

Network Healthcare Professionals Limited

Network Healthcare Professionals Limited - Swindon (DCA)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service.

Network Healthcare Professionals Limited is a domiciliary care service supporting people in their own homes in the Swindon area. At the time of our announced inspection the service supported 85 people.

People's experience of using this service:

People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process.

There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their needs assessed prior to receiving care to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.

People were supported to meet their nutritional needs and maintain an enjoyable and healthy diet.

People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives knew how to complain, and a complaints policy was in place. People's input was valued, and they were encouraged to feedback on the quality of the service and make suggestions for improvements. The service was well-led. People, relatives and staff were complimentary of the registered manager and the management team. The registered manager had promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations.

The service met the characteristics of Good in Safe, Effective, Caring, Responsive and Well-led.

Rating at last inspection: November 2016 the service was rated Good.

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

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Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by a single inspector and one Expert by Experience made telephone calls to people using the service and their relatives. 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 provides care and support to people living in their own homes, so that they can live as independently as possible. 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 the service two working days' notice of the inspection site visit because the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be available. On the day of our inspection the registered manager was on annual leave. The service was being led by the deputy manager.

Inspection site visit activity started on 30 May 2019 where we visited the services office to review records and

other documents relating to the running of the service. We also contacted people and staff to obtain their views and opinions.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at notifications we had received. Notifications are certain events that providers are required by law to tell us about.

During our inspection we checked recruitment, training and supervision records for four staff and we looked at five people's care records. We also looked at a range of records about how the service was managed. We spoke with seven people, six relatives, four care staff, the regional manager and the deputy manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They [staff] are brilliant. I'm safe".
- People benefitted from staff who knew how to raise safeguarding issues. One member of staff told us, "Any concerns and I'd call the manager, the local authorities and CQC (Care Quality Commission)".
- The service had systems in place to investigate and report concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Where risks were identified, assessments were in place to manage the risk. Risks were regularly reviewed and updated. Risks included; mobility, skin integrity, nutrition and the environment. Where appropriate, guidance from healthcare professionals was included in the support plan.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- The provider monitored visits to ensure staff were punctual and that visits were not missed. Staff informed the office of their arrival times allowing the registered manager to monitor visits. One missed visit had been recorded for 2019. The issue was dealt with through staff supervision.
- One person spoke about staff punctuality. They said, "They are a bit late sometimes but the office calls to let me know. There are never any missed calls".

Staffing and recruitment

- People were supported by a stable, committed staff team. Sufficient staff were deployed to meet people's needs. Where two staff were required to support people, we saw they were consistently deployed. One staff member said, "Yes, there's enough staff to do what we need to do".
- People were protected against the employment of unsuitable staff as the provider followed robust, safe recruitment practices.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately.
- Staff competency to safely administer medicine was regularly checked.
- One person told us, "[Medicine] is given and recorded". A relative said, "They [staff] noticed [person's] inhaler had run out, so they got her a new one".

Preventing and controlling infection

- The staff were trained in infection control. The staff had access to protective personal equipment.
- One staff member said, "I have plenty of gloves, aprons and equipment to protect clients and ourselves".

Learning lessons when things go wrong

- Management used accidents and incidents to improve the service. For example, an incident relating to challenging behaviour was investigated and all staff were then trained in dealing with advanced dementia. This enabled staff to support people with dementia more effectively.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the assessment process. People's needs were assessed prior to receiving a service to ensure staff could meet those needs.
- One person commented, "They [staff] know me well and they are helpful and cheerful".
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice. For example, people's preferred methods of communication were assessed and guidance provided for staff in line with the Accessible Information Standard (AIS). The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed induction and shadowed experienced staff before working alone.
- Staff had opportunities to complete training that reflected the Care Certificates standards. The Care Certificate is a nationally recognized set of standards that social care workers need to adhere to.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss practice and raise issues. One staff member said, "I get good support here. This is a supportive environment".

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

- People were supported with their meals appropriately. One relative commented, "They have the measure of my mum. She can't decide on food, so they give her two choices".
- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- Staff ensured people were supported in relation to their needs. One staff member told us, "Most clients are pretty independent with eating, so I mostly prepare meals. Some clients just need reminding to eat".

Staff working with other agencies to provide consistent, effective, timely care

- Various professionals were involved in assessing, planning and evaluating people's care and treatment. This included GPs, occupational therapists and NHS trust professionals.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- Staff worked to the principles of the MCA. One staff member told us, "This act protects clients rights to make decisions". Another staff member said, "It's all about choice and their [people's] right to choose".
- One person spoke about consent. They said, "They talk to me about they need to do".
- Care plans contained consent to care documents signed by the person or their legal representative.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives confirmed staff treated people in a caring way. One person said, "They are excellent, smiling and cheerful".
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. One staff member said, "I like my job and I love the client. They are wonderful".
- People's well-being was assessed and any needs were highlighted. This allowed staff to support people emotionally, as individuals. For example, one staff member said, "I am here for them [people], to listen, empathise and sometimes give a hug".

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, care plans were available in large print, foreign languages and, if appropriate, braille. Staff told us they explained procedures to people to help them make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. One relative told us, "They help him [person] to use his good side to wash, so he maintains some independence".
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans. For example, one person liked reading and watching TV. Staff were aware of people's personal preferences.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through briefings and phone calls. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- The service responded to people's changing needs. We saw numerous examples of people being able to change visit times to allow them to attend other appointments. The service also responded to changes in people's healthcare needs. For example, one person's condition changed, they were referred to the GP who changed their medicine.
- One staff member said, "I treat all my clients as individuals, because people are not the same".

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were provided to people and their relatives.
- One person said, "I can always phone up and get an immediate answer".
- The registered manager monitored feedback from people and their relatives and used this information to improve the service. For example, one relative was concerned about a person's health and asked for a review of care. This review was carried out.

End of life care and support

- There were systems in place to record people's advanced wishes. This included funeral arrangements and whether people wished to be resuscitated in the event of a cardiac arrest.
- Staff told us people's advanced wishes would be respected.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they knew the registered manager and had confidence in the service.
- One person said, "They [registered manager] talk to you as a friend". A relative said, "They don't just care for the client [person], they care for the family".
- Staff spoke positively about the registered manager. Comments included; "It is all positive, I get on well with management. There is always someone to ask if you need" and "The management is great".
- Throughout the inspection the deputy manager and staff were open and honest about their work and the challenges they faced.

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

- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to look for continuous improvements. For example, one audit identified some care plans required review. We saw these reviews had been completed.
- All the records we saw were accurate and up to date.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. We saw a positive team culture that was clearly embedded in the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People had opportunities to complete surveys or raise any comments. Where people made requests, the registered manager took action.
- One person said, "I'm so impressed, Network Swindon are so good".
- Staff told us they felt listened to and valued. Staff told us communication was good and they felt involved and informed.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to ensure people received support to meet their needs.

- The service also worked in partnership with the local authority.