

Network Healthcare Professionals Limited

Network Healthcare Professionals Limited - Plymouth

Inspection report

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Date of inspection visit:
06 October 2023

Date of publication:
03 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Network Healthcare Professionals Limited - Plymouth is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 6 people, including 2 people who required 24-hour support, who were in receipt of the regulated activity of personal care.

The Care Quality Commission (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

There were sufficient staff employed to cover the visits required by people.

Staff were provided with adequate travel time to enable them to carry out visits at the time of the person's choosing. Staff had sufficient time to meet people's needs. People confirmed their visits were made as planned.

Risks were identified, assessed and recorded. Any environmental risks to visiting staff were also assessed.

There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

People told us they felt safe when being supported by staff. One relative told us, "Yes, absolutely, I am very happy. The big thing is that they treat (Person's name) with care and dignity" and "Yes, my husband feels safe, and they are very kind and friendly."

There were robust systems and processes in place when staff supported people with their financial transactions, such as purchasing shopping etc.

Care plans were completed for each person and contained details of the person's needs and preferences. Care plans were reviewed regularly to help ensure they were up to date and relevant.

Recruitment processes were robust, and new staff had sufficient support during their induction before working alone with people. Staff told us they felt well supported at all times. One told us, "There is always someone we can call any time of day. If necessary, they will come out and help us."

The provider had implemented effective quality assurance systems to monitor the quality and safety of the service provided. Spot checks were carried out to monitor staff performance. Audits of all aspects of the service were completed by the registered manager and shared with the provider. There was a service

improvement plan in place to help ensure the service remained compliant with the regulations.

People told us they were regularly asked for their views and experiences of the service provided. Comments included, "Oh yes, they do send surveys, we had one about a fortnight ago and they often ring up and ask us if there is anything they can do to improve" and "Yes, they send surveys and ring to check in with me."

People and their relatives spoke positively about staff and told us they were happy with the service they received. We were told staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Comments included, "I am very appreciative of care and I have no problem with it at all and some of them go above and beyond - they are wonderful."

People were supported by staff who had been appropriately trained and were skilled in their role. When a new package of care was accepted, for a person with specific care needs, staff were provided with the required training to help ensure they were competent to meet those needs.

People received support to maintain good health and were supported to maintain a balanced diet where this was part of their care plan. Staff monitored some people's food and drink intake as well as their weight. They also worked closely with healthcare professionals to help ensure people were as healthy as possible.

Staff understood the importance of respecting people's diverse needs and promoting independence. People were always asked for their consent prior to care being provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked closely with the Court of Protection when required to restrict people in any way.

There were clear lines of responsibility which were known and understood by the staff team.

There was a registered manager at the time of this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (18 August 2018).

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Network Healthcare Professionals Limited - Plymouth

Detailed findings

Background to this inspection

Inspection team

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

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides short visits as well as 24-hour care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 not a registered manager in post.

Notice of inspection

We gave the service one days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider had completed 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 used all this information to plan our inspection.

During the inspection

Inspection activity started on 6 October 2023 and ended on 11 October 2023. We visited the location's office on 6 October 2023.

We reviewed 1 person's care plans and risk assessments. We reviewed 3 recruitment files, staff training and supervision. We also reviewed other records relating to the management of the service. We met with 3 staff during the office visit. We also spoke with the registered manager and the branch manager. We spoke with 4 relatives and 2 people who were receiving care and support. Following the office visit we contacted two healthcare professionals by email, but we did not receive a response.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were safeguarding processes in place and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them. Comments included, "Yes, absolutely, I am very happy. The big thing is that they treat (Person's name) with care and dignity" and "Yes, my husband feels safe, and they are very kind and friendly."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Assessing risk, safety monitoring and management

- Risks regarding both inside and outside people's homes were identified, assessed and monitored regularly. Risks assessments associated with people's care needs provided staff with the guidance and direction needed to support people safely.
- People told us they were aware of their care plan, Comments included, "Yes, I am aware of the care plan and am very happy with the care they give," "Yes, I see (Persons's name) care plan and they need high level support and a hoist, and I couldn't cope without them, and they do it all so well."
- Staff were experienced and had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Management reviewed care plans regularly. This included a review of risk assessments to ensure they remained relevant to people's individual needs.

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.

- People were involved in decisions about their care and staff supported them to have maximum control of their lives. Where people did not have capacity to make specific decisions themselves, the best interest process was used and recorded. Some people were supported to have advocates where appropriate.
- Staff told us they always sought the persons consent before providing any support. People confirmed this and commented, "They are very kind and respectful," "(Person's name) does not have capacity but they do ask them what they want for tea and where they want to go" and "Yes, they always ask me things every day and check for my consent."
- Staff received training in the MCA.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out before staff started working for the service.
- There were sufficient numbers of staff employed to cover the requirements of the rotas and meet people's specific needs.
People and relatives confirmed there were enough staff available to support them and meet their care needs.
- Rotas were produced by the service in advance to help ensure people had the assessed support when they needed it. Any short notice sickness absence or gaps in the rotas were covered by other members of the team. Staff were given time in-between calls to allow for travelling from one call to the next.
- People were positive about the time they received their visits. They told us, "They always stay for the allotted time and if there is ever any kind of issue with (Person's name) they will stay longer. We are always told if there is an emergency with a previous client and they will either come later or an office person will come and do the visit instead, but we are always told," "They do come around about the same time every day and they always stay for the correct length of time and sometimes they will stay longer if something happens" and "Oh yes, we have the times of visits we like and they always stay for the whole time."

Using medicines safely

- If people required support with taking their prescribed medicines, MAR's were completed and regularly checked by the management team for any errors.
- Staff received training on the administration and management of medicines. Senior staff supported care staff with recording and administering any new medicines that people may have been prescribed, such as antibiotics. Medicine Administration Records (MAR) were electronic, along with all care records.
- People and relatives told us, "Yes, they do support (Person's name) with medicines. It is all in bubbles from the pharmacy and they deal with the GP appointments" and "Yes, they give me tablets at night."

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) appropriately when they delivered care to them.
- Staff had received training in the safe use of PPE.
- Staff had received training in infection control.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that any accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and relatives were complimentary about the service they received. Comments included, "I am very appreciative of care, and I have no problem with it at all and some of them go above and beyond, they are wonderful," "Yes, the care is very good, and they are very nice girls" and "We could not have managed and carried on with our lives without them. I cannot fault them and if I ever have any questions, they always respond to me and if I need any advice about social workers or anything they will always help me."
- Where staff supported a person 24/7 all aspects of running the persons' home were supported by the staff team including all shopping and purchases, reading meters, insuring the car, managing any improvements/repairs and paying of bills via the appointeeship process.
- The culture of the service was open and transparent. All the records requested for this inspection were readily available and up-to-date.
- The registered manager and the branch manager were very committed to providing the best service possible to people. There was a passion and motivation amongst all the staff we met, for providing the best care and support they could for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirements and ensured information was shared with the relevant people when any concerns were identified.

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

- There were robust quality assurance and governance systems in place to monitor the quality and the safety of the service. Spot checks were made both at night as well as during the day. The provider supported the service with regular visits and oversight.
- There were regular audits and monitoring in place to help ensure the service was constantly improving.
- Staff roles and responsibilities were clear and understood. Audits were conducted on care plans, risk assessments, visit notes, supervision and training information.
- The provider supported the registered manager, along with the branch manager and team /project leaders. Supervisions and training were effectively monitored by the registered manager to help ensure staff were up to date.

- The service had a clear staffing structure. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns. Staff told us they could easily access support when it was needed.
- The provider understood their legal responsibilities and had submitted statutory notifications to the CQC as required by law. However, there had been one event, which had taken place over a year ago, which had not been notified to CQC as required. We discussed this with the registered manager and the branch manager, and we were assured that a more robust process would be put in place to ensure this issue would not re-occur.

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

- People had been asked for their views on the service. Comments included, "Oh yes, they do send surveys, we had one about a fortnight ago and they often ring up and ask us if there is anything they can do to improve" and "Yes, they send surveys and ring to check in with me."
- Staff were very happy working for the service, and told us, "It is just like they are all an extension of my family; we all support each other, and we cover each other's leave whenever needed," "I have never worked somewhere where I have been so supported, it is just like a family here. I love it" and "We have good out of hours support; staff will go out to cover anytime. When we have a new package there are good systems in place to ensure the staff read the care plan before they can enter any notes."
- The service helped ensure people received care and support in a way they wished. For example, if people preferred female or male carers to meet their needs this was respected and accommodated.
- Regular audits and monitoring processes were in place to check on the standard of support provided by staff. The service had in the past invited different people to carry out quality assurance telephone interviews with people, as it was felt they would have a different approach and possibly elicit different responses. The registered manager felt that this helped ensure robust responses would be collected without any bias. The responses were used to identify any areas of improvement.

Working in partnership with others

- The service had established good working relationships with other agencies to ensure good outcomes for people.
- People and staff were provided with access to an overnight call service which recorded any issues, offered immediate help and reported any contacts to the service the next day. This service could be used in an emergency in addition to the on-call staff and management who were also available.

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