

Network Healthcare Professionals Limited  
Network Healthcare  
Professionals Limited  
Plymouth

### 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

At our last inspection in December 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.

Why the service is rated as Good:

The inspection took place on 3 August 2018 and was announced. The provider was given short notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Network Healthcare Professionals provides a personal care service to people living in their own home. On the day of the inspection one person was supported by Network Healthcare Professionals with their personal care needs.

Domiciliary care services provide personal care to people living in their own houses and flats in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care. Network Healthcare Professionals Limited is registered to provide personal care to adults and people over 65 years who may have sensory impairments, physical disabilities, learning difficulties or autistic disorder.

The service had 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was well-led with person-centred values and a vision to provide high quality care. The management team were open and approachable. The registered manager listened to feedback and reflected on how the service could be further improved. Staff and relatives confirmed the service was well organised.

People were protected from harm and discrimination. People's human rights were protected because the

code of practice in relation to the Mental Capacity Act 2005 (MCA) was understood and followed. People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks related to their health needs were known.

People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions. Verbal information and explanations about care were given to people with cognitive difficulties and if appropriate the service was able to develop pictorial care plans people would understand.

People were supported by staff who were compassionate, kind and caring. All staff demonstrated kindness for people through their conversations and interactions. People were supported by a consistent staff group who knew them well. People's privacy and dignity was promoted. As far as possible, people were actively involved in making simple choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People had support plans which described how they liked their needs met and their individual routines. People's support was reviewed regularly to ensure the service provided to them changed as they did. Health care professionals monitored people's health and were involved in reviews of their care.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People's independence was encouraged where possible, and staff helped people feel valued by engaging people in everyday tasks where they were able to.

The provider and management team wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. Staff underwent a thorough induction, interview and ongoing training to meet people's needs effectively. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs. People led full and active lives enjoying a variety of individualised activities such as arts and crafts, music, looking at books and beauty treatments. Exercise and healthy eating were encouraged to maintain people's well-being.

Safe infection control practices were followed where required. People, and those who mattered to them were involved in decisions about their care.

There had been no complaints made to the service but policies and procedures were in place should people, relatives or professionals wish to raise concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained Well Led.

Good ●

# Network Healthcare Professionals Limited Plymouth

## **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.

The inspection took place on August 3, 6 and 7 2018, was announced and undertaken by one inspector.

Prior to the inspection we looked at the information we held about the service such as notifications and previous reports. The provider submitted a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager. The service supported one person with complex learning difficulties in a respite service several days of the week and in their own home as requested by family. We therefore spoke with the management team about how they cared for the person, spoke to two staff supporting their care, one healthcare professional and the person's family. We read the support plans and risk assessments in relation to the person and reviewed their medicine management.

We looked at records relating to the running of the service, for example three staff files which included information about staff recruitment and induction. We also looked at the staff training records. We discussed with the registered manager how the quality of the support was monitored.

## Is the service safe?

### Our findings

The service continued to provide safe care. Staff, relatives and professionals said the service was safe. A relative told us, "[X – the person's adult child] are on 2 staff to one to keep them safe" and "It is a relief having them."

The systems, process and practices at Network Healthcare Professionals Limited enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was a safeguarding policy in place and staff were aware of and prevented people being discriminated against and monitored people's behaviour for any signs which might indicate they were unhappy. Records and the management team confirmed that they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise concerns.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

People were kept safe by sufficient numbers of consistent staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team; this helped to provide continuity for people. Staff worked as a team to meet people's needs so people were supported by staff they knew. The team that worked with people was small so consistency of staff provided stability and continuity.

People were supported by staff who managed risk effectively. Staff knew the signs of when people were becoming distressed or agitated and how to distract and de-escalate these situations. Staff were training in breakaway if required but were confident in supporting people's behaviours.

Staff gave people time, space and kept their distance when required, by observing people's non-verbal cues. People had complex behaviours and staff explained how they knew by the person's mannerisms and vocal sounds if they were content or not.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks (if they had the capacity to make those choices) and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. For people unable to assess risks due to their learning needs, staff kept them safe. For example, when crossing roads or supporting them with personal care, medicines or outings in the local area.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, potential risks involved with

community outings, as well as risks in relation to their care and support needs. Safety measures were taken to keep people safe for example ensuring there were no items visible in bathrooms which could be thrown or ingested, checking bath water temperatures and keeping people engaged and distracted whilst staff were cooking in the kitchen. This helped prevent injury. Staff were mindful of the risks to other's and themselves when out in public for example shopping and encouraged people to have their hands on the shopping trolley, and staff hands also on the trolley and they stayed close to people's side. Staff told us, "Safety is first and foremost."

Staff were familiar with people's mobility equipment and supporting them to move safely. People were encouraged to mobilise to support their health but staff were conscious of when people tired and needed to rest.

People we met were safely supported with their medicines, and had care plans in place which detailed the medicine they were prescribed, the timing (before or after food) and the role staff were required to take. Staff who were responsible for administering medicines received training and competency checks to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care for example wearing gloves and aprons as necessary.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff also used body maps to record any marks on people's skin that they noticed.

Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire. No incidents, injuries or safety issues had occurred at the service but processes were in place for recording these if they occurred.

The management team learned from reflection and events which had occurred. They continually reviewed incidents which occurred with the people they worked with to try and reduce the likelihood of a reoccurrence.

# Is the service effective?

## Our findings

The service continued to provide effective care.

The registered manager understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and the least restrictive option available.

We spoke with staff about how they helped people make decisions to ensure consent was obtained where possible. We spoke with the registered manager about more significant decisions such as dental treatment if people did not have the capacity to consent. They understood these more complex decisions would need to be made and recorded under the best interest process with professionals, family or advocates. Our discussions with staff evidenced they acted in people's best interests and they understood least restrictive principles, but the recording of this required improving. The registered manager told us, "The client is the be all and end all, everything is in their best interests."

When staff joined the organisation, they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff new to care had the opportunity to shadow more experienced staff until they felt competent.

People were supported by staff that were trained to meet their needs. Staff underwent training in the subjects such as moving and handling, fire training, breakaway, equality and diversity, first aid, learning disabilities and safeguarding. Some staff had undertaken further health and social care qualifications. All staff confirmed the training was good. A relative told us, "Yes, they are well trained – they know exactly what they are doing."

Staff were supported by ongoing informal supervision and regular telephone conversations and spot checks. The registered manager advised a priority for the year was to reinstate a formal supervision plan for staff following staff changes within the office. Staff were invited to come into the office regularly and staff and the management team confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. The registered manager told us, "I constantly talk to staff supporting [X – the person]. We have an open door policy, they can chat, off load, I'm at the end of the phone and on call 24/7."

People's nutrition and hydration needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. If people were able to participate in cooking and preparing meals this was encouraged to support their independence. Staff gave good examples of how they worked with people to encourage healthier options when shopping. If people had dietary needs, for example they



needed a low salt diet, staff gave examples of food and meals they cooked for people. Some people needed their fluid intake monitored due to their health conditions and staff recorded this daily. A relative shared, "They are good at their diet too. It's hard to keep the levels of fluid down and the amount they eat – hard when it is one of their main pleasures." Staff told us due to people's health needs they were very careful to watch what was eaten, the speed at which it was eaten due to a risk of choking and check the temperatures of food.

People were protected by staff who acted in their best interest to make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health daily. If staff noted a change they would discuss this with the learning disability team and people's GP. Staff helped people to access health care professionals for example for annual health checks and flu vaccines. Due to people's healthcare needs systems were in place at the local hospital so they would be fast tracked if necessary.

The provider was looking at how technology could enhance the service. For example, the PIR told us a new "cloud based" rota system was being introduced. This would mean information could be updated by staff and be "live" and visible for the office staff. This would enhance data protection and, reduce paperwork.

## Is the service caring?

### Our findings

The service remained caring. Family feedback said, "They are like family – they have all been lovely. They certainly care about [x – person's adult child]. They have really come on, they are much better now, make more eye contact and more confident than they used to be."

Staff supported people as if they were their family member. Staff and the registered manager were concerned for all of the family. The person and their family mattered. The registered manager confirmed the values of the service provided were "all about the person – dignity, respect, offering the best choices" and "All staff think a lot of [X – the person] so go over and above. For example, shopping in their own time for things / food."

The registered manager and staff spoke of people in a caring, thoughtful way. They told us how much they loved their jobs and the people they cared for. They described the special bond people had with staff and how this had reduced behaviours which could be challenging for people and how they had positively influenced people's lives.

Staff rotas were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. The staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with the staff and the descriptions we heard about people's care. People, where possible, received their care from the same staff member or group of staff members; these were staff the person knew and trusted. This suited people's needs and those who found it more difficult to build relationships with new people. Our discussions with the staff all demonstrated the management and staff team put people first. A relative we spoke with confirmed all staff and the office staff were polite and courteous always.

Staff knew how people communicated, for example they explained one person's vocabulary to us during the inspection. They told us they observed people's facial expressions and vocal sounds to assess if they were comfortable or unhappy.

Staff maintained people's privacy and dignity when supporting them with personal care, sharing examples of closing people's curtains, using towels and giving privacy when they wished. For example, if they wanted to use the bathroom alone there was a mutually understood word for when people needed staff help. For example, if people had behaviours which sometimes meant they undressed in public areas, staff were quick to respond to protect their decency. Staff told us that they tried to give people "private" time for example whilst they were safe in their room or in the bath. Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff.

People's social interests and preferences were recorded. The service offered an enabling service and supported people to do household chores, go shopping or to do other activities if they wished in addition to offering personal care. We heard how people were encouraged to be as independent as possible to develop life skills, for example by helping staff with small domestic jobs. Staff worked at people's own pace to enable

them to remain independent and care as much for themselves as possible.

People's care plans detailed family and friends who were important to them and they were involved in care decisions. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished.

## Is the service responsive?

### Our findings

The service remained responsive.

The staff undertook their own assessment of people's strengths and needs working closely with people's health and social care professionals. Comprehensive support plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly. This assessment process also helped to identify when staff required further training before they were able to support people.

People had support plans in place which were individualised and encouraged choice and independence. Staff clearly knew people very well. Detailed support plans provided clear guidance and direction for staff about how to meet a person's needs, their likes, dislikes and routines. Support plans included information for staff about how people liked their personal care delivered and how to communicate with people, for example pitching the conversation at the person's own level, using key words and facial expressions. Staff knew and had recorded people's own language for example the word "ketchup / burger" meant "angry", "avocado" meant the person was unhappy. Sign of the person's mood and what staff should observe for were also known and recorded. Staff knew people's habits and preferences for example those who liked to sleep inside their duvet, liked a special pillow at bedtime and people who enjoyed a lie in on a Sunday. They knew people's routines they enjoyed for example the process of getting ready to go out and showering, putting make-up on and perfume.

Regular reviews were held with people's healthcare professionals for example the learning disability team and GP. The registered manager advised if there was any change in need, support plans would be updated promptly.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke with the registered manager about further enhancing the information in support plans, reviews and information guides so if people wished to have copies of their care and support plans these were in place. They were keen to develop this aspect of the service. At the time of the inspection due to people's limited cognitive needs this was not appropriate.

No complaints had been received by the service. A complaints procedure was available if required which detailed the process to be followed in the event of a complaint. A relative shared, "No concerns at all, no problems, they always sort things out."

People receiving a service were middle aged adults. The registered manager told us developing and considering end of life needs was an area they would need to consider as people aged.

We spoke with staff about how personalised care was provided to people. Staff described people's daily

routine in detail and their favourite things for example the DVD's they enjoyed watching.

People were given choices so they could decide what they wanted to wear, how they spent their time and what they liked to eat. Simple choices were given to support choice due to people's cognitive needs. Staff knew how people preferred their support. Staff described to us how people communicated their preferences by hand gestures and facial expressions. People's favourite things were known by staff for example we were told how one person loved u tube, punk, opera and Christmas music.

The service tried to match the right staff with people, for example staff with a background in learning disabilities and who might know people through the provider's work with day centres people attended. Each staff member brought something different to the support package and complemented each other and gave a variety of different interests to people.

Some people had an enabling service, in addition to the support staff gave them with personal care. Staff supported people with housework, cooking, shopping, and took them out to local places, for example parks and to local attractions to have coffee.

## Is the service well-led?

### Our findings

Network Healthcare Professionals remained Well-Led.

A registered manager was in post who had overall responsibility for the service and knew people and staff well. They held a leadership diploma. They were supported by a regional manager, office staff and other senior staff who had designated management responsibilities. The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service.

Quality monitoring visits were conducted by the regional manager in line with the providers policy and Statement of Purpose. This helped to identify and manage any possible risks to people and / or staff. The registered manager completed checks on all aspects of people's care for example care records, medicine management, incidents, recruitment processes and people's money which was managed by the service.

Conversations we had with the registered manager demonstrated a supportive, close knit team. There was a clear staff structure in place and staff knew their roles and responsibilities. The values of the registered manager were shared across the staff team and the PIR told us that respecting equality and diversity were "key components in the service delivery and an integral part of service planning."

Policies and procedures were in place to help ensure the service was well run. Checks were undertaken on people's homes, medicine, training needs and new staff. The service stayed abreast of changes, for example the changes in the law related to Data Protection and the Accessible Information Standard.

High quality care was provided by a service which listened to feedback, sharing communication well within the team and with families. For example, due to people's health needs a communication book was kept which travelled with people for example to day care facilities, home and to where they had respite. Staff supporting people had regular contact with the office so they registered manager was aware of the support being provided at all times. The registered manager knew people and families well and visited people regularly. Health professionals told us, "Really positive service and staff team - they go over and beyond."

Local authority training events which discussed best practice were attended by the registered manager for example they had completed the safeguarding managers course.

The small staff team were all positive about the company and support they provided. Staff confirmed the management team listened, would sort out any minor concerns quickly and were well organised. Staff were confident they would be listened to and any concerns they had or feedback would be heard. They confirmed staff were aware of whistleblowing processes and the local authority and commission's contact details.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The management team were motivated and positive about the future. The visions and values of person centred care and inclusion were shared across the staff team.