

Newcross Healthcare Solutions Limited

Newcross Healthcare Solutions Limited (Surrey Service)

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 (Surrey Service) provides personal care and nursing support to people in their own homes. 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. At the time of our inspection the service was supporting 3 people with personal care needs.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support: People had choice and control. They were supported to live as independently as possible in their own home.

Right care: People were supported by staff who knew them well and provided care with respect and dignity. People's individual interests and beliefs were respected, and outcomes were agreed with people.

Right culture: There was a positive culture of empowerment and kindness throughout the service. The provider had stated values which were known and worked towards by all staff.

People felt safe when being supported by staff. All staff completed safeguarding training and were able to describe how to report concerns. Risks to people's safety and well-being were assessed and control measures agreed to keep them safe. Staff were recruited safely, and sufficient staff were available to support people's visits. Systems were in place to monitor and review accidents and incidents to minimise the risk of them happening again. Infection prevention and control systems were in place and regularly reviewed in line with COVID-19 government guidance.

Staff felt the training they received supported them in their roles. People's healthcare needs were recorded in detail and support provided to access healthcare when required. A nurse supported the service and was on-hand to provide advice and contribute to care planning. 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.

People received support from a stable, consistent staff team who knew them well. Staff treated people with kindness and were aware of how they preferred their support to be provided. Staff were able to demonstrate

how they supported people with dignity and respected their homes. Staff supported people to spend their time in ways they enjoyed including going shopping, for meals and to local groups.

There was a strong sense of leadership and shared values throughout the service. Staff felt supported both within the service and by the organisation as a whole. The registered manager and staff worked well with a range of organisations to ensure people received holistic care which was in line with their desired outcomes.

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

Rating at last inspection

This service was registered with us on 08/03/2017 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

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 (Surrey Service)

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 was carried out by one inspector.

Service and service type

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

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 25 November 2021 and ended on 9 December 2021. We visited the office location on 26 November 2021.

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 all the information we had about the service. This included any notifications of significant events. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We visited the service and met with the registered manager. We reviewed documentation in relation to the running of the service and policies and procedures. We also met with the senior office staff member and nurse supporting the service. We reviewed recruitment information for three staff members.

After the inspection

Following the inspection, we spoke with an additional three staff members, one relative and two people via video link. We reviewed three care plans and additional information requested from the provider including staff training records and further audit information.

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

- People appeared comfortable in the presence of staff during a video call and comments received reflected staff would always act on concerns.
- Staff received regular safeguarding training which covered both adults and children. Staff were able to describe the different types of potential abuse, signs of concerns and reporting procedures. One staff member told us, "If I have any concerns I have to report to the office, the manager and they will forward this on. It may be the police or social services need to be informed depending on the circumstances."
- Where concerns had arisen, these had been reported to the local authority in a timely manner. Actions taken in response demonstrated the service communicated effectively and adapted support to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and plans implemented to minimise the risk of harm. Risk management plans were incorporated into people's support plans and covered areas including health conditions, mobility, nutrition and anxiety. Information provided was detailed and person-centred.
- Staff understood the importance of reporting any concerns or changes in people's needs. In addition, people's records of care were reviewed daily by a senior staff member which ensured any changes, incidents or risks were identified promptly.
- Systems were in place to report and review accidents and incidents. Once reported, incidents were shared with the provider's senior team to ensure all required action had been taken. Records demonstrated action was taken following any concerns being raised.

Staffing and recruitment

- People received care and support from a consistent team of staff who knew them well. Comments from people and their relatives reflected it was important to see the same staff members and the service worked alongside them to achieve this.
- The provider had a policy of each care visit being a minimum of 6 hours. The registered manager told us they believed this ensured people received a good quality of care and that staff could get to know people's needs and individual wishes.
- Records showed that staff arrived for each call on time and stayed for the duration of the visit. This was checked by senior staff during quality assurance calls and unannounced spot checks.
- Staff were recruited safely. Recruitment checks were completed prior to staff commencing employment. These included obtain references, evidence of right to work in the UK, health screening and a Disclosure and Barring Service check (DBS).

Using medicines safely

- People received their medicines in line with their prescriptions. Staff received training in medicines administration and their competence was checked. One staff member told us, "They do regular training and check we are doing things correctly. It's very detailed. If we have any questions or are unsure about anything, we will always double check."
- Medicines administration was recorded electronically which meant senior staff were able to check daily that people's medicines had been administered. Records were fully completed with no gaps in administration found.
- Information in relation to people's medicines were clearly documented in their care plans. This included a description of how people preferred to take their medicines.

Preventing and controlling infection

- People and relatives told us staff always wore appropriate personal protective equipment (PPE) and followed good hygiene practices.
- Staff told us they had been supplied with sufficient PPE and guidance throughout the COVID-19 pandemic. This included training on the use of PPE and how this should be worn and disposed of.
- The provider had established a 'Stay Safe Panel' in response to the COVID-19 pandemic. The panel was used to review guidance and share this with all staff in a timely way. The registered manager told us this high level of support and guidance had been invaluable in ensuring that government guidance was being followed and keeping everyone safe.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to them receiving support. This involved meeting with people and those close to them to discuss their needs, expectations and preferences. Due to the complexity of people's needs, the assessment also included input from the nurse supporting the service. The attributes and skills staff required were then reviewed and where required, specific recruitment adverts placed.
- Staff worked alongside other agencies when providing people's care. Good communication systems were in place to ensure this worked smoothly and positive relationships were formed.
- Systems were in place to ensure best practice guidance was known and followed. For example, the registered manager was able to tell us how they were ensuring the right support, right care, right culture guidance in relation to the supporting people with a learning disability was followed. People's support was highly personalised and focussed on enabling people to live a life of their choosing.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received from the provider. One staff member told us, "The training is of a good quality. We have mandatory training and when completed you can do any other specialisms. I completed training for supporting people with behaviours that challenge. It showed me so many ways to support people. I felt empowered and I had the tools I needed for different situations."
- The registered manager maintained a training matrix to monitor the training staff had completed and when refresher training was due. Mandatory training included moving and handling, first aid, health and safety and safeguarding. Where possible, training had been moved on-line during the COVID-19 pandemic to ensure staff could continue to access this.
- Staff told us they received regular supervision and felt supported in their role. One staff member told us, "We have support and supervision which is useful. They (office staff) will always help and can always be contacted."

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

- People told us they were supported by staff to have meals of their choosing. Staff were aware of people's dietary needs and how these impacted on their health. They were able to describe the support people needed to make choices whilst encouraging people to try different things.
- Detailed guidance was available to staff regarding people's dietary needs and records showed these were followed.

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

- Where required, people were supported to access a range of healthcare professionals and records of appointments were kept. Where people's health changed, this was responded to promptly and relevant professionals or relatives informed.
- Staff were aware of people's individual healthcare needs. They were able to describe the support people required manage both their physical and mental health needs.
- All support plans were reviewed by the nurse supporting the service to ensure people's healthcare needs were being met. Staff told us they were reassured by having the availability of clinical support from the nurse should they need advice.
- People were encouraged to remain active through taking regular walks which they told us they enjoyed.

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.

- People's legal rights were protected, and the MCA followed. People and their relatives had been consulted about their care needs and consent to care received.
- Staff were able to describe how they gained people's consent when providing care. One staff member told us, "Knowing people is very important so you understand what approach to use. Everything is about choice and we have to have consent before doing anything."

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

- People were supported by staff who were kind and caring towards them. We observed staff supporting people in a gentle way and rubbing a person's shoulder to reassure them during a video call.
- Staff had developed positive relationships with people. Staff spoke of the people they supported with enthusiasm and affection. One staff member told us, "It's really lovely to be able to spend so much time with them and see them doing different things. I love working with them."
- Staff understood what was important to people, their dislikes and preferences. They ensured people's religious views were respected and where possible, supported people practice their faith.
- The registered manager told us they were proud of the way the staff team cared about people and went the extra mile to support them. One example of this was supporting people to have a birthday party which was something they hadn't previously experienced. Staff had received a letter from one person saying how much this had meant to them.

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

- People and their relatives were fully involved in making decisions about their care. Support plans contained details of people's preferred routines and records demonstrated these were followed by staff.
- People were supported by specific staff members who knew them well. Staff told us this meant they were able to identify any changes in people's needs, health or well-being and respond to them. Any changes to people's needs were discussed with people and communicated to other agencies to ensure a team approach.
- People's care was reviewed monthly and feedback regarding any adjustments required were discussed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and develop their independence. We observed a discussion between one person and a staff member regarding how they were going to prepare lunch together. One compliment received by the service reflected, "(Staff member) lets me do what I want to try and do by myself"
- Care plans recorded the things people were able to do independently and where they required support. One staff member told us, "We help (people) to be as independent as possible and encourage them to do as much as they can for themselves."
- Staff demonstrated understanding that they were guests in people's homes. One relative told us, "They absolutely respect this is our home."
- People's privacy and confidentiality were respected. One staff member told us, "I make sure if I need to go into the shower room with them, I ask if that is okay. I ask for permission in everything I do, check for any hazards and give choices about everything. I would draw curtains, close doors and check they don't feel

exposed."

- Policies referred to the importance of ensuring people's personal information was protected and remained confidential.

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; 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; End of life care and support

- People were supported by staff who were motivated to provide person centred-care. One staff member told us, "We stepped into their lives when they needed us and help in all aspects of their life. Previously their social life was very limited but now they have the support they are able to go out for coffee and meals, and love walking in the park. We always try to give them choices and provide options."
- Support plans were completed in personalised and holistic way. This gave staff an understanding of the person and what they wanted from the care and support they received.
- People care notes were highly personalised and contained detailed information such as how they had spent their time, what they had enjoyed and how they were feeling. Notes were reviewed daily to ensure the support people received was person-centred and reflected their desired outcomes.
- Where appropriate, people were supported to take part in activities of their choice. Staff also supported people to look at different options they felt they may be interested in. For example, two people were looking to join an arts and crafts group suggested by staff.
- At the time of our inspection, nobody was receiving support at the end of their life. Processes were in place to enable people's wishes to be identified and recorded if they or their relatives wished.

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's communication needs were known to staff. One relative told us, "It would be easy to ignore (family member). Although her needs are complex, she is non-verbal and quiet. Staff are very good at interacting with her, telling her what they're doing, what's going on".
- People's care plans highlighted the support people required with communication and how to judge responses.
- Staff had developed resources to support people's communication and choices. For example, photos had been taken of regularly purchased items to support people making choices when making their shopping list.

Improving care quality in response to complaints or concerns

- The registered manager maintained a complaints log although very few concerns had been raised. One

relative told us they had never had cause to raise a concern but would feel comfortable doing so. They told, "They communicate well with us now and we can discuss things openly."

- The provider had a complaints policy in place. This highlighted the ways people could raise a concern, how it would be dealt with and the timescales for providing a full response.
- Information in relation to complaints was forwarded to head office and logged as an incident. This meant complaints were reviewed by senior staff to ensure all relevant action had been taken. An analysis of complaints was also provided to the registered manager. This highlighted the categories of complaints to ensure any themes could be identified and acted upon.

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; Continuous learning and improving care

- People knew the staff working in the office who visited them. One relative told us they felt the service was managed well, "We don't have to contact them often as things run smoothly but we have a contact if we need to speak to them."
- There was a positive culture throughout the service. The provider had a clear set of values which staff were involved in designing. These were discussed during staff recruitment and the systems in place ensured they were regularly referred to and embedded. Staff were asked to sign a team pledge which referred to the values and ethos of the organisation and this was reviewed during supervisions and appraisals.
- The registered manager ensured people were placed at the centre of their support by completing regular reviews of people care, monitoring daily records and completing regular spot checks.
- Systems were in place to regularly review best practice guidance and processes to implement continuous learning and improvement. For example, the 'Stay Safe' panel had been implemented at the beginning of the COVID-19 pandemic to review the organisations response and guidance. The panel has developed during this time and has become a mechanism to review other best practice guidance and learning at an organisational level.

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

- Staff told us they felt proud to work for Newcross Healthcare. One staff member said, "I love the way they connect and keep in touch with clients and staff and the training they provide. It's very rewarding that we can see the difference they (the organisation) have made in (people's) lives."
- A range of quality assurance systems were in place to monitor the service people received. The registered manager completed a monthly report in relation to people's care. This included care reviews, accidents and incidents, staffing, recruitment and complaints. In addition, regular audits of all systems were completed by the regional team. Where improvements were needed, action plans were implemented, and concerns resolved in a timely manner.
- The registered manager was part of a number of external forums including the London Care Forum and Surrey Children's Framework. In addition, they attended local forums, training events and received updates from local organisations. The registered manager told us, "I find listening to people's experiences really helpful and it helps to understand and process new guidance."
- The provider had a policy in place regarding duty of candour. This highlighted the need to act in an open

and transparent manner when things went wrong and set out the system for investigation and communication. The manager was aware of their responsibilities in this area. At the time of our inspection no incidents had occurred which met the criteria for implementing the policy.

- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys were regularly completed to gain the views of people, relatives and staff. Comments received were mainly positive about the care and support. Where comments regarding improvements were made these were acted upon. The most recent survey identified it could be difficult to contact the office. During the inspection relatives and staff told us this had now improved, and they were now able to get a response promptly.

- Staff told us they felt valued and encouraged in their roles and felt the organisation had high standards. One staff member told us, "The support is incredible. Not only from the registered manager but also from line managers. I have been encouraged to do things I didn't think I was able to do." Regular team meetings were held and staff told us they felt able to raise any concerns or suggestions. Staff told us they were regularly thanked and provided with positive feedback by the registered manager. Reward schemes which acknowledged good practice and staff going the extra mile for people were also in place.

- The service worked alongside other agencies to ensure people received the care they required. This included working alongside people's private carers, the community nursing team and care managers. In addition, the registered manager was a Dementia Champion and had delivered talks to promote people's needs to other organisations.