked at.
- People and relatives told us they felt comfortable complaining and would complain to the registered manager or one of the clinical leads.

End of life care and support

- Nobody was receiving end of life care at the time of the inspection, but the service had previously supported people towards the end of their life.
- Some conversations had taken place and preferences were recorded for those people who had wanted to discuss end of life care.
- Some staff had received end of life care training.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a strong focus on people and supported them to achieve positive health outcomes and their goals.
- Staff said they felt supported and could approach clinical staff or the registered manager for guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were kept informed about changes in needs and if a person became unwell.
- The service was acting on its duty of candour.

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

- There was a clear system of delegation and staff and managers understood what their role entailed.
- The registered manager had a good understanding of regulatory requirements.
- There was a robust quality assurance system; the registered manager delegated weekly actions to be completed by key staff and monitored task completion and quality.
- Risks were assessed and managed with information being passed between key stakeholders.

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

- People were involved in their care provision, from generating care plans to feeding back into how the service could be run.
- People's equality characteristics were considered.

Continuous learning and improving care; Working in partnership with others

- The registered manager was reflective on how the service could improve and linked in with peers and other services to share best practise.
- The service worked closely in partnership with health and social care professionals