Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Bristol)

Inspection report

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Date of inspection visit: 1 December 2015
Date of publication: 10/02/2016

Ratings

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

Overall summary

We undertook an inspection of Newcross Healthcare Solutions Limited (Bristol) on 1 December 2015. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service was registered with the Commission in November 2013 and this was the first inspection.

Newcross Healthcare Solutions Limited (Bristol) provides nursing and personal care to people in their own homes in Bristol and South Gloucestershire. At the time of our inspection there were 13 people receiving personal and nursing care.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and spoke highly of the care they received. Staff knew how to identify and respond to abuse. Staff received training in safeguarding and demonstrated knowledge of the provider's policies.

Recruitment procedures were thorough and ensured all the correct pre-employment checks were carried out before staff began work. Staff received an induction and on-going training.

Risks were identified and managed through comprehensive assessments. Staff were competent in the administration of medicines. The service had an auditing system to check people's medicines were being managed safely.

People were provided with care by well trained and knowledgeable staff. Staff felt well supported and had regular supervision.

Staff understood the principles of the Mental Capacity Act (2005) and delivered care in the way that people wished. Staff promoted choice and understood how people were able to communicate.

People and relatives spoke highly of the kindness of staff and the care they provided. People and relatives told us they had trusting relationships with staff.

People told us the service was flexible and adapted to people's changing needs. People's needs were assessed and their care records were informative and up to date.

The service had a complaints procedure and people had been given information about how to make a complaint. People told us they felt able to make a complaint and that it would be dealt with thoroughly and openly.

People told us they felt the service was well organised and managed. People felt the registered manager was approachable and effective. The registered manager communicated effectively with staff ensuring they had the necessary information to perform their roles well.

The service had systems to monitor performance and the quality of care provided by staff. People were asked for their feedback on the service they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us care was delivered safely and on time.

Staff knew how to identify and report abuse in line with the provider's policies.

Recruitment procedures were robust ensuring all checks were completed before staff begun work.

People's medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective. People felt the care provided met their needs.

The provider had an induction programme to ensure staff were suitably skilled in their role.

Staff were supported through effective training and supervision.

People's healthcare needs were assessed and monitored.

Is the service caring?

Good

The service was caring. People had positive relationships with staff.

People were cared for by staff who they trusted and who treated them with kindness and respect.

People were supported in a way that upheld their dignity and promoted their independence.

Staff were knowledgeable about people's needs and provided person centred care.

Is the service responsive?

Good

The service was responsive.

The service was flexible to the changing needs of people.

Care was provided in accordance with people's individual needs and wishes.

The provider had a complaints procedure in place and dealt with complaints in a thorough and open way.

Is the service well-led?

Good

The service was well-led.

The provider had effective systems to gain feedback from people and staff.

Systems were in place which helped to ensure the service was efficient and well organised.

The provider promoted a positive culture and valued staff.

There were quality assurance systems in place to monitor the quality of the care provided.

Newcross Healthcare Solutions Limited (Bristol)

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 took place on 1 December 2015 and was announced.

The inspection was carried out by one inspector and an expert by experience who had experience of physical and sensory impairment. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and the information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

During our inspection we went to the Newcross Healthcare Solutions Limited (Bristol) office. We spoke with the registered manager, one senior staff member and one care worker. After the inspection visit we undertook phone calls to two care workers, two people that use the service and five relatives of people who received care from the service.

We looked at five people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, polices, audits and complaints.

Good

Is the service safe?

Our findings

People felt safe using the service. One relative told us, “I know that they [the carers] have his safety as their priority and it is comforting to me to know that I can rely on them to look after him as well as I have been doing.”

The provider had policies in place for safeguarding, child protection and whistle blowing. Staff said they received training in these subjects in their induction programme and the training records confirmed this. Staff told us they were given a company handbook which included all the provider’s policies. These informed staff how to keep people safe and how to follow up any concerns. Staff were knowledgeable about safeguarding procedures and how to recognise and respond to suspected abuse. All the staff we spoke with said they would report any concerns immediately to a senior staff member. Information we held about the provider showed that when concerns were raised in relation to people’s safety they had reported them to the local safeguarding team.

People said they felt safe because their care was provided in a timely manner. A phone buddy system was in place to record staff arrival and departure times. This monitored staff attendance and punctuality. The registered manager told us the office team monitored local traffic news and passed relevant information onto staff to ensure they reached appointments on time. Any delays were immediately communicated to the person. One person told us, "We've certainly never experienced any missed calls. We have always found the carers are very good and will phone us even if they are only going to be a couple of minutes late." Another person told us, “Only very rarely has somebody been late but they have called to say there's been a traffic problem and even then they were only 5 or 10 minutes late."

Risks to people were being identified and assessed. Records showed that a positive approach was being taken to managing risk. This promoted people’s independence and reduced the risk of harm occurring. The risk assessments were reviewed and updated on a regular basis. They provided detailed information and procedures for staff to follow. They described what steps to take in particular situations or directed staff to further guidance. One person told us they were able to move around their home but their medical condition meant that at any time they may require support and assistance. The risk assessment detailed the risk to the person and the action staff needed to take to ensure the risk was kept to a minimum. The person said, “Without their help I wouldn’t be able to live independently anymore.”

The provider had an effective system in place to monitor incidents and accidents. Staff told us they completed a record held within the person’s home and the report was sent to the office. The record was logged onto the provider’s system which graded the incident in severity. Any incident or accident would initiate a request for a nurse visit to reassess the person and update the care plan as required. The records indicated action taken to reduce future risks. A manager reviewed all records and the computer system would alert to any repeating patterns so further preventative measures were applied.

The provider had a safe recruitment process. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check ensures that people who are barred from working with particular groups of people are identified. The computer system used by the provider monitored all steps in the recruitment process and alerted the registered manager daily to any actions required. The system helped to ensure people were protected from unsuitable staff as it monitored that all pre-employment checks were completed. Until this was done, new staff could not be booked onto a shift.

Records showed us that each care package had been individually assessed for the number of staff needed and the training they required to provide safe care. We viewed staff rotas from the previous eight weeks and saw that the number of staff was consistent with the planned staffing levels for each care package.

The provider had a business continuity plan in place to address disruption to the service such as adverse weather conditions or a health outbreak. This ensured that in such an event, people’s care needs would still be met. Each person had an individual crisis plan detailing the care arrangements in place for emergency situations. The provider had systems in place to deal effectively with staff absence and annual leave. The registered manager told us that in order to ensure care was unaffected only one staff member from any package could be on leave at one time. A senior staff member was trained in all care packages so could assist if needed.

Good

Is the service safe?

Staff told us they were supplied with the right equipment to be able to support people safely. One staff member said, “All equipment is provided by the agency.” The registered manager showed us the bag that included personal protective equipment which staff received as part of their induction. One person told us, “The carers are always well presented and always ensure that they change their gloves and aprons when they need to.”

People told us that staff administered their medicines safely. One staff member told us, “I was not allowed to administer medication until I had been observed and signed off as competent by the lead nurse.” We viewed staff records which showed all staff were trained in administering medicines and competency assessments had been completed. One relative told us, “They are always meticulous in the way they detail everything in the records to ensure that there is a clear record of everything they have done concerning his medication." Another person told us, "My carer will get my tablets out of the dosette box for me and make sure I've got plenty of drink to take them all before she then writes down in the book that they have been taken for the day."

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the care provided and felt it met their needs. One relative told us, "Considering the complex needs that my child has, the carers manage very well." People told us that staff appeared well trained and worked to a high standard.

New staff completed an induction programme aligned to the Care Certificate. All the staff we spoke with confirmed they had completed an induction and one member of staff said, "It was very good." We reviewed the content of the induction programme and saw it included areas such as safeguarding, child protection, the Mental Capacity Act 2005 (MCA) food hygiene, dealing with emergencies and supporting different client groups. We viewed the associated learning and assessments staff had completed at the induction which demonstrated the training had been effective or identified further training needs.

Staff told us that after the induction they had shadowed or doubled up with a senior member of staff. This was to gain experience of working with a particular person. Staff said this process was positive and they were not expected to work alone until being observed and assessed as competent.

The registered manager told us that having skilled, highly trained and knowledgeable staff was imperative to the effective running of the service. Staff told us the training offered was very good. One of the senior staff said, "Training is well regarded at Newcross, there is lots on offer and it is client specific." The registered manager explained that as many clients had complex needs, the staff team who worked with people required specific training. A relative told us, "We originally sat down and had a long meeting with the agency where we discussed my daughter's needs. Because of the nature of her disability the agency agreed that the carers who would be working with her should spend some time and be trained specifically in how to cope with her in any emergency. This has made it so much easier for us as parents, knowing that the carers are skilled to cope in all circumstances." Another person told us that part of the care team's training was delivered by the medical team at the Bristol Royal Infirmary (BRI). "Before the carers started with us, they went to the BRI to be trained in how to cope with his [name of person] many symptoms. This was invaluable for me, because it gave me the confidence that they could cope if they were on their own. It really helped them understand why things are tackled the way they are."

The online training system recorded and monitored the training received by staff on a daily basis. This linked to the rota and staff team information and it would not allow staff to work in a care package until the appropriate training had been completed. This meant that people were kept safe as only staff who had been trained could work with them. The provider offered a wide variety of training including dementia, percutaneous endoscopic gastrostomy (PEG) feeding, basic life support and continence promotion. When training was completed for example in PEG feeding, staff would then shadow and have their competency assessed before being able to work alone. The provider also facilitated access to further nationally recognised qualifications and currently six staff were in the process of undertaking these. The registered manager had identified that end of life training would be beneficial to staff and was taking steps to introduce this.

Staff told us they received regular supervision which supported them to effectively carry out their roles. One staff member told us, "I had supervision last month, it is good to catch up. I feel well supported." Supervision included a face to face meeting with the registered manager or senior staff member, a telephone supervision or a practical supervision where staff skills were focused upon. Supervision records within the staff files showed that areas such as communication, consent, person centred care and documentation were discussed and observed. Any areas requiring further development were identified and actions noted of how and by when these would be addressed. The provider also instigated reflective learning where needed, for example if a drug error occurred or the service had received feedback about a staff member's attitude or conduct. Reflective learning discussions were documented on a form and went through what had happened, why it was important and how to learn and act on the reflective practice. The registered manager showed clear record keeping of supervision and the different types received by staff members. The computer system would notify the registered manager if any supervision was due and this meant all was current and up to date. Staff could not continue to work within a care package if supervision was outdated. This ensured people received effective, safe care as staff were well monitored and evaluated.

Good

Is the service effective?

Staff demonstrated how they applied their knowledge of the MCA into their work practice. A staff member told us, “It is about giving clients choice, for example with their food and medication. It is asking for consent and what they want and how they would like it done.” Another staff member told us, “It is giving choice in daily life. I ask when people would like to get dressed and what they would like to wear.” A person told us, "My carer is good and always wants to know if I am feeling OK and if I am ready to say take a bath. Some days I can be a bit wobbly and I won't want to get started till a bit later, but other days I can be right as rain!" People told us how different communication methods were used in order for choice and preferences to be expressed.

Care plans clearly documented people’s health needs. Staff told us that any changes in health or well-being were recorded in the daily notes kept in the person’s home. We viewed notes for one person which recorded some dry skin on the person’s leg. The notes showed the action taken and how this information was available for the next staff member to see and continue monitoring. Staff told us they notified the office of any concerns to people’s health and well-being to ensure access to the nurse or outside health professionals was initiated. The service liaised with multi agency teams to ensure care was coordinated between professionals. Staff also told us that any deterioration in a person’s health was recorded and reported to ensure arrangements were made for additional support.

Staff provided assistance to some people in the preparation of food and drinks and this was detailed within their care record. One person told us how a staff member made all meals for them and how they were fully involved in the process of choosing what to eat and when. “We will usually sit down in the morning and decide what I fancy to eat and what time I roughly want to eat. It means that I can have freshly cooked meals every day which is lovely."

Good

Is the service caring?

Our findings

The feedback from people and relatives was very positive about the kindness of staff and the care they provided. One relative said, “Whilst my daughter is severely disabled, her face always lights up when her carer arrives and she is so patient with her.” Another person told us, “The carers who looked after my wife and I became part of our family. When my wife died, it was only really because of their kindness and consideration that I coped as well as I did.” Another relative told us, “It is not easy looking after my husband, but they are always so kind and patient with him.”

We reviewed the compliments record at the service, which contained 16 compliments since May 2015. One relative had said, “I’m very happy with the care my husband received from Newcross carers.” Another person commented, “A very professional service, very happy with the care.” It was recorded that a relative had sent in a birthday card for one of the care workers saying ‘best carer in the world’ and had expressed their gratitude in the card to the care their relative had received.

The service encouraged people and relatives to leave feedback on a national website where care experiences were reviewed. The service had received one review which was positive. The person said they were very likely to recommend the provider to others and that overall they rated Newcross Healthcare Solutions Limited (Bristol) as excellent.

The service worked closely with the families of people they were caring for to ensure trusting relationships were developed. This was done through thorough assessments and ongoing communication. One staff member told us that, “Clients and their families have to have confidence in me.” A relative told us, “This is the first time that I have entrusted my daughter’s care to anyone other than myself and it has taken me a long time to get to a stage where I feel comfortable to trust the carers to look after my daughter without me necessarily being here as a backup.” Another relative told us the difference having confidence in the staff had made to their own life, “It feels strange to be able to sleep through the whole night without stressing about how our daughter is in the meantime.” Another relative told us, “I suppose it took us a good month to get to the point of being able to sleep right through the night. We have been very impressed with their level of knowledge and their 'caring' attitudes."

The service ensured that people were treated with dignity and their privacy was respected. One person told us, “They always make sure the curtains are closed now that the evenings are getting darker.” Another person told us, “I have to use one of these bath aides to get in and out of the bath and it is quite slow getting me out, but they always wrap me up in the towels so I don’t get too cold.” Staff told us they respected people’s choices and asked how people wished to be supported so that care was delivered in the way the person wanted.

Staff told us because of the nature of the care packages they are not rushed and have time to deliver support in a caring way. One person told us, "I am really fortunate that I have carers here throughout the day. It makes it so much easier for me because I can decide when I feel right to do things during the day rather than having to rush and have everything done in the hour that my carers are here." Another person told us, "Because we have full time care there is never any rush to get something done because the carer needs to be finishing. It makes life much easier to plan particularly with the rest of the family as we fit around the needs of our disabled child."

Good

Is the service responsive?

Our findings

People and relatives told us that the service was responsive to their needs. The service supported people with complex needs and we found that suitable assessments were being undertaken. People told us that the service was flexible in response to their changing care needs. One relative told us, “When we first sat down with the manager we were asked what was important to our daughter by way of the care we were looking for.” Another person told us, “It's interesting, because priorities change from time to time but I have to say that the carers are very willing to change the way they do things in order to fit in with whatever the priorities are at that time."

Before people commenced a care package, a full assessment of their needs was conducted. The assessments we viewed gave details about the individual, the environment, moving and handling requirements, medication and daily routines. The registered manager told us that when a care package started they allowed for a 12 week implementation process. This was so the care package began smoothly and all care and support needs were addressed. The process enabled any initial issues that may have arisen to be resolved quickly and effectively.

The care records for each person were informative and accurate. The care plans were on a computer system which allowed them to be reviewed and updated easily and regularly. The care plans showed how people wanted their care provided. The registered manager had identified that the care plans could be improved by making them more person centred. The registered manager recognised that the care plans would benefit from allowing more of the person’s individuality, background and interests to be expressed.

The service had a complaints procedure which we viewed. People told us they were given a copy of the complaints procedure at the initial assessment and it was included within their service user packs. One person told us, “We were given a copy of the complaints procedure when we first sat down with the manager to talk about what the agency could do for us. I know it’s in the folder that we have here.” Another relative told us, “The complaints policy is in the folder that we have here that the carers fill in every day.” People we spoke with told us they had not needed to make a complaint but would feel able to raise one if necessary. One person said, “I certainly know how to make a complaint and I think from the conversations that we’ve had with the manager so far they would listen to my concerns in an open and honest way.”

All complaints received were logged onto the provider’s computer system. This included complaints received in all formats such as email, telephone calls or letters. The system tracked a complaint from the initial information, through a comprehensive investigation, the outcome of the complaint and the subsequent action taken. The service had received four complaints since May 2015; all had been resolved to the complainant’s satisfaction. The complaints information was sent monthly to a senior manager so that it could be fully audited and reviewed to ensure action was effective.

The registered manager told us about home care emails sent each week to staff and we saw examples of these. The emails contained information on training and rotas, dates for the diary, feedback from people and specific client information. The client update gave detailed communication on medication, appointments, staffing and other changes to the person’s care. Staff told us how this email service kept them well informed with people’s needs and prepared them for their shift. The service also provided a 24 hour helpline so that support was available to people and staff out of office hours and at weekends. The registered manager told us information was handed over each evening to the help centre so they had up to date and correct information on a daily basis.

The registered manager told us how setting up the right team to work with a particular person was essential in providing effective care. People received care from a consistent staff team, trained to meet the person’s needs. One relative told us, "We have a small team who we know well and importantly, they also know us."

Staff were selected to the package based on the person's preferences identified in their assessment. For example whether they preferred male or female carers. Adjustments were made to the care teams to ensure the service was fully responsive to people's needs. Staff told us they acknowledged the importance of effective relationships with the person you were working for and how changes were sometimes required. One staff member told us, “Certain relationships just don’t work, it is not personal.”

Good

Is the service well-led?

Our findings

People gave positive feedback about the registered manager and how the agency was organised and led. One person told us, “They come across as professionally run. Staff in the office are approachable and helpful."

The registered manager told us they contacted people regularly to ensure the care provided met people’s needs. The registered manager told us they, or a senior staff member, visited people weekly. This showed the service recognised the importance of face to face meetings so people had the opportunity to discuss their care needs. One person told us, “The manager was approachable and certainly when we have needed to, we have been able to speak with them without difficulty."

People were regularly asked for feedback about the quality of care they received. People were sent a form asking them to assess and score staff in areas such punctuality, efficiency and professionalism. Additional comments were noted and we saw these comments were generally positive. The registered manager told us that assessment scores and comments were monitored and investigated if lower than expected. The current average score for staff was 94.75%, which demonstrated a high satisfaction rate from people using the service.

Questionnaires were sent out to people and their families. The last survey in April 2015 had produced positive results. The registered manager told us the systems they had in place ensured they had good relationships and communication with people and families so that any issues arising could be promptly dealt with. Staff also received surveys to gain their feedback. The last survey showed that staff felt their opinions counted, had the right information to do their job effectively and were satisfied with the manager. Feedback from staff was also gained through a forum on the staff intranet and exit interviews.

The registered manager and senior staff told us how the computer system used by the provider was a great assistance to them as it was effective and efficient. The system gave alerts for actions or updates needed which meant items did not remain outstanding. In addition to this the registered manager had a daily roll call for the senior staff which clearly identified tasks to manage and complete.

The registered manager had regular meetings with the regional and nurse manager and felt supported by them. The registered manager received regular feedback on their performance and positive objectives were set for the service, for example for there to be no missed visits. The provider supported the registered manager and team leaders with undertaking further qualifications and training. The registered manager told us the company invested in staff and valued training. The registered manager was currently undertaking a Masters of Science (MSc) in Management and Leadership in health and social care arranged by the provider.

Staff told us that Newcross Healthcare Solutions Limited (Bristol) was a positive place to work and they felt the service delivered a high standard of care. One staff member told us, “I have worked for other companies and Newcross is good, we have more time with clients, we are not rushed and we can then provide better quality of care for people.” Staff told us they felt the registered manager was approachable and supportive.

The registered manager told us that having an effective recruitment process assisted them to employ staff who were committed to delivering high quality care. The registered manager showed us recruitment records that assessed staff members’ skills and attributes which would help achieve the aims and objectives of the service. As part of the induction process, staff signed and were expected to adhere to the team pledge. This was reviewed in team meetings and supervisions to ensure continuity. The team pledge set out the vision and values of the organisation such as honesty, integrity and excellence.

Team meetings were held regularly and records showed they were well attended by staff. Staff told us these meetings encouraged everyone to get involved and they felt able to raise any matters. In addition to these meetings, the registered manager arranged client specific meetings for the staff team working in a particular care package. These meetings allowed the staff team to discuss the details of the care provided, ensure consistency and rectify any ongoing issues. Staff spoke positively about these meetings and said they were very useful. They told us they could request these meetings when necessary, for example when a change in the person’s needs occurred.

The provider had a system of spot checks in place to monitor the quality of the service provided by staff. A senior staff member attended unannounced to observe and

Good

Is the service well-led?

check the delivery of care. We saw completed spot check records within the staff files and staff confirmed they had experienced these visits. The records showed that all areas of practice were monitored, for example, the appearance and professionalism of the staff, communication, adherence to the care plan and record keeping. We saw that when an observation had identified that standards were not being met or the skills and knowledge of staff were lacking, further training, feedback and supervision were provided.

The provider had effective auditing systems in place to monitor documentation. Daily care records and Medicine Administration Records (MAR) were collected monthly from people's homes. A senior staff member reviewed these documents to ensure they had been completed correctly and accurately.