

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Shrewsbury)

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 Limited (Shrewsbury) is a domiciliary care agency providing staff to work in care homes and personal care and support to people in their own homes. The service currently supports younger disabled adults and children. At the time of inspection, the service was providing support to 4 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. We did not inspect the part of the service that supplies staff to care homes as this is not a regulated activity.

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

People were safe. Effective systems were in place to protect people from abuse and staff understood how to keep them safe. Accidents and incidents were investigated and action taken to address any concerns. People's risks were assessed and managed effectively. Where people presented with behaviours that challenge, triggers were identified and risk assessments guided staff how to manage the behaviour. People were supported by a sufficient number of safely recruited staff. Medicines were stored and administered safely and clear protocols were in place to guide staff when to administer 'as required' medicine. Staff wore gloves and aprons and understood how to manage the risk of infection. Where things went wrong, the provider immediately addressed concerns and took steps to reduce the risk of reoccurrence.

People's needs were assessed in a personalised way and care was delivered in line with their needs. Staff were skilled and knowledgeable and were trained specifically to meet the care needs of the individuals they supported. People were supported to eat and drink in line with their care plans. People were supported by staff who worked seamlessly with other care providers to provide consistent care. People were supported to access healthcare professionals when needed and their oral health needs were met.

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.

Staff were kind and caring and spoke with empathy about people they supported. People were supported to make their own decisions about care. People were supported by staff who understood how to promote their dignity and independence.

People's care plans were personalised and guided staff how to support people in line with their needs and preferences. People's communication needs were identified, and staff supported people in line with their needs. People were supported to engage in activities of their choice both in the community and at home.

Complaints were investigated and action taken where needed. People's end of life wishes were discussed with them and their relatives and advanced care plans were in place when appropriate.

The provider and registered manager strongly promoted person centred care to improve people's quality of life that was reflected throughout the service. The registered manager understood the duty of candour and promoted an open and honest environment. Effective audit systems were in place to check the quality of the service and action was taken to address any concerns identified by audits. Audits were reviewed by the head office clinical governance team to provide further quality checks. Staff were clear about their roles and had good management support throughout the service. Relatives and staff were encouraged to provide feedback regarding the service and an open-door policy was promoted. The provider and registered manager placed an emphasis on continuously improving the service. The service worked closely with other care providers and healthcare professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at

Rating at last inspection

This service was registered with us on 15 January 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not yet been inspected.

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 ●

Newcross Healthcare Solutions Limited (Shrewsbury)

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 two adult social care inspectors. One adult social care inspector undertook the site visit and the other made telephone calls to relatives.

Service and service type

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

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.

Inspection activity started on 18 December 2019 and ended on 3 January 2020. We visited the office location on 18 December 2020.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We did not speak with people who used the service as the provider told us they would be unable to speak with us due to the complexity of their needs. We contacted four relatives across a number of days to find out about their experience of the care provided. Some relatives declined to provide us feedback and other relatives did not answer the telephone. We sent emails to professionals who work alongside the service for feedback. We spoke with four members of staff including the registered manager, lead nurse, complex care associate and a healthcare assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff 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 further medicine records and mental capacity assessments.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from abuse and keep them safe. A professional told us, "I am happy that the service provided is safe."
- Accidents and incidents were logged electronically, investigated and action was taken to reduce the risk of reoccurrence when needed.
- Staff were aware of the types of abuse and understood how to keep people safe. One staff member told us, "The types of abuse include sexual, physical, institutional, emotional and modern slavery. I would raise any concerns with the managers and I'm absolutely confident they would deal with it."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed.
- Clear guidance was in place to direct staff how to manage risk and staff understood and followed this. For example, one person who experienced breathing difficulties had a breathing risk assessment in place which guided staff how to manage this risk including when oral suction and cough assist was required.
- Where people displayed behaviours that challenge, clear risk assessments were in place that identified triggers and guided staff how to manage behaviour.

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff.
- The registered manager recruited staff to support specific people to ensure their needs were met safely.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were requested prior to staff commencing employment.

Using medicines safely

- People's medicines were administered safely.
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Where a person was administered medicines through their PEG tube, one staff member told us, "We record medicines on the MAR chart. We put a dot when we draw it up and when it's put through the extension tube, we go back and sign it."
- Clear protocols were in place to guide staff when to administer 'as required' medicines and staff understood when these medicines should be administered.
- Body maps were used for the administration of topical creams.

Preventing and controlling infection

- People were supported by staff who understood how to prevent cross contamination. One staff member told us, "We always wash our hands and wear Personal Protective Equipment (PPE) such as gloves and aprons."
- People were supported by staff who understood how to reduce the risk of infection. One staff member told us, "We always make sure [Person's name]'s catheter is flowing properly and the site is not infected."

Learning lessons when things go wrong

- Where medicine recording errors had been made, the provider immediately spoke with all staff and provided written confirmation to remind them how MARs should be completed to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were over the age of 18, mental capacity assessment documentation had not always been completed. The registered manager told us they used mental capacity assessments that had been completed by health and social care professionals due to the complex needs of people who used the service.
- The registered manager acknowledged this may not always be appropriate regarding day to day decisions and sent us a completed mental capacity assessment for one person the day after the inspection. The registered manager has given assurances that all mental capacity assessment documentation will be completed going forward. We will check this at the next inspection.
- Staff understood the principles of the MCA. One staff member told us, "[Person's name] can make all sorts of decisions for themselves and we encourage them to do so. We give as much choice as we can."
- Staff asked people for their consent before supporting them. People were supported to make decisions for themselves and staff helped people with decision making when needed.
- Where people were under the age of 18, the registered manager and staff sought consent from their parents regarding decision making.

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

- People's needs were assessed in a personalised way and daily notes showed that care was delivered in line with their assessed needs.
- Assessments considered some aspects of people's diverse needs. For example, one person's religion was identified in their assessment and care plans detailed how the person should be supported to watch

television programmes relevant to their religion.

- The registered manager told us they did consider people's other diverse needs and this would be reflected in documentation if it was relevant to them. The registered manager told us they would review assessment documentation immediately to ensure documentation reflected that all diverse needs were discussed during the assessment. We will check this at the next inspection.

Staff support: induction, training, skills and experience

- People were supported by skilled and knowledgeable staff who had undertaken training to enable them to provide support for specific individuals. The registered manager showed us evidence that staff would not be allocated to support a specific person unless they had undertaken all training specific to that person's needs.
- Staff told us training was effective and up to date. One staff member told us, "Training is very good. We do a lot of inhouse training and it all has to be signed off by clinical governance. It is updated every 3-6 months."

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

- People were supported to eat and drink where needed. For example, one person's care plan guided staff to cut their food into small pieces as they were at risk of choking.
- Where people required a PEG feed to meet their nutritional needs, there were clear PEG regimes in place that staff understood and followed.

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

- Staff worked closely with other care providers to provide consistent care. For example, one person was also supported by personal assistants and another person was supported by another care agency.

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

- People had oral health care plans in place which guided staff how to ensure people's oral health standards were maintained. For example, one person's care plan documented that they use special toothpaste that does not foam as otherwise it can take the person's breath away.
- People were supported to access a wide range of health professionals where needed including GP's, nurses and occupational therapists.
- Where people were under 18, staff identified when they may require healthcare services and contacted their parents to see if they wished to refer themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager told us they only recruited staff who presented with a caring demeanour.
- The staff we spoke with displayed a kind and caring approach and spoke with empathy about people they supported.
- Staff respected people's equality and diversity. For example, we saw staff supported one person in watching television programmes related to their religion and culture.

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

- People were supported to make their own decisions regarding care. For example, one staff member told us, "[Person's name] goes out for a meal so we give them three choices of food they like and let them choose, we also show them pictures to support them to make decisions."
- People were supported to choose their clothes and choose what activities they would like to participate in.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity. For example, one staff member told us a person they support can get embarrassed in front of others due to having care support so they ensure they provide care in a subtle way and always speak to the person in a way that respects their dignity.
- People were supported by staff who promoted their independence. One staff member told us, "We try and promote people's independence by giving them enough information to make decisions without overwhelming them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans were personalised and guided staff how to support people in line with their needs and preferences.
- The registered manager recruited staff who had been specifically selected to meet each individual's specific needs. Staff teams remained consistent to ensure each person was supported by staff who fully understood their preferences and could provide continuity of care.
- Staff attended team meetings specific to each person and their support team. This ensured staff were aware of each person's individual needs and any changes to their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided information in a way they understood. For example, staff supported one person to use emoji pictures on an activity board to communicate and supported another person to communicate using Makaton and printed information sheets.

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 attend community activities where able. For example, one person was supported to attend a youth club.
- People were supported to engage in activities at home to promote positive wellbeing. For example, we saw one person was supported to do quizzes and another person was supported to engage in culturally appropriate activities.
- Staff respected people's relationships with their families and supported them in a way that respected their views.

Improving care quality in response to complaints or concerns

- A complaints policy was in place but the registered manager told us no formal complaints had been received.
- Where a concern had been raised by a relative, we saw the registered manager had investigated it, discussed it with the staff member involved and fed back to the relative.

End of life care and support

- People's end of life wishes had been discussed where appropriate. We saw one person was supported to attend a local hospice for counselling regarding their health and another person had an advanced care plan in place.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 provider and registered manager promoted a strong vision of person-centred care that was applied and reflected through the service. One staff member told us, "There's nothing they could do better here. They're really person centred."
- The registered manager was passionate about providing an optimum service for people that improved their quality of life. For example, the registered manager ensured they only agreed to care packages where they felt the service was appropriate to achieve good outcomes for people

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

- The provider promoted an open and honest environment and the registered manager understood the duty of candour. For example, we saw where one person got unavoidable small blisters from a catheter strap, the family were immediately informed.

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

- Effective audit systems were in place to check the quality of the service and action was taken when concerns were identified by audits. For example, where a medicine audit had identified that correct codes were not always used, this was followed up immediately.
- Audits were stored online and were reviewed by the head office clinical governance team as an extra quality check to ensure that action was taken when needed.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC and displaying the inspection rating at the service. The registered manager explained that since the service had been providing a regulated activity, there had been no circumstances that required notification.
- Staff were clear about their roles and there was a robust structure in place that ensured the registered manager and staff were supported by the head office. The registered manager told us about the introduction of the Complex Care Associate role which would bridge the gap between management and healthcare assistants and support the provision of good quality care.

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

- The provider and registered manager promoted open communication between relatives and the service

and we saw that relatives were comfortable in approaching the service if they needed to.

- The registered manager showed us a feedback survey that was due to be sent to relatives in January 2020 to request formal feedback regarding the service. The registered manager told us it was likely these would be issued on a quarterly basis
- Staff had the opportunity to input into the service at supervisions and team meetings. One staff member told us, "There's an open-door policy here so I would just approach the registered manager if I needed to. I am given the opportunity to make suggestions to improve the service and I think they would be listened to."

Continuous learning and improving care

- The provider and registered manager were proactive in improving care.
- Training methods were continuously adapted to ensure staff were able to provide optimum care and the provider had plans to train staff to become nurse practitioners to increase their skill levels.
- The registered manager told us an electronic care management system was due to be implemented in January 2020.

Working in partnership with others

- The service worked closely and proactively with other agencies such as other care providers and healthcare professionals to meet people's needs. One professional told us, "I have referred people for assessment and I am always impressed with their professionalism and response."