

Network Healthcare Professionals Limited

Network Live in Care Ltd

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

Network Live in Care Ltd is a live-in care service providing personal care to people in their own homes. At the time of our inspection there were 19 people using the service.

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.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Comments included, "They are absolutely wonderful. I couldn't wish for anybody better, I feel safe." There were enough staff available to meet people's needs. People and their relatives told us they agreed the length of live in periods with the provider. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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 told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments from people included, "They [staff] are very caring, kind and considerate. We are very pleased with the service. We had been concerned about having a live-in carer, but it was the right decision."

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. Comments from people included, "I have a care plan and they [staff] meet my needs." There was a complaints procedure in place and people knew how to complain if they needed to.

There were robust quality assurance processes in place with oversight at provider level. Staff spoke highly of the registered manager and the management team and said the provider was a good company to work for. Staff comments included, "For me, it was most important that the information the manager gave me before I started at the person's house, was accurate and the communication was very good. When I arrived at the placement, it was exactly as I was told" and, "They [management team] treat me well, I feel respected."

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 23 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Network Live in Care Ltd

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 Health and Social Care Act 2008.

Inspection team

A single inspector carried out this inspection. They were supported by 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 29 June and ended on 4 July 2022. We visited the location's office on 29 June 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from professionals who work

with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with four people and five relatives on the telephone about their experience of the care provided. We spoke with five members of staff, the registered manager and the branch manager. We reviewed a range of records. These included four people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records. We sought feedback from two health professionals.

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 of 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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse. This included making appropriate referrals to the local safeguarding team.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I saw some bruising, I would look through the previous week's notes to see if it had been reported, and if not, I'd report it. It would be a safeguarding issue I believe."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would report my concerns, and keep going higher. I need to know it has been addressed. I'd even go to CQC."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed, and care plans contained detailed guidance for staff about how they could keep people safe.
- When moving and handling equipment or mobility aids were in use, the plans informed staff how to use them. Staff told us they had been trained to use hoisting equipment. One person said, "I do feel safe. They [staff] have to use a hoist, but I feel safe with them."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager and branch manager told us, "With our staff, we have a variety of ages, cultures and abilities. We try so hard to match staff skill sets to clients' needs and personalities. Some matches just click, and it works really well straight away. Other times, it might take a bit longer, or we might try another member of staff." One staff member confirmed this, telling us, "I was told on induction that they [management team] try and match staff and clients and I would say that at the moment it seems to be working."
- People and their relatives told us most carers lived in with people for two weeks at a time, followed by a break when a different member of staff would come. Some people had slightly different arrangements which suited them. One person's relative said, "Predominantly we have one live in carer and we have break carers in between. So far, we have had the same carer; continuity is very important to me and my relative. The break carer is one we know; it works well, and we hope it will continue."

- New staff received a handover from other staff and were introduced to people in their homes, prior to living with them.

Using medicines safely

- Medicines were managed safely.
- Staff had medicines training and their competence to administer medicines was assessed. One member of staff said, "I keep an eye on my client's medication. I'm happy to chase the GP and pharmacy. Before I give any medication, I want to check it's all OK."
- Staff recorded electronically when they had supported people to take medicines. Administration records were checked daily and during spot check visits.

Preventing and controlling infection

- Staff confirmed they had access to enough PPE and had received infection prevention and control training. One staff member said, "[Branch manager] came and dropped some more PPE off for me the other day."
- People confirmed staff always wore PPE during personal care and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.

Learning lessons when things go wrong

- Incidents and accidents were logged. Staff could log incidents via the electronic app the service used. The registered manager received an alert when incidents were reported.
- There was oversight at provider level of all incident and accident reporting. Lessons learned were shared across the organisation to reduce the risk of recurrence.

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

- People's needs were assessed and regularly reviewed.
- The registered manager told us the assessment process was thorough and included meeting prospective new clients in their home environment. People's families were encouraged to be involved where possible. They told us, "We have some long-term staff who might go and spend a week and do a full assessment with people, to get a real-life picture of the package of needs. Then we will write up the care plan and get people and their relatives to review it to check it's accurate."
- People's care was reviewed after a few weeks, or more often depending on people's needs, and then monthly. One person's relative said, "We are already assessing and reviewing what my relative needs because of changes in [their] condition." A member of staff said, "When my client's mobility deteriorated, [care co-ordinator] came and did a re-assessment straight away."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and unannounced spot checks of their care practices were carried out.
- Staff had regular supervisions with a line manager or supervisor.
- New staff completed an induction when joining the service, and those new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said they felt well supported in their role. Comments included, "I find [care co-ordinator] to be very supportive. They have never let me down, will always get back to you. I always joke I will stay with the company as long as they do" and, "[Branch manager] has kept in close touch with me. They called me after a couple of days to check I was OK. [They] always ask if I need anything."

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

- Staff supported people to have enough to eat and drink. One person said, "They [staff] make my meals and ask what I want, and they go food shopping with me."
- Staff supported people to eat a balanced diet. One person's relative said, "The carer managed my relative's nutrition very well. [Their] weight, which had been a problem, is coming down."
- Care plans contained information about what people liked to eat and drink. Details such as favourite cups were included in plans. In one person's plan it was documented, "Likes to have a milky coffee, made with cream in the morning."
- Staff told us they prepared meals for people who couldn't do so themselves. One staff member said, "I give

my client choices, ask what they would like to eat. My client has a soft diet, so they might have porridge for breakfast, and I'll add honey to make it more interesting for them."

- The registered manager told us one staff member enjoyed baking and would encourage the person they supported to join in.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood their responsibilities to support people to access services as needed. For example, one staff member said, "If my client is unwell, or if I was concerned, I would call 111 for advice or 999 in an emergency. I would inform my manager and keep the family updated."

- Another member of staff said, "The physio just came [to the house]. We just practised going up and down the stairs. The physio comes weekly to help with mobilising."

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 MCA 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 consented to their plan of care and the support provided by staff. People told us staff always asked before providing any support. Comments included, "They ask for my consent and will change if I say I don't want something doing at the time" and, "The staff tell me what they're going to do and check that it's alright with me."

- Staff were aware of the principles of MCA. One staff member said, "I always ask 'Good morning, are you ready to get up now?' If [name] keeps their eyes closed, I might say, 'do you want another ten or 15 minutes?' And then I'll go back and ask again." Another member of staff said, "I always ask first before I do anything. It's their home, their choice."

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 and their relatives told us staff were caring and respectful of the fact they were working and living in people's homes. For example, one person said the staff would tap on the door before coming into a room.
- One person's relative said, "They are kind and respectful, they never overstep the mark. One carer can jolly my relative into anything. They [staff] are very good."
- Another person's relative said, "They [staff] are meeting [name's] needs. We would find it hard if they [staff] were not there. [Name] is doing more walking, is more oriented and more alert."
- All the staff we spoke with said they enjoyed their roles. Comments included, "I get on really well with the client and their family. I feel like I'm almost part of the family. I like to get to know the family and the person really well" and, "It gives me satisfaction helping people. I know I'm making a positive impact on people's lives which is a good feeling."

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

- Staff told us they supported people how they wanted to be supported. For example, one member of staff said, "You pick up subtle signs about people. If my client wants to sleep in, I'll let them, it's their choice. If [they're] feeling a bit low or tired, I say, 'let's treat today like a Sunday.'"
- Some people's relatives told us they were in close contact with the live-in staff. One person's relative said, "We and they [staff] pick up on any changes of behaviour." They told us this could signal the start of an infection and staff were always quick to inform them so that they could start a course of antibiotics.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity. Comments included, "They are respectful, they inform [name] what they are going to do, and [name] knows the routine. They are very caring, friendly and kind. They adapt to [name] is feeling that day" and, "They [staff] are very good with my relative; very thorough with washing for example and respectful."
- Staff knew how to maintain people's privacy and dignity. Comments from staff included, "During personal care, nobody else can come in. I close all the doors and curtains. I tell [name] what I'm doing and make sure [they're] covered up."
- Staff told us how they encouraged people to maintain their independence. One staff member said, "I always leave the curtains closed in the morning, because [name] likes to open them when [they] are ready for the day to begin."
- One person said, "I like to do things for myself and I appreciate that the carers help me so that I can continue to do things independently. I can't stand for long periods any more though, so I can't do any ironing, but the staff do that for me."

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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.
- The registered manager said they reviewed all staff entries in the system on a daily basis. They said, "I do a daily check of the previous days notes and sign them off. I think it's important that the staff know I do this too. If something flags up on the daily report, we would go and do an extra review visit."
- People's relatives had secure access to the system so they could see how their relative was. We saw one person had gone out for coffee with their live in member of staff and the staff member had uploaded a picture of them enjoying their visit, so the family could see.
- One person's relative told us the staff were efficient and they appreciated the management of hand- over between carers. They told us staff took careful notes and were thorough when handing information over.
- Staff confirmed they had access to all the information they needed to support people. One member of staff said, "This is 24/7 care. I like this type of package because you get to know people on a deeper level."
- Another member of staff said, "I read the plan before I came to this client's home. The first couple of days, we got to know each other. I was finding out more about [them], asking things."
- Plans in relation to people's mental health needs were detailed, and provided clear guidance for staff on how to support people during periods of anxiety or upset. For example, one person's plan described the things that might trigger them to become upset, and which music played at low volume would help to calm them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. For example, in one plan it was documented, "[Name] has a great sense of humour and enjoys chatting to the carers. Sometimes the words may become muddled and it may be hard to follow. [They] really enjoy the carers talking to [them], so please ensure you are communicating with [them] wherever you are."

- Staff were aware of people's communication needs. One member of staff said, "[Name] forgets the words sometimes, so will show me instead. Like, when I made [them] a cup of tea, [they] opened the fridge and pointed at the milk to show me that [they] wanted some."

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 maintain relationships and to do things they wanted to do. Staff told us this included going shopping, going for coffee, and going for walks. One staff member said, "We might go for a walk occasionally and we go to the hairdresser every couple of weeks."
- Another member of staff said, "My client has been bedbound for a while now. They love the garden, so I asked if [they] would like to see it close up and we wheeled the bed into the conservatory. [They] love it because they can see the flowers. We wheel the bed there most days now because [they] like it so much."
- The registered manager told us, "Staff will support people to do what they want to do. We have one person who goes to church, and the carer bakes cakes for them to take."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The service reported and responded to complaints in a timely manner.
- People and their relatives told us they knew how to complain. One person's relative said, "I don't have any complaints, I think I could phone [registered manager] and they would sort it out."

End of life care and support

- People were supported with end of life care when needed.
- The registered manager said, "So many people don't want to go into hospital and so we can provide end of life care for them. Keeping them in their own homes is important. There is end of life training for staff and we get support from the district nurse team."

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

- Staff told us the provider was "good" to work for. One staff member said, "I would recommend it here. I was told it was a brilliant company to work for and it is."
- The registered manager said, "We want to deliver really great quality care. It makes everyone's life's easier, and clients, their families and staff are all happy. I'm proud of the care we deliver. We've got one client who was bedridden, non-communicative and is now feeding themselves, sitting up, going out into the garden. We make a huge difference to people's lives."
- People and their relatives told us they were pleased with the service they received. Comments included, "I would recommend it. It [the service] has met all our requirements. The key is the care they give my relative, always with a smile. My relative is happy, [they] have good food and good care" and, "I would recommend them because of the continuity of care. We know where we are with the staff and they do help us."

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

- There was a robust quality assurance programme in place. There was provider oversight of the outcomes of internal audits and regular meetings took place to ensure those responsible had completed any actions.
- The registered manager carried out trend analysis of complaints and incidents. They told us, "We discuss any concerning issues or practice and enlist the help of the whole team to reinforce good practice."
- The registered manager told us the service was relatively new and as such the team were continuously learning how to make the service better for people. They said, "We've grown a lot and we're a lot wiser now. We've changed our processes accordingly as we've learnt. The feedback we get confirms our judgement at the recruitment stage. I know the care staff; I've seen their practise. I would be happy for them to care for my relative."

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

- At the time of the inspection, people and their relatives had not been asked for formal feedback. The registered manager said they were in regular contact with people and carried out house visits regularly. They said the provider was planning to survey people at the end of the year. One person's relative said, "We've not had a survey, but we've seen the care plan and it's updated and discussed with us. We are asked for feedback."
- The registered manager said they were reviewing how they sought feedback from people and their

relatives. They told us they planned to begin monthly calls with people to ensure feedback was open and timely.

- Staff surveys had not been carried out, but the registered manager said the provider was planning this for later in the year. The registered manager said, "We know this can be a hard job mentally for staff so we support them in any way we can. We keep in regular touch by phone and do frequent spot checks in people's homes."
- The registered manager explained that the nature of live in care impacted the frequency of staff meetings because of the logistical issues. Despite this, the majority of staff told us they felt supported by the registered manager and management team. Comments from staff included, "[Name] is always on the end of the phone, the sort of person where nothing is too much trouble" and, "If I need any support, I would call [name] and I know they will listen."
- The registered manager said, "This can be a hard job. I'm very aware of the importance of good mental health, so I encourage the staff to get out and about when they can and to get some fresh air. We keep in close contact with them."

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 registered manager demonstrated a clear understanding of their responsibility under the duty of candour.

Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, district nurses and other specialist such as Speech and Language Therapy teams (SALT).