

# Network Healthcare Professionals Limited

## Network Healthcare - Harrow

### Inspection report

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01 December 2020  
03 December 2020

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Network Healthcare - Harrow is a domiciliary care service. It provides support and personal care to people living in their own homes, some of whom live with dementia. At the time of our inspection there were 75 people receiving personal care

Not everyone who used the service received 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

At our last inspection we found that people were at risk of not receiving their planned care and support due to late or missed calls. There was no formal process for checking people's care calls had taken place and on time. Systems to learn and drive improvement in relation to staff punctuality had also not been in place. At this inspection we found the provider had followed their action plan and made improvements. Systems were in place to monitor care staffs' timekeeping and to check that calls had not been missed. Quality assurance processes were in place to monitor the quality and safety of the service.

People told us they received their visits at the agreed times. Relatives told us the service was flexible and they were kept informed of any changes. No one reported having had a missed visit.

People told us they felt safe when receiving care and were happy with the support they received. Relatives spoke told us they felt their family members were safe when receiving care as regular competent care staff provided people with the care and support, they wanted and needed.

People's risk assessments were detailed and included guidance for staff to follow to manage and reduce risks to keep people safe.

People had personalised detailed care plans. Care plans contained information to direct or guide staff on how to support people according to their needs and preferences. People had been involved in their development and review and were provided with paper copies which were held in their homes.

People and relatives told us that staff were always kind and respected people's privacy and dignity

Staff were well-informed about people's care needs. They undertook training that supported them to have the knowledge and skills to do their job well and to meet people's needs safely. Staff received the support and guidance they needed from the registered manager and other senior staff.

Staff were recruited safely. The had a plan for managing staffing levels and other areas of the service if the COVID-19 pandemic led to shortfalls and emergencies.

Staff were clear of their roles and responsibilities in relation to safeguarding. They knew how to recognise and report any concerns they had about people's welfare.

People and their relatives had opportunities to provide feedback about the service. Concerns raised via the survey were followed up with a call from the registered manager to the person to address the issue and to agree a resolution.

Systems were in place to ensure the effective and safe management of medicines. Medicine administration records were regularly audited to check that people had received their prescribed medicines.

Staff were provided with the personal protective equipment (PPE) that they needed. People told us that staff washed their hands and wore PPE during visits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Network Healthcare - Harrow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 - Harrow

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and two Experts 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 domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

Inspection activity started when we visited the office location on the 1 December 2020 and ended on the 3 December 2020.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any

statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the previous inspection report. This information helps support our inspections. We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with two people using the service and 22 relatives about their experience of the care provided. We spoke with the registered manager, two care coordinators, six care workers and one social care professional. We also received written feedback from one healthcare professional.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, three staff employment records, staff training and medicines administration records, quality monitoring records and some policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing risk, safety monitoring and management

At our last inspection on 21 June and 7 July 2019 the provider had failed to ensure that people were always protected from harm because of missed and late calls. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection we found that people were not always protected from avoidable harm because of missed and late calls. There was no formal process for checking that calls had taken place on time. Since the last inspection the provider had put in place an electronic care planner system. This system alerted senior staff when care staff were late for calls, this meant action could quickly be taken to investigate and make sure people received their planned care. We found this electronic system had been used effectively to ensure that people received safe and timely care. Missed calls had stopped and lateness had significantly reduced.
- During this inspection people and their relatives told us that staff mostly arrived on time. They recognised that at times visits are held up due to traffic problems. No one reported a missed visit. A relative told us, "We have never been let down by the service. They send carers for every visit and the office will call if there is a problem."
- The electronic care system also enabled care staff to quickly alert the registered manager or the on-call service of incidents and significant changes in people's needs.
- Care plans contained appropriate risk assessments that guided and directed staff on how to reduce assessed risks. Staff were advised of any risks regarding the access to people's homes.
- Care staff told us they had read people's care records and risk assessments and were aware of the support people needed to keep them safe. They knew that they needed to report any concerns to do with people's safety to the registered manager.
- People's relatives confirmed that they were able to phone the office to change the visit times and this was accommodated. During the inspection the registered manager in response to a person's request, facilitated a change in the time and day of their care.

Learning lessons when things go wrong

- At the last inspection, systems to show that improvements had been made and lessons learnt when deficiencies in the service had been found, were not in place. Since the last inspection, systems including the electronic care planner, had been put in place. These and other records showed that lessons were learnt

when things went wrong.

- Incidents and safeguarding issues had been documented and investigated by the registered manager.
- Lessons learnt were shared with staff to improve safety and ensure that there was minimal risk of incidents occurring again.
- Care staff told us they would feel comfortable in speaking up when things may have gone wrong and were confident that the registered manager would ensure that there was learning and discussion with them to make improvements when needed.

Systems and processes to safeguard people from the risk of abuse

- There were up to date policies and procedures to safeguard people from the risk of abuse.
- Handling of people's monies policies were in place and implemented. This helped to ensure people were protected from financial abuse. Staff spoke of the importance of recording all spending when doing shopping for people. Checks of these records were carried out by the registered manager.
- Staff knew what to do in the event of an accident or other emergency. Care staff told us they would call emergency services, report to senior staff and record details of the incident.
- People told us they felt safe receiving care from staff. Comments from people's relatives included, "I feel [person] is very safe being cared for. The carers get on well with [person] and treat [person] nicely" , "The staff are very trustworthy as they do everything they should do" and "[Person] is very safe as the carer that looks after [person] is superb."

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- There were systems in place to ensure that there were enough suitably trained staff to be effective and responsive in meeting people's care needs and to keep them safe.
- People received consistency of care from regular staff who knew them well. People and their relatives spoke highly of the care staff. Comments included, "Most carers will go above and beyond their normal duties", "I am very happy with the care provided for [Person]", and "[Person's] main carer is absolutely brilliant she is marvellous. She will ring me up if she feels [person] needs anything. She is great support and very trustworthy."
- There was an on-call system which ensured staff, people and relatives could obtain information and advice at any time from a senior member of staff.

Using medicines safely

- People's care plans included details of their prescribed medicines and the support they needed and received from staff. Relatives told us that staff manage and administer people's medicines safely. A relative told us, "The carers check [Person] has taken [their] medication and will log the medication taken in the file."
- Staff received training in the administration of medicines. They told us they had received the training and support they needed to prompt or administer people's medicines. Staff understood their responsibilities and roles when administering medicines safely.
- Staff completed medicines administration records (MAR) which showed people received the medicines they were prescribed. Audits of MARs were regularly carried out.

Prevention and controlling infection.

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE), such as disposable gloves, masks and aprons to prevent the spread of infection.
- Care staff spoke of the importance of following infection control policies and procedures including washing their hands frequently and observing current social distancing guidance.



- Relatives confirmed that staff had always worn PPE and always washed their hands on arrival. They told us, "When the carers visit, they have full PPE to keep [person] safe from Covid."
- Appropriate control measures were in place regarding infection control. The registered manager followed national guidance regarding the COVID-19 pandemic and communicated this to staff.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection systems were not in place to demonstrate good governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found sufficient improvements had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At the last inspection people did not always receive a consistent service because the service was not managed in a way that ensured people received visits at the times they were planned for. The service did not have a system to monitor staff arrival and departure at visits. This meant that the registered manager had relied on people and staff telling them about missed calls and staff lateness which put people at risk of not receiving their care as planned.
- Since the last inspection the installation of the electronic care planning system has enabled senior staff to monitor closely all aspects of people's care and be responsive in taking prompt appropriate action when the system had alerted them of staff lateness. A relative told us, "The carers arrive on time and they stay as long as they should do with [person]."
- Audits of times of visits and any lateness took place. These included reviews of the action taken by senior staff in response to these issues, and improvements were made when needed.
- The electronic care monitoring system also identified when people's care was taking longer than planned due to changes in their needs. The registered manager told us this information had led to responsive reviews of people's care and sometimes an increase in care visits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Effective communication between the registered manager, staff team, people and their relatives supported people to receive their preferred care and support. One relative told us that when they had been unable to visit their loved one, the service had, "stepped up and supported the person [during their] absence".
- The registered manager during the pandemic had provided staff, people and their relatives with extra support and guidance to reassure them. Staff had been listened too and systems put in place to enable them to carry out visits safely. This had included making changes to the staff rota, giving staff extra breaks and driving them to visits so they didn't have to take public transport.

- Comments from relatives included, "I am 100% happy with the company. I have a very good relationship with everyone" and "[Person using the service] feels very safe when being cared for, [person] praises them all the time. The carers wear PPE when with [person], they are very good at making sure [person] is safe and secure in her home".

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 was aware of the need to notify CQC and/or other agencies of any accidents, incidents and significant events within the service. They knew they had a legal responsibility to be open and honest with people and relatives when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were clear about their roles and responsibilities.
- People and relatives spoke well of the management staff and told us that they were very responsive and approachable. They commented, "Definitely I feel the company is well managed as [person] gets the care [they] need, and the carers are excellent", "The company is well-led, and I feel it has improved recently" and "Management are approachable and listen so that they can deal with concerns".
- To ensure that people always received their planned care, the registered manager and care coordinators were responsive in carrying out visits when care staff were unable to do so.
- Staff told us that communication from the registered manager and support for themselves was good.
- Systems were in place to monitor the quality of the service and meet regulatory requirements.
- Relatives told us that senior staff had been responsive to concerns. Relatives told us, "I raised the issue and it was sorted straight away", "Small concerns had been discussed and sorted out straight away" and "I have no complaints with Network Healthcare. I feel happy discussing things with the manager and I know I can call the office at any time. [Person's] care plan is in place. A copy is kept in her home and one in the office".

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

- The registered manager and care staff provided us with examples of how they engaged with people to support their involvement in their care and to promote their independence. A relative told us, "Each day [care staff] assess [person's] situation, so sometimes they can see [person] needs a quiet day, so they sit with [person] and watch a film, other days when [person] is feeling better, they take [person] out shopping. They encourage person] to make [their] own decisions". A person using the service said, "I can't praise Network Healthcare enough."
- Regular reviews took place for people using the service to ensure the support was meeting their needs. A relative told us, "[Person's] care plan is in place. I discussed how I wanted [person] cared for and the service have provided the care I requested".
- Staff told us that they received the advice, guidance and support they needed from the office and out of hours staff. Relatives knew that they could call the office to raise concerns if they wished to.
- The provider gathered feedback from people by way of an annual survey, care plan reviews and via telephone calls. One relative told us, "I get a survey once a year to get my views on the service. 100% I would recommend the company to others and I have done". However, some relatives we spoke with did not recall receiving a feedback survey. This was discussed with the registered manager, who told us that she would look into that. Recently completed surveys showed people were satisfied with the service they received. The registered manager told us that any concerns raised via the survey would be followed up with the person to address the issue, and improvements and lessons learnt recorded.

- The majority of people and their relatives spoke very positively about the service people received from staff. They mostly spoke very highly of the staff. Three relatives felt that some staff could chat more with people. All said that staff were kind, caring and respectful of people's dignity and privacy. Comments included, "I can't speak highly enough of [person's] carer. I have every confidence in her" and "I have nothing bad to say about the carers they are angels."
- As far as possible care staff were matched with people. A member of staff who spoke several languages had been specifically employed to provide care and support to people who spoke languages other than English in their day to day lives. Those who had a preference regarding the gender of the staff providing their care were accommodated.

#### Working in partnership with others

- The registered manager worked collaboratively with other professionals in order to achieve good outcomes for people. Staff supported people to access healthcare services and other agencies. One relative told us that care staff helped a person with their application for a specialist parking permit. Another relative told us that on occasions when needed, care staff had been responsive in calling a person's doctor.
- The registered manager spoke positively about working with local authorities. They told us that the host local authority had provided support and guidance during the pandemic.
- A healthcare professional was positive about their engagement with the service. They told us communication with the registered manager was good.