

Network Healthcare Professionals Limited

Network Health and Social Care

Inspection report

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11 April 2018
18 April 2018

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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

Network Health and Social Care Dursley branch (part of the Network Healthcare Professionals Limited group) is a domiciliary care agency that provides care and support to people in their own homes. It provides a service to older adults and younger disabled adults. At the time of the inspection the service provided care and support for 150 people.

At our last inspection in October 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported to maintain good health and be involved in decisions about their health. They were provided with personalised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated annually. People were positive about the care they received.

Risks to people's and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

People were encouraged to make choices about their care and support and to be as independent as possible. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service when their views were sought annually. Monitoring and auditing of systems had ensured action was taken when required. Regular staff and management meetings ensured concerns were discussed and changes were implemented when required.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Network Health and Social Care

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 was a comprehensive inspection. The inspection took place on 10, 11 and 18 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we need to be sure the registered manager was there.

Inspection site visit activity started on 10 April and ended on 18 April 2018. It included visiting two people in their own homes and the agency office. We visited the office location on 10 and 11 April 2018 to see the registered manager and office staff and to review care records, policies and procedures. Inspection site visit activity started on 10 April and ended on 18 April 2018.

We reviewed the information sent to us in the provider information return (PIR). The PIR 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. Before this inspection we reviewed information we had about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by two inspectors and we spoke with 24 people who used the service and two relatives by phone. We spoke with the two people in their home and two of their relatives when we visited them. We also spoke with the registered manager, the regional manager, two care coordinators, one team leader, two care workers and the payroll and invoices manager. We reviewed five care records for people who received personal care.

Is the service safe?

Our findings

At the inspection in October 2015 we found the service was Safe. At this inspection we found the service continued to be Safe.

People received their prescribed medicines. The pharmacy had filled the dosette boxes which meant tablets were divided into sections for each day and the time they needed to be given to decrease the risk of errors occurring. Staff were trained to administer medicines and there was a medication policy and procedure for them to follow. People's prescribed medicines were listed in their care plan. The registered manager and regional manager were working to ensure a list of people's medicines were also contained within the dosette pack and kept with the administration record for staff to refer to. Care workers had signed the medicine records we looked at and there had been no medicine errors recorded. One person had a risk assessment recorded about their medicines and a 'best interest' record for staff to administer their medicine as they were unable to consent. This had been reviewed with relatives.

Staff had the knowledge to protect people from abuse and report any allegations of abuse. They received regular safeguarding adults training and knew what to look for and how to respond to allegations of abuse. One person told us, "I've been with them [the agency] for a long time, the carers are prompt, reliable and pleasant, they are like friends coming in" and "This means a great deal, when you are stuck in and can have a lovely chat with someone."

There were clear policies and procedures for safeguarding people which included 'whistle blowing' for staff to follow. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Staff knew who to call for assistance should they need help or advice. The Statement of Purpose for the agency provided to each person detailed that they could have a copy of the Safeguarding procedure. Safeguarding incidents had been notified to the relevant agencies as required. There were arrangements in place to keep people safe in an emergency for example, adverse weather and utilities failure. Staff understood them and knew where to access the information.

Risk assessments were in place to help minimise any risks to people and staff. Risk assessments for safe moving and handling for one person was clear and included various manoeuvres to guide staff. Staff checked if equipment used by people had been serviced to ensure it was safe and in working order. There was a risk assessment of people's homes to ensure they and staff were safe which included checking smoke detectors were installed and hazards from trips or slips were reduced. There was a health and safety risk assessment of the office premises used by staff and people. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. There was an accident and incident reporting procedure for staff to follow. All accidents were recorded in people's care plan and on accidents and incidents records sent to head office for review.

Sufficient staff were deployed to meet people needs on time and people had a staff rota to inform them which staff to expect. One person told us, "Staff are very nice, I have received a service for five to six years and I'm very happy" and "If carers are going to be late, they always let me know." Another person said, "The

carers are fantastic, they are on time, smartly dressed, always have their ID." Two people were concerned they did not always know who was coming when the new rota started at the weekend. We discussed this with the registered manager and they identified where some staff may have hand delivered the rotas a day late and they agreed to ensure this improved for people. One person told us, "If they [care workers] are going to be late, they always send me a text message." This was a message sent to the person's mobile phone which was easy for them to access. Care workers were contacted by telephone when their rotas were changed to ensure they had received the message.

People were protected from cross infection. Staff were trained in infection control and were provided with personal protective equipment and hand wipes to use to prevent cross infection. One person told us. "I rate them [the care workers] as very good, staff are well trained" and "They use gloves, masks and aprons when necessary."

There were thorough recruitment procedures where checks had been completed to help ensure suitable staff were employed to care for and support people. Staff completed an induction programme and Care Certificate record book when they started. They also shadowed experienced staff until they were competent and were introduced to all the people they would provide with care and support.

Is the service effective?

Our findings

At the comprehensive inspection in date October 2015 we found the service was effective. At this inspection we found people continued to receive effective care and support from staff with the experience, skills and knowledge to meet their needs. Staff received suitable training, support and supervision. They had regular training updates to ensure they had sufficient knowledge to carry out their roles. Each staff member had a record of their training and when the updates were due. A 'care certificate' passport had been developed to ensure care workers were trained to deliver care and this included competency observations of practice to highlight any additional training required. All staff had completed the provider's mandatory training which included for example; moving and handling, basic life support, dementia awareness, fire safety, food safety and safeguarding adults. Staff told us they had enough training and they had regular individual meetings with senior staff called 'supervision' to discuss their progress and any training needs. Staff also had annual appraisals and 90% had completed NVQ level two or above. One person told us, "I think they [care workers] are brilliant" and "They are well trained and know what they are doing." another person said, "They [care workers] are friendly and chatty" and "I think they are well trained." The two care coordinators were responsible for staff completing their training in the geographical areas they covered and alerted them when their training was due to be updated.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). Staff knew about the Mental Capacity Act and understood the importance of asking people for decisions about their care. Staff gained verbal consent from people for their personal care. A record was kept when people had a Lasting Power of Attorney (LPA) for care or finances and the Attorney was informed as required and included in best interest decisions. One relative had been involved in a 'best interest' decision for the care workers to administer medicine for a person living with advanced dementia. The agency finance team were aware the relative should be contacted when a LPA was registered to ensure attorney were appropriately involved in decisions.

The PIR told us that care plans and risk assessments were put together with the person and their family or advocate to ensure individual preferences were met and interests maintained. Where necessary nutrition charts were used to monitor nutrition and fluids to ensure people's health was maintained and nutrition was encouraged. One care plan we looked at had detailed records of the food and drink a person had taken as they were living with dementia and could no longer prepare food and know what they had eaten. This ensured that the person remained well and did not lose weight.

All people had an initial assessment which planned the times, frequency and level of care/support they needed. The agency staff monitored these and changed them if required to meet people's changing needs. Individualised care plans were developed with the person and their family/representatives if required. Staff liaised with healthcare professionals when people needed additional support or were unwell and any instructions from them were carried out to ensure people's health and wellbeing were maintained.

District nursing services had provided care workers with additional training and support to give specific bowel care for people. One social care professional told us they worked well with them and they had not

received any complaints from the people they supported. The commissioners told us the service provided a large majority of the home care in Gloucestershire and they had never had any concerns about them.

Is the service caring?

Our findings

At the comprehensive inspection in October 2015 we found the service was caring. At this inspection people spoke positively about the continued caring attitude of the staff. People had positive relationships with staff and they told us the staff were usually there on time. People had a communication sheets where staff recorded messages and relatives and people could also comment to ensure specific decisions people had made were completed. For example one communication sheet reminded staff to 'Cover scooter at night', this made sure the person's mobility scooter remained dry and safe for them to use the following day. People we spoke with on the telephone gave us positive comments about the staff and their caring attitude. One person told us, "Staff attitudes are very good, they seem to be interested in you and have lovely talks" Another person said, "At first I was very resistant to having personal care, but because of the staff attitudes I cope with it well" Other people told us, "The staff are polite, sunny young girls ", "I am very happy with the service" and "They [the care worker] are lovely, they cheer me up."

Staff supported people with kindness and compassion and their privacy and dignity were respected. People and their relatives were positive about the care and support they received. One relative told us, "Mum's privacy and dignity is respected" One person told us "Carers are always punctual in the morning but evenings sometimes vary". They added, "The staff vary from day to day, but that's okay, I have three visits a day" and "They are well trained and do respect my dignity and privacy when assisting with personal care". Another person told us, "I am happy and feel that I am treated with respect and dignity, I feel like the staff are friends, they are approachable and friendly and are always respectful when assisting with personal care".

We observed the friendly rapport people had with the care staff when we visited them in their home. One person had received care from the agency for many years and told us the staff were kind and respectful. They said, "I would be lost without them [care workers]." Another person had received care for a short time and their relative told us they were "extremely happy with the carer's". They said the care workers looked after the person and the relative they lived with. The relative told us, "They [the care workers] always ask how I am". Two people told us, "I have a very good relationship with the carers. They know me and know what I require, so I don't have to keep explaining, it makes life much easier" and "I have a visit every day, usually from the same person. I am very happy with the relationship we have built up."

Staff understood what was important to people. One staff member had volunteered to supports one person who is a wheelchair user to access a 'Wheelchair Rugby' group. They accompanied the person to training sessions and competitions and supported them in their own time.

Is the service responsive?

Our findings

At the comprehensive inspection in October 2015 we found the service was responsive. At this inspection we found the service continued to provide responsive care. People received person centred care and support and their daily routine records were detailed and regularly reviewed to ensure any changing needs were responded to. People told us they received their care as planned. One person told us, "I have a visit every morning, the girls [care workers] are very nice and respectful" and "They always offer to do extra things, they are very efficient." One relative told us, "The carers are punctual and have never been late" and "The regular girl [care worker] is brilliant, nice and friendly."

The registered manager completed a detailed assessment of people's needs and the safety of their home before the service started. The information was used to complete the care plan record. The care plans we looked at had been reviewed and updated. For example a person at risk from the complications of a chest infection had an update for care workers to inform the GP and relative should the person start coughing to ensure prompt treatment would be given. One person told us, "I get a visit from someone from the office for an annual review of my care package." The service kept in close contact with people and their families in a variety of ways such as by phone, text messaging, emails, post and face to face contact.

The provider information return (PIR) informed us, "We work closely with other professionals involved in our service users care to ensure we all regularly updated with any changes and are using best practice in our care delivery." One healthcare professional working with the service told us, "They [agency staff] are also very responsive if we are asking for increase in care at short notice."

People were supported to remain independent and continue with what they enjoyed. One person said, "I have very good rapport with the staff, they are helping me to be more independent with my finances and regaining control over my life." One person where English was not their first language had been concerned about communicating with different staff. The service used assistive technology to communicate which included picture cards and a portable computer that translated English into the person's first language. One person who needed help to maintain their independence told us, "The staff got here even in the snow and were not late once."

People and their relatives had access to a clear complaints procedure. Complaints were investigated and people had a verbal response of the outcome but a written response was required in accordance with the service's complaints procedure. We discussed this with the registered manager who assured us a written response would be completed in future. One person told us, "I've only made one complaint, which was dealt with quickly, by the office. One relative told us, "We're happy with the service, it gives peace of mind" and "I feel confident that improvements are made, as we've made comments and care plans have been amended."

There was a clear End of Life policy and procedure and The National Institute for Health and Care Excellence (NICE) guidance was available in related topics for example; advance care planning and death of a service user. One team leader told us they had completed end of life training. Currently there was no end of life care

being provided to people.

Is the service well-led?

Our findings

The service continued to be well led. Staff were well supported by the management team. There was a registered manager. 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.

The service had a positive culture that was person-centred, open, inclusive and empowering. We saw the office team and care workers that visited had a good rapport and supported each other. There was a well-developed understanding of equality, diversity and human rights and staff put these into practice with support from the registered manager. Both assistant managers were completing level five health and social diploma in management and leadership.

The managers were in regular communication with staff to keep them informed about people. One staff member told us they had "brilliant" support with a health problem. Staff had regular contact from the office on their 'staff journal' emails to update them about people's care and health and any communication from health and social care professionals. The office staff sent care workers a text message when they needed to know changes to people's care quickly. For example when people were admitted to hospital. When changes occurred people's written care plan was replaced in the person's home and in the agency office. One care workers told us the care plans were detailed and "Communication with the office is good." There was an office journal about each person's care on computer and the out of hours (OOH) team had access to this information.

There was a quality assurance system in place for example, files were audited and peoples' views of the agency were sought to improve the service. The results of the last survey in July 2017 identified that more than 90 percent of people were satisfied with seven aspects of the agency to include taking their wishes into consideration, staff continuity and the office staff dealing with issues professionally and in a timely manner. People had commented in the surveys; "Excellent service", "Family have noticed a big difference in her appearance and health. Thank you very much" and "Dealing with the office always been friendly and professional." The payroll and invoices manager had clear processes to ensure people were invoiced correctly and recorded and addressed any queries raised by people with regard to their invoice.

Care and medicine records were returned to the office monthly from people's homes and had been audited to identify any errors or concerns. Care plan were also audited when they were reviewed with the person. Staff meeting were held monthly to monitor the services progress, capture staff views and inform them of necessary improvements. Minutes of the monthly staff meetings we looked at had various topics to include; infection control, call monitoring; safeguarding people and changes to peoples care and support. An annual quality audit was completed in October 2017 and looked at all areas of the service and recoded the action taken. A representative of the provider visited the office weekly to support the staff and monitor the quality assurance system. One care worker told us how the care-coordinators completed 'spot check' observation when they visited people's homes to monitor the delivery of care. Staff files had been audited and the dated

action recorded.

The Provider Information Return informed us, "Management have regular conference calls to share information and keep up to date with changes in law and regulations. We all review a policy each week to ensure the management are up to date with our policies and procedures and are working to best practice. Meetings are attended locally that offer support and advice on best practice and changes in regulations." The service received 'medical alerts' from Medicines and Healthcare products Regulatory Agency (MHRA) to ensure they knew when medicines or equipment were unsafe for people.