Network Healthcare Professionals Limited

Network Healthcare Professionals Limited

Inspection report

24 Osprey Court
Hawkfield Way, Hawkfield Business Park
Bristol
Avon
BS14 0BB

Tel: 01173015040
Website: www.networkhsc.co.uk

Date of inspection visit:
12 April 2017
13 April 2017

Date of publication:
05 June 2017

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

We undertook an inspection on 12 and 13 April 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. The last full inspection took place on 15 March 2016. We found one breach of the regulations of the Health and Social Care Act 2008 relating to staffing. We also found one breach of the CQC (Registration) Regulations 2009 relating to their statutory duty to notify CQC of incidents. These breaches were followed up as part of our inspection.

Network Healthcare Professionals Limited provides personal care to people living in their own homes in the Bristol, Bath and North East Somerset areas. At the time of our inspection the service was providing personal care and support to approximately 155 people.

A registered manager was not in post at the time of inspection. 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. A manager has recently been appointed and they confirmed that they intend to submit their registered manager's application to CQC for consideration.

In March 2016 we found that the provider had not ensured that staff had knowledge and training required on the Mental Capacity Act (MCA) 2005. Staff had not received appropriate support in terms of supervision and appraisal to be effective in their roles. We found sufficient improvements had made.

In March 2016 the provider did not notify CQC of all relevant incidents that affect the health, safety and welfare of people who use the service, as required. We found sufficient improvements had been made.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff had received appropriate training to identify and respond to suspected abuse.

People's rights were in the main upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

People felt they received good care from staff and that staff were confident and knowledgeable when providing their care.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs.

People generally spoke positively about the staff and told us they were caring.

People told us the service was responsive to their needs. Before people commenced a care package with the agency, a full assessment of their needs was carried out by a care quality assessor. This included gathering full information about the person's needs and their views on the kind of support they wished to receive.

There were systems in place to respond to complaints and this was set out in a written policy. We saw that the concerns outlined in the complaints had been responded to comprehensively. They were dealt openness and transparency, with apologies made where appropriate when the service had not performed as expected .

There were systems in place to monitor the quality of the service provided by the agency. There were quality audits in place reviewing spot checks, supervisions, training, Mental Capacity Act register, appraisals and falls management. Where improvements could be made action plans were implemented.

People were given the opportunity to feedback their experience of the service through care planning reviews and surveys.

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.

Medicines were managed safely.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Is the service effective?

Good

The service was effective.

People's rights were in the main upheld in accordance with the Mental Capacity Act 2005.

Staff were supported through a supervision and training programme.

Staff worked with other healthcare professionals when required to.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff and told us they were caring.

People mentioned qualities in the staff they particularly liked, such as staff members being respectful and making them laugh.

Staff understood people's needs and demonstrated they knew how people preferred to be cared for.

Is the service responsive?

Good

The service was responsive.

Before people commenced a care package with the agency, a full

assessment of their needs was carried out by a care quality assessor

People said they had been involved in deciding their care packages.

There was a complaints procedure in place. Formal complaints were responded to with openness and transparency.

Is the service well-led?

Good

The service was well-led.

Systems were operated to assess and monitor the quality and safety of the service provided.

Staff generally felt well-supported by their managers.

People were given the opportunity to pass on their feedback regarding their experience of the service through care planning reviews and surveys.

Network Healthcare Professionals Limited

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 12 and 13 April 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in March 2016 and we had identified two breaches of the legal requirements at that time. The service was rated as 'Requires Improvement.'

This inspection was carried out by one inspector and an expert-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.

Before the inspection, the provider completed 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.

On the day of the inspection and the following day we spoke with nine people who received personal care from the service. We also spoke with 12 members of staff, the manager and the operations manager. The local authority also provided feedback on the service.

We looked at five people's care and support records. We also looked at records relating to the management of the service such as the daily records, complaints, surveys, recruitment and training records.

Good

Is the service safe?

Our findings

Medicines were generally managed safely. All staff who administered medication received the appropriate training and refresher training when due. Each service user's medication needs was assessed by a care quality assessor (CQA) before care was provided. Risk assessments relating to medicine management were undertaken. These detailed the support people required with regard to taking medicines. A checklist was completed for each person requiring assistance with their medication and the individual's specific needs were written into their personal support plan.

The medicine administration records (MAR) demonstrated that people received their medicines when required. There was a system in place where medication logs were returned to the office monthly and were audited by the operations manager. Records demonstrated that medicine errors were recorded and appropriate action had been taken where required, such as the need to provide additional staff training where inadequate explanations in the MAR sheet were provided. We did note one MAR stated 'dosset box' and did not distinguish between the medicines administered. If a person refused or missed their medicines this would ensure that the member of staff would have the appropriate information to report to the office. The operations manager was able to take this forward straightaway as the person's medicines were listed in their medicines profile.

Staff told us they reported to the office if they were going to be more than 30 minutes late for a call, and the person was informed. Staff told us they were given enough time to complete the care people needed. On-call arrangements were in place so a designated senior member of staff could be contacted during out- of-office hours. The operations manager told us that each person who used the service also had their telephone details if they required assistance.

People told us that they were satisfied with timekeeping and reliability of the service. Some people felt that the office staff did not relay messages from carers if they were going to be delayed. Comments included; "They don't ring if they are going to early or late, but it's not a huge problem"; "Sometimes they ring if the carer is going to be late"; "They've let my loved one down twice now, with no phone call" and "Usually the office rings if they are going to be late."

The service used the CM2000 system which is a database which allows the service to electronically monitor calls. Between the period of 10 April to 16 April 2017 the service made 2049 calls which represented 100% of their planned calls. 94.58% of calls were made within 30 minutes of the planned time. This meant the service was covering their expected calls and people were in the main receiving their calls at the correct time and length of time. Calls were regularly reviewed by the operations manager. Their quarterly report for the period January to March 2017 stated that 92 hours of planned visits were not completed. The operations manager investigated these calls. They were not completed as they had been cancelled by people after the rotas had been issued.

All the people we spoke with felt safe with their carers. They generally spoke positively about their relationships with the staff. Comments included, "I have a lovely team" and "They are exceptionally good";

and "I feel supported because of their help."

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

The provider had ensured staff had received appropriate training to identify and respond to suspected abuse. Staff understood safeguarding procedures and explained the process they would undertake to report concerns. Staff recognised the different types of abuse or harm people could experience and said concerns would be reported to senior staff.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. The provider had appropriate policies for safeguarding and whistleblowing.

There were sufficient numbers of suitably qualified staff to ensure that people's needs were met. We spoke with staff who were responsible for rotas. We were told that at the present time, staffing levels were balanced with the care hours provided so that all visits were able to be covered. They would not take new clients if staffing levels were not sufficient to provide adequate cover. At times of unexpectedly high levels of staff absence, they would call existing staff to provide care. Failing this, we were told that senior staff would be available to cover visits. Staff we spoke with felt staffing levels were in the main adequate to meet people's needs. Comments included; "The relationship with the office team is good. We get sufficient time for travelling. All our calls our close together and we deal with the same service users"; "All morning calls are double-ups and are maintained with assistance from other staff members. We get sufficient time with people"; "One of my carers had bad news health wise so the team rallied together to cover their absence. We have little gems."

An assessment of people's needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. For example, moving and handling assessments detailed the mobility equipment needed to keep the person safe. The assessments included staff guidance on how to use the equipment and position the person. Although staff knowledge of people's risks were detailed in some cases it was not always documented in the person's file on how to manage their risks. One person had experienced recent falls but their risk assessment had not been up-dated to instruct staff how to mitigate future risks. The person's skin viability assessment also stated 'I do sometimes get dry skin' but there was no clear guidance on how to manage this risk. To ensure consistency following the inspection the operations manager reported that the service would conduct a review of all people identified as being at risk of falling to ensure that appropriate action plans were in place to mitigate the risks.

Environmental risks had been assessed and risk management guidance produced where required. This assessment highlighted the external and internal areas of a person's home that staff would visit. It ensured that staff were working in a safe environment and any risks to people or the staff member were identified. For example, the assessment ensured that access to the home was clear and safe and free of potential risks, such as trip hazards. This demonstrated the provider had ensured that staff were working in safe conditions.

The provider monitored incidents and accidents reported by staff. Incidents or accidents were reported by staff and relevant information was recorded and sent to the office electronically. This was then reviewed by

senior members of staff. The incident reports showed that the cause of the incident together with any contributory facts were highlighted, together with any measures that could be put in place to prevent a repetition of the incident. Where it was suspected that one person was subject to financial abuse the service reported the matter to the safeguarding authority. To ensure the person's safety from financial abuse the service now has a court of protection over the person's finances.

Staff told us they were supplied with the right equipment to be able to support people safely, such as gloves and aprons.

Good

Is the service effective?

Our findings

.At our previous inspection we found that the provider had not ensured that staff had knowledge and training required on the Mental Capacity Act (MCA) 2005. Staff had not received appropriate support in terms of supervision and appraisal to be effective in their roles. The provider sent us an action plan telling us how they intended to meet the requirements of the regulation. We found the provider had made sufficient improvements.

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. Records showed staff had received regular training in a variety of relevant topics such as health and safety incident reporting, duty of care, safeguarding adults and infection control. All staff also received face-to-face training on manual handling and first aid. The service has also implemented a formal programme of dementia training. There are designated dementia champions who lead and provide advice to staff on this area of work. All new staff completed mandatory training before being allocated a rota. Their training programme consisted of 18 training modules. All staff training was regularly audited to maintain a 100% compliance rate. Where refresher training was required it was booked by the service. The service had also developed its own virtual college which will deliver interactive training. The provider ensured that there were sufficient numbers of skilled staff to ensure they could meet people's care needs.

With one exception people felt they received good care from staff and that staff were confident and knowledgeable when providing their care. The person who expressed their reservation stated; "There doesn't seem to be enough training. They did some shadowing but the lady doing the training didn't explain why they should be doing things. I had to explain myself, I felt as if I was the one doing the training."

Staff told us they felt well supported and received regular performance supervision. Staff records demonstrated that staff received supervision. Staff supervision was completed following a spot check of care delivery by staff within a person's home. Senior staff would attend a person's home unannounced to the staff member and monitor the standard of care delivery during a care appointment. Supervision documentation showed that in addition to a discussion and feedback about care that was provided during the observation, additional matters were discussed. Staff would discuss their overall performance, people's care needs, if they felt sufficiently supported and a plan was created for any areas of improvement or development identified.

People's rights were in the main upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. The service holds a MCA register highlighting the people requiring mental capacity assessments on the specifics of their care, such as medication and personal care. They were currently working through their register to ensure the capacity assessments were up-to-date. The documentation that has recently been up-dated demonstrated the service reviewed the person's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions. Where people were unable to make decisions the person's representative was involved in best interest meetings. Involving the person's

representative enables the service to take into account the person's wishes, feelings, beliefs and values. One person living with dementia was unable to communicate. Their relative was involved in the decision making regarding their relative's care. They were also able to advise staff how best to communicate with the person, such as framing questions in a way which require either a yes or no answer. Staff received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. One member of staff told us they had received face-to-face MCA training. They told us; "We ensure people are treated with respect, allow freedom whilst ensuring we undertake tasks safely."

Staff provided assistance to some people in the preparation of their meals and drinks. People told us they were supported by staff with their meals and they were happy with the arrangement. One person told us; "They do my meals and do their best. It's difficult trying to cook a nutritious meal in half an hour."

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs. A member of staff told us that one person's mobility had decreased. The matter was referred to an occupational therapist and GP. The referral resulted in the person receiving double-up calls and new equipment to assist them.

Good

Is the service caring?

Our findings

All of the people we spoke with were positive about the staff and told us they were caring. Comments included; "They are lovely"; "They are so kind and caring"; "I can't fault them"; "They are exceptionally good"; "I couldn't do without them"; and "Some of the girls are outstanding."

Good relationships had been established between staff and the people they provided care for. People mentioned qualities in the staff they particularly liked, such as staff members being respectful and making them laugh. We were also told the staff understood the need to respect people's privacy and dignity. One person told the service that they could be resistant and be snappy regarding their personal care. The staff were aware of the need to encourage the person and seek their agreement when undertaking personal care

Assessments ensured staff promoted people's independence when supporting them. One person had a vision impairment and requested staff to let them know if they were not dressed appropriately. The person was content with staff making suggestions but they wanted to choose. Staff understood people's needs and demonstrated they knew how people preferred to be cared for. Staff we spoke with told us the service aimed, where possible to ensure that the same care staff supported people. Staff said this ensured they were able to know people well, learn their preferences and understand what was important to them in relation to their care.

One staff member told us about one of the people they cared for and enabled their independence as far as possible, "[person's name] has dementia and has a restricted memory and their mental health is deteriorating. She likes us talking to her and we have developed a relationship with her regarding personal care. She is so happy and ensures she helps with household chores. She washes herself and we help her to wash their hair. We have a pamper session." Another member of staff told us about a person they cared for; "If things are not done in a certain way he will tell you. We get him out of bed. He will wash his face and front half. We will do his back and his legs. When he does his bottom half he asks us to leave the room until needed."

People who received palliative care were dealt with kindness and sensitivity. The member of staff responsible for assessing the needs of palliative care people told us that care packages tended to be short term. It was therefore necessary to gather the 'here and now' priorities. This included the person's spiritual, cultural and religious beliefs. They ensured that a DNAR (do not attempt resuscitation) form was held on their file and signed by a doctor, telling the medical team not to attempt cardiopulmonary resuscitation (CPR). The person's home treatment requirements were documented and at hand for all, as needed.

The service has receives a number of compliments relating to their palliative care. A recent compliment stated; "As a family we would like to thank all the lovely ladies who so expertly looked after Dad in the last few weeks of his life. We all felt very supported and reassured by the team who not only treated Dad so kindly but were also reassuring to the rest of us at a difficult time in all our lives."

People were given important information about the service. Their guide contained information about the

service, the aim of the service and how they would achieve their aim. People had the main contact number and the out of hour's emergency number so they could contact the service at any time. People told us that they received other information such as their scheduled care appointment times and information on who would was scheduled to provide their care. In the main people told us they received the same carer. The operations manager told us that their aim was to provide a consistent carer wherever possible.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. We saw that there were systems in place to ensure that staff were matched to the needs of the person they supported, such as the gender preference of a carer. One member of staff told us; "One gentleman does not want a male carer in the morning but he will accept a male carer in the afternoon."

Before people commenced a care package with the agency, a full assessment of their needs was carried out by a care quality assessor. This included gathering full information about the person's needs and their views on the kind of support they wished to receive. This included details about their medication, an environmental risk assessment, moving and handling requirements, personal care needs and daily routine.

They provided designed care with a view to achieving peoples' preferences and ensuring their needs are met. People said they had been involved in deciding their care packages. Comments included; "I have regular reviews"; "They asked me what I needed help with"; "We all decided together"; and "They involved me in my loved ones care plan."

We found that care plans were reviewed annually or when circumstances had changed. The care plans were detailed regarding the required tasks that needed to be undertaken. One person was receiving nutritional supplement through a percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG allows nutrition into the stomach, bypassing the mouth and oesophagus. Detailed guidance was provided to staff regarding the name and amount of feed; times and how to give the feed, food storage, fluids required before and after the feed, positioning advice and special instructions specific to the individual. Records evidenced that only staff who had received training in respect of PEG supported the person. People told us that care delivered met their needs and was in line with their care preferences.

Following this initial assessment, support plans were created to guide staff in providing the right support. People spoke about the flexibility of the service and how staff took account of their changing circumstances. Care plans were reviewed regularly to ensure that they were current and updated when people's needs changed, such as when increased help was required and times of calls needed to be revised. Plans had been produced which detailed the support to be provided by staff on each visit. Staff said the plans gave them the information they needed about people's care needs and their individual preferences. This enhanced staff understanding of the person and provided guidance on their personal and care preferences. We found in some cases that the staff knowledge of the person's life histories and specific requirements were more detailed than the information contained in the person's support plans. The operations manager agreed to review this matter to ensure the detail of the staff knowledge correlates fully with the information held in the support plan

There were systems in place to respond to formal complaints and this was set out in a written policy. A record of complaints was kept. We saw that the concerns outlined in the complaints had been responded to comprehensively. They were dealt with openness and transparency, with apologies made where appropriate when the service had not performed as expected . People we spoke with told us they would feel

able to raise complaints when necessary.

Good

Is the service well-led?

Our findings

In June 2015 we found that the provider did not notify CQC of all relevant incidents that affect the health, safety and welfare of people who use the service as required. The provider sent us an action plan telling us how they intended to meet the requirements of the regulation. We found the provider had made sufficient improvements. The service now refers the appropriate notifications when incidents have occurred.

There were systems in place to monitor the quality of the service provided by the agency. This included a system to check that calls to people were being made as scheduled. This allowed reports to be created, to see what percentage of calls had been completed within the allocated time and where potential improvements could be made. The operations manager had identified that their local authority summary report did not reflect their actual performance. From 27 March 2017 to 9 April 2017 the local authority report indicated that the percentage of planned calls against visits made was 97.45%. The reality was that the no calls were missed and the service needed to review and provide a report regarding the perceived missed calls. This would provide reassurance to the provider and funding authority that people were not being placed at risk of missed calls.

There were systems in place to monitor the quality of the service provided by the agency. There were quality audits in place for reviewing spot checks, supervisions, training, Mental Capacity Act register, appraisals and falls management. Where improvements could be made action plans were implemented. An example of this included the need to review the National Institute for Health and Clinical Excellence (NICE) guidance on falls management and ensure that those at risk have detailed plans in place.

Staff felt well supported by their manager. To ensure people's needs were met team leaders communicated with staff about the service and expectations. One member of staff told us; "Although regular team meetings are not held we get updates from team leaders, such as changes of meds and creams as an example. They text with cancellations and a change of rota. They adequately communicate with us on day-to-day issues." The open communication between staff members ensured the level of service provided met peoples' expectations. The staff told us they worked well as a team. One member of staff told us; "The priority is the service user. I have been to the pharmacist and the GP's today and it's my day off. We are committed to our job and provide support to each other. We do not take new packages unless we have the capability to do so."

The operations manager evaluated the service and implemented improvements where required. People were given the opportunity to pass on their feedback regarding their experience of the service through care planning reviews and surveys. The key findings from the 2016 survey were that people were generally happy with the service they received. Comments included; "Very happy with everything as it is, the carers are very hard working and patient"; "I have a friendly and happy relationship with all my carers"; and "It's good to have regular carers, all I have are wonderful." Further development identified from some people included more regular carer and increased time for calls. Following the survey the operation's manager identified the current service priorities. They included: to source a carer who spoke Cantonese, dealing with specific requests relating to existing support and deal with requests for changes of the times of some calls.