Network Healthcare Professionals Limited

Network Healthcare Professionals Limited - Swindon (DCA)

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

This inspection took place on 22 November 2016 and it was announced. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us.

Network Healthcare Professional Limited is a domiciliary care service providing care to people in their own homes in and around Swindon. At the time of the inspection the service was supporting 103 people.

There was registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage 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 who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service experienced some late calls but always ensured all calls were completed. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received quality care that was personalised to meet their needs.

People were supported to maintain their health and were referred for specialist advice as required. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and

comfortable death as possible.

Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

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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.

This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 22 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with 11 people and four relatives. We looked at six people's care records including medicine administration records (MAR). We spoke with the area manager, one office coordinator, two assistant managers and 4 carers. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, staff minutes of meetings, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Network Healthcare Professionals. We asked them if they felt safe and they said, "Oh absolutely, yeah. The carers are absolutely first class, they do their jobs very efficiently and make sure I'm comfortable", "Yes, quite safe. They're quite good really, nice and clean" and "Yes, of course I do. I find all of them jolly. They ask me what they can do for me. Yes, they're nice people". People's relatives did not have any concerns about their family member's safety. When asked if their family members were safe, they told us, "Yes, she is, yes. They assist her on the bath-seat and everything and make sure she's safe", "Yes absolutely. They've been on board since looking after my dad and they were always ringing me to keep me informed. Any concerns with my mother, they will always contact me" and "Yes, very. Obviously I'm here as well, but they wash and dress him. He's perfectly safe and perfectly happy".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One member of staff told us, "Types of abuse can be physical, mental, sexual or financial. I would report any abuse to the office or safeguarding team". Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team. The registered manager performed safeguarding audits to look for any trends.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "I can whistleblow to safeguarding team or CQC".

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Risk assessments included risks associated with: mobility, medicines, skin condition, nutrition and environment. For example, one person's care plan identified they were at risk of falling. The person had walking aids and the care plan guided staff to ensure the equipment was always within reach. Daily records showed were following this guidance.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported after a member of staff did not give a person's night medicines. This was reported to the office and the member of staff involved was retrained as well as put on double handed calls until they were reassessed. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine

were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration and frequency. Staff had completed medicines training. One member of staff told us, "I have had lots of training in medicine administration".

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a hoist. Records showed two staff always visited this person.

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls but late calls here and there. One person said, "Sometimes they're a bit late, but normally they're on time". One person's relative said, "If they're a bit late, they'll ring me. I'm quite confident. My husband and I can go away on holiday and I'm reassured they will look after her [person] well".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. We asked people if staff had the right skills and they told us, "Oh yes, I don't have to tell them what to do", "Well yes, the ones I've dealt with so far. If I get new ones, they read the log and I guide them on what to do, but I tend to get a regular carer" and "Yes, I do. I can't lift my arms and they're always very careful".

New staff were supported to complete a comprehensive induction programme before working on their own. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction was more hands on and beneficiary". Another member of staff said, "I shadowed until I was ready to go solo. We learn on the job".

Staff records showed staff received the provider's mandatory training on a range of subjects including moving and handling, safeguarding, mental capacity act (MCA), dementia, person centred care, and duty of care. One member of staff told us, "I found the training in infection control useful in maintaining good standards". Staff had access to development opportunities and could request training. One member of staff told us, "I requested training in convenes and catheters and it was provided". Staff also received training for different pieces of equipment before use.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process.. Staff had received their one to one supervision meetings with their line manager every six months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Six monthly spot checks were also carried out on all staff to monitor the quality of care. Records showed that these competency checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "I had my appraisal four months ago and we discussed concerns and what's going well".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood their responsibilities in relation to MCA. One member of staff said, "MCA allows clients to make decisions about how they want things done and we give them choices". Another member of staff told us, "MCA is about assuming capacity unless otherwise. I received the training".

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "Some weeks back, my chest needed extra medication somewhat quickly and staff were able to support me with that in a professional way" and "I think there has been one occasion when I wasn't too well and they contacted the surgery".

Good

Is the service caring?

Our findings

People told us they were very happy with the care they received. We asked people if staff were caring and they said, "Oh, too much! I get spoilt; I love it", "They are, very. They're always asking if there's anything else they can do for me" and "Oh yes, definitely. There's one or two of them that go over and above". We asked people's relatives if staff were caring and they said, "Very, yeah, very caring", "Oh yeah, yeah. She [person] gets on well with all of them" and "Oh yes, definitely".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "I get to know people well and always have time to engage with them".

People told us staff knew them well and always had the same members of staff. They said, "There's only the odd occasion when someone's off sick or something, but normally I get someone I know", "All week I usually have the same carer, but at the weekend they can alternate. I do have a rota about who's coming" and "98% of the time. When the carers are ill or on holiday, I have different ones". Staff knew well the people they supported. Relationships between people and staff were established from the very first meeting. One member of staff told us, "I try not to get too attached but remain professional. We always do extra chores and talk about things that matter to the clients". Staff understood the importance of building relationships but were aware of their responsibility to remain professional.

Staff were respectful of people's privacy and maintained their dignity. Staff gave examples of how they promoted and respected people's dignity. This included making sure people were covered as much as possible when supporting them with personal care and waiting outside the bathroom where people wished to remain independent. Staff comments included; "I always cover clients with towels during personal care", "I offer to leave the room when client s using the toilet" and "We close curtains and doors during personal care and ask family members to leave the room". People and their relatives told us staff respected their dignity. People said, "They wash me on the bed and the door's always shut and curtains drew", "Definitely. Say if I had a male visitor, they would ask him to wait because they were washing me" and "Yes, it's good. She shuts the door and things".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner. People were involved in their care. Care plans had been signed by people to confirm they agreed with the way their care needs would be met. People were involved in reviews of their care.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do as much as they could for themselves with little support. One member of staff told us, "We encourage people to do things that they can for themselves like washing the face". People and their relatives told us staff supported them to be independent. People's relatives said, "Absolutely, they prompt her as well as do

things for her", "Yes, they'll encourage him to raise his hand, for instance and do little things he can" and "Yes, they do. If he wants to wash himself, they let him". One person's care plan guided staff to 'Encourage [person] to do as much for themselve as able do'. Records showed staff were following this care plan guidance.

Staff knew the importance of maintaining confidentiality. They told us, "We never talk about clients to other clients", "We don't discuss clients outside work" and "I do not answer phone calls when I am with a client". People's care records were kept in locked cabinets in the office and only accessible to staff. Records showed staff signed a confidentiality agreement during induction and understood their responsibilities in maintaining that.

The service supported people through end of life. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. Staff told us they worked closely with families during such difficult period .

Good

Is the service responsive?

Our findings

People's care and support was planned with them and the area care managers assessed people's needs prior to accessing the service to ensure their needs could be met. They met with people and their relatives to complete the assessments. The provider also used an 'About me' document which captured people's hobbies, interests and past jobs. These and the assessments were used to create a person centred plan of care which included people's preferences, choices, needs and interests.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's care plan detailed how the person preferred to be supported. Daily records showed staff supported this person the way they chose.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

Staff told us they always gave people options and choices during care. For example, choice of what to wear, food or where to spend their time. Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

The service responded to people's changing needs and people told us they had been involved in developing care plans and reviewing care. People's comments included; "Yes, somebody came out and spoke to me. I had a review not long ago", "I participated in the writing of the care plan very much" and "Yes, I had [staff] come out and go through it". One person's relative told us, "I've been involved right from the beginning". People and their relatives told us they were kept up to date with changes promptly. Care plans were reviewed to reflect people's changing needs. Changes to people's conditions were reported to the office staff who ensured changes were notified to all staff.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, one person enjoyed volunteering and the service provided flexible call times to allow the person time to volunteer.

People's views and feedback was sought through telephone client surveys as well as annual satisfaction surveys. People and their relatives told us they had participated in surveys and any concerns raised had been addressed. One person commented, "Someone comes out from the office to have a review about how things have gone and whether I'm still satisfied". The last satisfaction survey showed people were happy with the care provided by Network Healthcare Professionals.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a complaint or compliments as well as contact

information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. One person told us, "I raised a minor issue and it was sorted quickly". People's relatives said, "I've never had to complain", "No, we don't complain, there's nothing to complain about really" and "No, we haven't had to complain at all so far. Been with the company for 16 months".

We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, a complaint relating to inexperienced and untrained members of staff. The provider apologised and pulled the members of staff from providing care until they were trained specifically for that person. This complaint was discussed during staff supervisions and used to identify training needs. People spoke about an open culture and felt that the service was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

The service was managed by the provider and the registered manager who were supported by an area manager and assistant managers. The registered manager had been in post for three years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service. On the day of the inspection the registered manager was away. The service was being run smoothly in the registered manager's absence which showed good leadership. There was a clear leadership structure which aided in the smooth running of the service.

The service had a positive culture that was honest, open and inclusive. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff commented, "I can discuss good or poor practice with the management team and know will get support. I made a medicine error and I reported myself. I was retrained and supported".

Staff were complimentary of the management team, the support they received and the way the service was managed. They told us, "Management is very supportive. They can just call you to see how you are", "Manager is organised and fair" and "Current management is excellent, brilliant". One member of the management team said, "We try our best and treat staff the way we would like to be treated. We are like a big family here".

Staff were positive about the service and the way it provided care. They commented, "I wouldn't work anywhere else", "I like the way the service is run. Clients are the driving force" and "I am proud to be part of this company".

People told us the service was well managed and easily contactable. They said, "There's always someone there and if the person I want to speak to isn't there, they'll always call back" and "Yes, you just pick up the phone and if it's not an answer they can give straight away, they'll ring back". People's relatives were complimentary of the management team. They told us, "It [management] wasn't good initially, but they have certainly got their act together now; I'm very impressed", "Well, quite good with the way I see it because someone from the office comes out sometimes and does the caring" and "Oh yeah, one of the one's who deals with the carers [manager] has been out three times to assess".

The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicines, communication and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, a communication audit identified that some people had not received information relating to the change in management and action had been taken to ensure the shortfall in this area had been improved. The area manager told us they undertook random clients telephone reviews to ensure people where happy with the care provided.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.