

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Newcross Healthcare Solutions Limited (Truro)

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Newcross Healthcare Solutions Limited
Registered Manager	Mrs. Theresa Thurlow
Overview of the service	Newcross Homecare is part of Newcross Healthcare Solutions and it is registered to provide personal care and support to people in their own home. The main office is situated in the centre of Truro. Newcross Healthcare operates as a nursing agency and this part of the business is not regulated by CQC as it provides staff to work into regulated services such as care homes and hospitals.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We visited the agency office and spoke with the registered manager, staff allocations officer, team leader, and the quality manager. We spoke to four people who used the service and five staff. People who received support from Newcross told us they were pleased with the care they received. One person told us "I would recommend them unreservedly" and "a very good service from really nice staff". Other comments included "they (staff) are very focussed and utterly professional", and "very good care".

We found people were asked for their consent before care and support was provided.

People's privacy and dignity was respected by staff when care and support was provided in peoples' homes.

We found people were protected from the risks associated with the use of equipment as Newcross had provided appropriate training and guidance for staff.

Newcross undertook appropriate recruitment checks before staff began working for the service

We saw records were stored securely and people's confidential information was protected at the agency office.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with peoples wishes.

Reasons for our judgement

At the time of our inspection Newcross employed 13 staff who were providing support for 11 people in their own homes.

We spoke to four people who used the service and/or their representatives, and reviewed the files for five people who received care and support from Newcross. We were told the staff were always respectful and kind. People told us "they always go through my care plan with me and my daughter, if things change, and we sign it" and "they (staff) are very polite at all times".

We asked people if the visits they received were at the time of their choosing. We were told visits were mostly on time. Some people told us "they (staff) never let you down", and "if they are late the office always let us know". People told us they received a rota in advance so they would know who was visiting and at what time. No one reported having had a visit missed.

In the files we reviewed we saw care plans had been signed by the person, or their representative. This showed that the service enabled and encouraged people to be a part of their own care planning process. We saw evidence of family and/or representatives being involved in people's care. For example, all five files showed contact numbers and emergency plans which involved family and/or representatives. In one file we saw a Lasting Power of Attorney had been appointed by a person for when they became unable to make their own decisions. Newcross had a copy of this document in the file should it need to be evoked.

We spoke to five staff who worked for Newcross. All the staff we spoke with told us they would always seek permission from people before care and support was provided, and act in accordance with their wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

We spoke to four people who used the service and/or their representatives, and reviewed the files for five people who received care and support from Newcross. People told us "they do all I ask of them" and "my needs are met in full".

We reviewed five care plans. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We saw initial assessments were undertaken by Newcross managers, or social services and included risk assessments of people's needs to ensure the service could provide the required level of care. Initial assessments were converted into care plans when the person began receiving a service. We saw the care plans were individualised and provided sufficient detail to direct and inform staff about how care was to be provided. The preferences and dislikes of each person were clearly seen in the care files along with their preferred name.

We saw evidence of regular reviews of care plans to ensure the care provided took account of any changes that had occurred. People had signed their care reviews, where they were able to do so.

Risk assessments are a tool to identify hazards and the action that staff must take to reduce the risk from the hazard. We saw detailed risk assessments in all the files we reviewed. These assessments were not dated. We were told by the registered manager, the computerised version of these documents showed the date it was created and the date it was due for review. The provider might like to note risk assessments held in people's homes should be dated, so that visiting staff can be assured they are the most current and accurate version.

We were told one person required the assistance of two staff for their care. We did not see any evidence recorded in this person's care plan stating that two staff were required for all visits. We checked the visit rota for this person and saw that two staff did attend this person at all visits. The provider might like to note it is important that care plans held in people's homes state clearly how many staff are required to support a person with specific needs, to ensure safe delivery of care.

Newcross used tablet computers and mobile printers so that care plans were created, printed and left in a file in the persons' home at the time of the first assessment visit. An electronic call management system was in use by the agency. The system recorded the arrival and leaving time of staff when a telephone number was dialled by staff from people's homes. This phone call was free, with no charge to the person. We saw consent forms had been signed by people receiving care from Newcross, agreeing to calls being made from their telephones. We checked the arrival and leaving times of staff generated by the call management system, against the visiting times agreed by the person and found that most care visits occurred on time.

We saw daily records were completed by staff for each person they supported. We saw daily records were held at the office for the five people whose files we reviewed; these records were legible, factual and had been signed by staff. They detailed the care provided and included the social and leisure activities people had enjoyed. We were told daily records were generated electronically to the agency office when staff downloaded the IT equipment they used in people's homes to create the records. This was done at the end of every shift. This ensured the office had a current picture of the persons status at all times.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from the risks associated with equipment as the provider had suitable arrangements in place.

Reasons for our judgement

We were told by the registered manager no one used a hoist in their home at the time of this inspection. Two people used electrically operated beds. We were told these were serviced regularly and any issues with their operation would be referred to an external company who specialised in the particular product.

Staff we spoke with were clear regarding the checks required by them before using any equipment in people's homes. Staff told us they would report any concerns regarding any equipment directly to the registered manager or office staff.

We saw a Newcross policy and procedure which contained the actions required should a major failure occur with their electronic computerised systems. This meant the safety of people's confidential information had been considered and addressed.

Staff told us they had received training in moving and handling and the use of equipment. We confirmed this when we reviewed staff files and saw certificates relating to the attendance of such training.

We were told medical device alerts received by Newcross agency office which related to specific equipment used by the staff, would be passed via telephone call to the relevant staff in the first instance. This would then be followed up at staff meetings.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were protected because there were appropriate checks undertaken before staff commenced working for the service.

Reasons for our judgement

People who used the service told us they liked the staff and found them to be kind and helpful.

We spoke with the registered manager, five staff and reviewed the files for three staff, including two new staff who had started working for Newcross in the last few months, in order to reach our judgement. Most staff told us they felt supported by the management at Newcross. They told us "there is always someone you can speak with when you need to" and "I really enjoy working with this agency". Staff told us they did not feel rushed and had sufficient time to travel from one visit to the next.

We checked to see if the provider was operating an effective recruitment procedure, to ensure people who received a service from Newcross were safe and their health and welfare needs were met by staff that were appropriately qualified, skilled, experienced and of good character.

Newcross homecare utilised the human resources department at the head office of Newcross Healthcare when recruiting staff. The head office managed the reference checks and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks are a mandatory process undertaken by any health and social care provider to ensure prospective employees are of suitable character. We saw records of interviews in all files we reviewed along with evidence of proof of identity. We were shown each person had two electronically held references and a DBS check which had been received by the head office and sent to the agency office via email.

An induction is an essential process that all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We were told, and we saw, new staff undertook induction training before they began working for Newcross. This induction included training in Moving and Handling, Safeguarding Adults, Infection Control, Medicines Management, Fire Safety, First Aid, Mental Capacity Act 2005, Health and Safety and Record Keeping. All three files we

reviewed contained certificated evidence to show staff had undertaken this training.

We saw staff were required to complete a question sheet after attending training sessions. This question sheet was then marked and required to have scored above a certain mark to pass. We were told a pass was required before new staff were deemed able to commence visiting people unsupervised.

We were told new staff worked alongside an experienced member of staff for a period until they felt confident to visit alone. The registered manager told us this period varied according to the confidence and experience of the new staff member.

We were told by the registered manager staff were given access to the company's web based files containing all Newcross policies and procedures for reference at any time. We were told these were reviewed regularly by the organisation.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Records were stored securely in order to protect people's confidentiality.

Reasons for our judgement

We saw staff files were in a filing cabinet in the management office of Newcross Healthcare at the time of our inspection. We were told by the registered manager that these files are usually kept downstairs in secure cabinets, and had been brought up to the management office for ease of access during the inspection. We saw people's care files were stored in lockable filing cabinets in the management office.

We saw Newcross kept accurate records in respect of each person who received a service. Records included appropriate information and documents in relation to the care and treatment provided to each person as well as records in relation to the employment of staff and the management of the service.

We were told by the registered manager historical records relating to people who had used the service and staff who were employed by the service were archived and kept for five years in a secure cabinet.

We were told, and we saw, policies and procedures relating to health and safety and risk management were held electronically. We saw Newcross had a policy to manage emergencies such as adverse weather or staff shortages, this referred to the emergency plans we saw in each person's file. The emergency plans clearly showed the action to be taken to support the individual if staff were not available to care for them.

Some people who received a service from Newcross were not able to answer the door to the staff and key safes were utilised by staff for efficient access to these properties. We were told key safe codes were only ever given to staff verbally and not recorded on any visit rotas. We asked if there was a policy covering this issue. The staff allocation officer told us she was not aware of a specific policy regarding key safe code management. The provider might like to note guidance should be available to staff regarding the management of such information, particularly once held by staff members in order to protect people's security.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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