

Network Healthcare Professionals Limited

Harrow

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

This inspection took place on 29 January 2016 and was announced. We told the provider one day before our visit that we would be coming. The service provides domiciliary care and support to 56 people living in their own homes in Harrow and surrounding areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was on duty on the day of our inspection and we also met with the branch manager of the domiciliary care agency.

There were procedures in place for monitoring and managing risks to people. People told us they felt safe with the support they received from care staff. There were arrangements in place to help safeguard people from the risk of abuse.

Risks to people were assessed and well managed. People had risk assessments and risk management plans to reduce the likelihood of harm. The risk assessments identified the risks and the actions required of staff to minimise the risk.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks.

Staff had the skills, knowledge and experience to deliver effective care. Staff had received training in relevant areas of their work.

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink sufficiently to maintain a balanced diet.

The service encouraged people to raise any concerns they had and responded to them in a timely manner.

There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

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.

The service had policies and procedures in place to keep people safe and safeguarded from abuse.

Risks to people were assessed and well managed.

Care staff supported people who were unable to manage their own medicines. They had been trained to administer medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had the skills, knowledge and experience to deliver effective care.

There was evidence of appraisals and personal development plans for all staff.

Care staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People said they were treated with compassion, dignity and respect and they were involved in decisions about their care.

Equality and diversity were promoted as people were paired with staff who understood their particular needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place, and they were personalised and staff

had a good understanding of the needs of each person they supported.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

The service had a clear vision and strategy to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. Records were up to date and well maintained.

Harrow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 January 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager was sometimes out of the office. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

During the inspection we went to the provider's office and spoke with the registered manager and the branch manager. The branch manager identified the names of people who used the service or their families and a list of staff. We spoke with five people receiving care over the phone.

We spoke with five care staff and we also contacted the local authority for their view of the service.

We reviewed the care records of seven people who used the service, and looked at the records of staff and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe with staff. They visit my home." Another person said, "I have never felt unsafe. The staff who visit me are reliable and honest."

Risks to people were assessed and well managed. There were procedures in place for monitoring and managing risks to people and staff safety. There was a health and safety policy and a lone worker policy in place.

The files of people receiving care contained individualised risk assessment and management plans. The risk assessments identified the risks and the actions required of staff to minimise the risk. The risk assessments covered areas such as finance, medication, environment, moving and handling and infection control. The risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had policies and procedures in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard people from abuse that reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about people's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet people's needs. There was a rota system in place to ensure that enough staff were on duty. Each person's care records identified the amount of staff support they needed. Staff told us they were given enough time to travel to people and spend the agreed amount of time supporting people. The registered manager, branch manager, care co-ordinator and quality assurance officer were also available to cover calls in emergencies. This meant the management was available to provide practical help, support and advice to staff, if necessary. People told us they had enough staff support and visits were never rushed. This showed that sufficient staff were provided to meet people's needs.

Appropriate policies were in place for the safe administration of medicines so staff had access to important information. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Staff confirmed they had undertaken training on medicines administration. The staff training matrix

showed all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

Is the service effective?

Our findings

People who used the service and their relatives stated that the service was effective at meeting assessed needs. They all thought care staff were competent and well trained. One person told us, 'Staff are well trained, as they do their job well.' In a survey conducted in December 2015, when people were asked if 'staff were trained to the highest standard', one respondent said, 'My care staff is good. She knows what tasks need to be carried out and spends time sitting and talking with me'.

Staff had the skills, knowledge and experience to deliver effective care and support. The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This was in line with the new 'Care Certificate' award which replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers must adhere to in their daily work.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported by the management. They had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during one-to-one meetings, including appraisals and supervision. All staff had had an appraisal within the last 12 months and had received regular supervision.

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 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. The service sought people's consent to care and support in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care, the service carried out assessments of capacity to consent in line with relevant guidance. Records confirmed staff had received training in this subject to help them understand how to protect people's rights.

People were supported to eat and drink sufficiently to maintain a balanced diet. The registered manager explained that food preparation was dependent on whether the service user lived with family and if food and nutrition tasks were part of the support required. Some people required support from other professionals in relation to their dietary needs. Appropriate referrals had been made. For example, some people had involvement from a speech and language therapist, as they had swallowing difficulties. Care plans included information in relation to feeding support. The branch manager confirmed they checked if people had enough food and let the office and family representatives know if supplies were running low.

The service shared relevant information with other services in a timely way, for example when referring people to other services. Staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care. This included when people

moved between services, or after they were discharged from hospital. The service sent regular progress reports to relevant professionals.

Is the service caring?

Our findings

We checked to see if staff were courteous and helpful to people and whether they treated people with dignity and respect. One person receiving care told us, "I am happy with staff. They always help me when I need help with dressing or other personal care." Another said "The staff are good to me. They are kind, always." Compliments from people also highlighted that staff responded compassionately when they needed help and provided support when required. One compliment read, 'Staff X was an excellent carer for my relative. She was always smartly dressed and helpful with any task she was asked to do'. All the feedback about the service experienced by people was positive.

People told us they felt involved in decision making about the care they received. They also told us they felt listened to and supported by staff and had sufficient time during calls to make an informed decision about choices. Results from a survey that was carried out in December 2015 showed people responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Staff told us how they respected people's privacy. For instance, they ensured doors and curtains were closed when providing personal care. They told us they knocked on people's doors before they could enter their homes. The care plans described how people should be supported so that their privacy and dignity were upheld. This was backed by people receiving care. This showed that staff had an awareness of the need to respect people's privacy and dignity.

The service was planned and delivered taking into account what people needed and what they wanted. The care plans gave a clear picture of people's needs and identified the support that they required. They contained information about people's preferences and identified how they would like their care and support to be delivered. The registered manager told us the plans were devised through discussions with family members and people using the service.

The service had an up to date policy on equality and diversity. Care staff had received training on equality and diversity, as part of their induction. This was related to other policies such as Equal Opportunities, religion and belief. The service recognised that contact with places of worship and fellow believers was an important element for continued integration of people with their religious community. The service took steps to make such continued contacts possible and meaningful. For example, people were supported to go to their places of worship so that they could practice their faith.

Is the service responsive?

Our findings

People receiving care told us the support that was provided by the service matched their needs. They felt their individual preferences were known to staff. They were encouraged to make independent decisions in relation to their care. For example, some people requested for visits from the service to be reduced, if they could perform certain tasks for themselves and this was respected.

People received visits from members of the management, and they told us during these visits their needs were assessed to inform their support plans. Relatives also confirmed they had been involved in writing support plans and felt their opinions were well considered. Results from surveys highlighted the service adapted to the needs of people receiving care. People who participated in the surveys had consistently responded positively to the question, 'Do you feel that our service adapts to your needs as they change'.

The service undertook individual assessments to ensure care was person centred. The care plans contained a range of information that covered all aspects of the support people needed, including the person's interests, hobbies, likes and dislikes so that support could be tailored to these needs. There were details of the actions required of staff to make sure people's needs were met. People told us they had been involved and agreed to their care planning.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who they supported. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

The service sought feedback from people who used the service through a range of means including surveys, spot check visits, telephone monitoring and meetings. Surveys included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. Findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others. We saw from records that changes were made to people's care in line with their changing needs.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. They told us they could raise any concerns and felt confident these would be addressed. This showed that people were provided with important information to promote their rights and choices.

Is the service well-led?

Our findings

The service had a clear vision and strategy to deliver high quality care and to promote good outcomes for people receiving care. There was a mission statement which was displayed in the reception area of the office and staff knew and understood the service values. The set of values included compassion, dignity, independence, respect, and person centred care. These were understood and consistently put into practice.

The service had a robust strategy and supporting business plans which reflected the vision and values of the service. The business plan outlined the goals of the service and detailed how the service planned to achieve these goals. For example, in order to ensure the service continued to provide safe and appropriate care and support that met people's needs, the service listed relevant milestones such as how they were going to conduct quality assurance, recruitment and staff training.

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures. It ensured that, there was a clear staffing structure and staff were aware of their own roles and responsibilities. It also meant the service policies were implemented and were available to all staff. There was a programme of internal and external audit which was used to monitor quality and to make improvements. There were also robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There was a clear leadership structure in place and staff felt supported by management. The registered manager had been in post since the service commenced in 2010. She was supported by a branch manager, and both had the experience, capacity and capability to run the service and ensure high quality care. They prioritised safe, high quality and compassionate care. They had a visible presence at the office and staff told us they were approachable and always took the time to listen to all members of staff. The managers were supported by a care co-ordinator officer and a quality assurance officer.

Leadership was open and transparent. Staff told us and we saw from records that the service held regular team meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the service. The management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The management was aware of the requirements of the Duty of Candour. There were systems in place for knowing about notifiable safety incidents. The management told us they knew what to do if they encountered unexpected or unintended safety incidents, including giving affected people and their families, reasonable support, truthful information and a verbal and written apology.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The management team also carried out spot checks to observe care staff. Spot checks included observing the standard of care provided and obtaining their feedback from people receiving care. Where there were concerns about the performance of care workers,

these were responded to.

Staff recorded incidents and accidents when they occurred. We saw records were kept of accidents and incidents. The branch manager regularly analysed records of incidents which took place to review any patterns of incidents. The registered manager told us they discussed any incident and accidents during staff meetings so that the service could improve practice and implement any lessons learnt from the outcome of any investigations. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.