

Network Healthcare Professionals Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection of Network Healthcare Professionals Limited on 15 March 2016. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in May 2014 no breaches of the legal requirements were identified.

Network Healthcare Professionals Limited provides personal care and support to people in their own homes in Bristol and Bath and North East Somerset. Network Healthcare Professionals Limited provides care and support to older people and to people who are living with dementia. At the time of our inspection there were 149 people receiving personal care and support.

A registered manager was in post at the time of our 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.

The service had undergone a period of change, stable management was now in place. The provider was aware there were areas that required improvement. They were making changes to address these shortfalls.

Staff had not always received training on the Mental Capacity Act 2005 (MCA). They were not always knowledgeable about this legislation or understood how it impacted on their role. Training for staff had not been kept up to date. Staff had not received regular supervision and therefore were not fully supported in their role. Feedback from staff was not sought by the provider in order to identify areas of improvement.

A new induction programme was underway in line with the Care Certificate. Staff knew how to respond to suspected abuse and follow safeguarding procedures.

People spoke positively about the quality of care and support given. They said care was delivered on time and in accordance with their wishes. Staff were kind and caring and treated with people with respect. Staff were observed during spot checks to ensure the care they gave was at the expected standard.

People's needs were assessed and support was reviewed to ensure it continued to meet people's requirements. Care records and risk assessments were detailed and informative. Clear guidance was in place to ensure people were supported in line with their preferences.

The service was not consistently well-led. People and staff were unclear about the management structure of the organisation. Statutory notifications in reference to safeguarding referrals had not always been sent to the Commission. The provider had identified areas that required development and had produced plans to deal with shortcomings.

We found three breaches of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of this report.

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. People told us care was delivered safely and on time.

Staff had knowledge of safeguarding procedures and how to respond to suspected abuse.

Staffing levels and recruitment procedures were safe.

Risks to people were identified and assessed to keep people safe.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive the supervision and training they required to be effective in their roles.

Staff had not always completed training on the Mental Capacity Act 2005 (MCA). Staff could not show knowledge and understanding of the MCA.

People felt the care provided met their needs.

The provider had an induction programme aligned with the Care Certificate.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and treated them with respect.

Staff supported people in a way that upheld their privacy and dignity.

Staff were aware of people's preferences and knew people well.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible to the changing needs of people.

Care was provided in accordance with people's individual needs and wishes.

The provider had a complaints procedure in place which was accessible to people.

Is the service well-led?

The service was not consistently well-led.

People and staff were unclear on the management structure within the organisation.

Feedback was sought from people. However, the results were not responded to, or shared with people. This meant the service did not develop further.

Quality assurance systems were in place but were not always effective.

Systems and forums for staff to give feedback were limited.

Statutory notifications has not always been sent to the Commission as required.

Requires Improvement 

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 15 March 2016 and was announced. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by one inspector and an expert by experience who had experience of physical and sensory impairment. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we went to the Network Healthcare Professionals Limited office. We spoke with the registered manager, a senior manager and five staff members. After the inspection visit we undertook phone calls to 16 people and relatives who received care and support from the service and spoke to a further seven staff members.

We looked at four people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People felt safe using the service. People told us that care was delivered on time. One person said, "I feel safe and well supported by my carers." A relative told us, "I was really wary about getting carers in to help support my Mother. However, I have been nothing but surprised by the true professionalism shown by not only her carers but those in the office as well and I wouldn't hesitate to leave my Mother on her own with one of her carers now."

The provider had policies in place for safeguarding and whistle blowing. Staff had training on safeguarding as part of their induction programme. However since this time staff had not always received further training on this subject. This meant that some staff last had training several years ago. Staff we spoke with understood what safeguarding was and could identify possible signs of abuse. Staff said they would report any concerns to their team leader. The provider had records showing when concerns had been identified they had reported them to the local authority safeguarding team.

The provider's recruitment process ensured that staff had a Disclosure and Barring Service check (DBS) before they began work. A DBS check ensures that people who are barred from working with particular groups of people are identified. Staff files contained applications forms, references and identification. Staff files had a checklist at the front to ensure all steps of the recruitment process had been completed. However, we found some inconsistencies within these checklists. This was discussed with the provider who said the checklist would be reviewed. For example, in one file where a reference received had required further investigation, evidence was not recorded of the phone call taken to investigate and the further information the provider had received.

New staff completed a probationary period. A record was kept of the amount of shadow hours staff had completed. Four spot checks were then carried out to assess the staff member was at the required standard. If further support or shadowing was identified as needed this was arranged.

People said they felt safe because they did not experience any missed calls and it was uncommon for a carer to be late. We viewed the computer logs which showed staff rotas and when visits had been completed. One person said, "I've never had a missed call and only once or twice has a carer been running really late and on both these occasions the agency rang me up to let me know that they've been delayed and will be with me shortly." A relative said, "We've certainly never had any totally missed calls and it is fairly rare for my husband's carer to be running very late at all. On the rare occasion when they have, someone from the office will usually phone us up to let us know."

People told that when a staff member was absent, cover was provided to ensure continuity of care. One person said, "It can be a little difficult if there is some nasty bug going round and quite a few of the carers are off sick, but thankfully this doesn't happen very often and even when it has I have managed to continue having somebody who I had it least met once or twice before." Another person said, "When one of my carers has been off sick or on holiday, one of my other carers has managed to cover their visits for them so I don't feel as if I've missed out at all."

Risks to people were being identified and assessed. This included assessments in areas such as the environment, equipment and communication. Assessments detailed safe practice for staff and how they should conduct care and support in a safe manner. Equipment used for example a bath aid had details of when they were last serviced and how staff should use them safely.

The provider had an accident and incident form which was kept in the person's folder within their home. Staff knew where this form was located should they have a need to complete it.

The provider had a business contingency plan in place to address disruption to the service such as utilities failure, adverse weather conditions and emergency situations such as flooding or major road closures.

Staff said they had the right personal protective equipment in order to carry out care and support safely. One person said, "The carers always come very smartly dressed in their uniform and always have plenty of gloves and disposable aprons with them." Another person told us, "They are always very professionally turned out and they will always put on a fresh pair of gloves and a new apron before they start any new task."

People told us their medicines were administered safely. One person said, "My carer helps me with my medication. I have my tablets come to me in the dosset box so all they have to do is take out the dosage each morning and pass me it together with a drink. Once I've taken my tablets they will write it down in the file so there is a record kept." Medication Administration Records (MAR) were collected by the team leader and audited. We viewed a sample of MAR charts which were accurately completed. Care records gave details if people self-medicated.

Is the service effective?

Our findings

People told us they were happy with the care and support they received. Feedback forms from people who used the service contained positive comments. This showed people felt the care delivered met their needs. However, staff training and supervision were lacking. These had been identified by the provider as areas which required development. We saw documents of how these areas were planned to be improved.

Staff, according to records held, had not received training in the Mental Capacity Act 2005 (MCA) prior to the introduction of the Care Certificate to the organisation in 2016. Staff we spoke with did not have a full understanding of the MCA and how this applied to their roles. Seven out of the nine staff we spoke with did not show any knowledge of the MCA and said they had not had any training on the subject.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's capacity to make particular decisions was recorded in their care plan. However, we found that best interest decisions were not always clearly recorded. For example, a best interest decision had been made in regards to how a person's personal care was delivered. It was not clear in the care record who had been involved and when this decision had been made.

Staff told us they had not received regular supervisions or an appraisal. There were no supervision records to view. Some staff had not received a formal supervision in some years. A senior manager confirmed there had not been regular supervisions held. A plan was evident to address this, which we viewed. This would ensure staff had regular supervision, competency assessments and an annual appraisal.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

New staff completed an induction programme before they began work. All the staff we spoke with confirmed they had received an induction. One member of staff described the induction as, "Adequate". This was because feedback from staff was the induction relied on watching DVD's and staff had not felt this always embedded learning. The provider had introduced a new induction programme in 2016 aligned with the Care Certificate. Staff felt this was a positive change which gave the induction programme more detail and depth.

After the induction all staff confirmed they shadowed a more experienced member of staff for a minimum of 16 hours. This was to gain experience and meet people before working alone. We saw evidence that if staff themselves did not feel confident or areas of improvement had been identified further shadowing would take place.

The provider had identified that training for staff was not sufficient. All staff had received an induction but training after this was inconsistent. We viewed the training records prior to 2016 and found that training was

not up to date for the majority of staff. This meant that people were put at risk as staff's training was not always current. Staff described most training as being in the format of a DVD and not always an effective way of learning. We viewed that training had been arranged for all staff to get mandatory training up to date by the end of March 2016 and staff confirmed they were attending this training.

Care records documented people's health needs and any medical conditions. Care records detailed any assistance or support required in relation to people's health needs. Daily notes recorded any changes or observations so all staff were informed. People told us that usually they independently accessed healthcare services. One person said, "Thankfully my daughter helps me out with any appointments that need making, or if I have any concerns, so I don't really have to ask my carer to organise anything for me." Another person said, "I am able to arrange all of that for myself so I don't need to ask the carer to do anything."

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care record. One person told us, "I have a carer coming at lunchtime and teatime to make my food for me. She will always ask what meal I would like. At teatime, she will make me a sandwich and cut me a piece of cake. She always make's sure I've got plenty of drink to last me until the next person comes." Another person said, "My carer sorts my breakfast out for me and will usually do me cereal or some toast. She will also make me a cup of tea to have with my breakfast and then make sure I've got a small jug of water to last me for the rest of the morning."

Is the service caring?

Our findings

The feedback we received from people about staff was positive. One person described staff as, "Caring, professional, compassionate and supporting." Another person said, "My carers couldn't be any nicer. They always make sure I am comfortable before they leave."

We viewed compliments the service had received. There were 11 compliments recorded since November 2015. Several compliments referred to the thoughtfulness and kindness of staff. One person had written, "The girls were always willing to go the extra mile to help Mum and I appreciate this." Another person said, "I couldn't ask for a better team of ladies looking after my Mother. They are a team to be genuinely proud of." A card sent in said, "Your lovely staff treated Mum with kindness and respect for which we are very grateful."

Care records gave detailed steps of how people wished their care to be delivered. For example, a person's routine of going to bed, personal care or how they liked their hot drink prepared. Staff we spoke with were knowledgeable about people's preferences who they provided care and support for. One person said, "I like the fact that because I have regular carers, I don't have to talk through what it is I need doing every single day with new carers. It can become very tiring when you have to do this, so it is lovely to have carers that know me well and can just get on with doing what's needed."

Staff upheld people's privacy and dignity. Care records gave step by step guidance how to maintain people's privacy and dignity when delivering care and support. One staff member told us how they always closed the door when providing personal care so it was private from other people in the house at the time. One person said, "My husband spends much of his time in bed now, and his carer will always make sure that the bed is properly made and he is totally covered up before she leaves him in the morning. He knows that if he has any visitors come he doesn't have to worry at all about whether he is appropriately dressed to see anyone."

People received care that was kind and compassionate. One person said, "I have regular carers who I get on with really well. I've never had a problem with any of them because they are all lovely and very caring." Another person said, "I have really been so impressed with my mother's carers, as I was dubious to start with about whether they would be able to look after my mother as well as I could do. I'm not ashamed to say that I've been proved wrong as I couldn't have asked for a more professional service and the way they care for my mother is as if it was their own mother that they were looking after."

Care and support was given in a timely manner and people did not feel hurried or rushed. One person said, "I have a 45 minute visit at lunchtime which allows my carer to make a meal for me, sort my tablets out, make me a drink and do a bit of general tidying up. My carer is very good and will usually find a couple of minutes just to sit down with me and have a bit of a chat before she goes." Another person told us, "I can't say as I have felt really rushed at all, as my carers take the time to do all of the jobs that need doing before they leave and they always tidy up before they go to the next call."

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Changes in people's care and support needs were identified and addressed. One person said, "They are really like members of the family now and I'm so grateful to them because I know I wouldn't be able to stay here in my own home without their support."

An assessment of needs was completed with a senior staff member before a care package started. This assessment gave details about the person and the type and level of care they required. One person said, "When we first met with a manager from the agency we were asked about what was important and I told her that it was important for my wife to go to the day centre twice a week and that I really needed to have her visit's early on those two days so that she was ready when transport came to collect her. They have been very good and she hasn't missed a day since they have been looking after her."

People received an annual review of their care or more frequently if needed. One person told us, "The care plan was compiled by a manager who we met when I first contacted the agency. We have been with them for just over a year now and I was recently phoned to see if we could find a date for the manager to come back and review the care that he is getting." Another person said, "We have had a number of review meetings as my husband's condition has worsened over the time that he has been looked after by the agency. Each time we have met with a manager we have slightly changed the care that he has got and the care plan has been changed to reflect that."

A copy of the care records were kept both at the office and within people's homes. Care records were informative and directive. A section contained a document 'about me' which described a person's history, interest and hobbies. It gave an overview of the important people involved with the person and essential information. For example where people grew up, their family and career.

People had received a copy of the complaints procedure. One person said, "We have a copy of the complaints procedure in the file and it tells you what you need to do if there is anything that is troubling you. I've never had to raise any issues with the agency however." Another person said, "I know how to make complaint because it tells you how to do it in the folder that I keep here all the time. But I've never had any problems that I've needed to raise with the agency at all."

The provider kept a log of complaints. The service had received six complaints since November 2015. One complaint was still in progress but the other five had been resolved satisfactorily. The records described what the complaint was and steps taken to investigate it. The provider acknowledged a clear and open outcome was needed for the complainant in line with the provider's policy to show changes that may have been made in response to the complaint.

The service showed it could be flexible and adapt to changes needed in response to individual circumstances. One person told us, "I had to phone the office the other day to see if they could change the time of my father's call as I needed to take him to the doctors and the only appointment was early in the morning. They were very good and managed to rearrange the visit without it being any bother at all."

Another person said, "My family have contacted me and said that they wanted to take me out at the time when I would usually still be waiting for my carer to arrive. The agency was very good and my regular carer was able to change her time so that I was ready for when my family arrived."

Is the service well-led?

Our findings

People and staff gave limited feedback on the management of Network Healthcare Professionals Limited. People were unclear on the management structure of the organisation. One person said, "I know someone has been out to do a review with us which took place only a couple of weeks ago but I can't actually say that that was definitely the manager." There had been recent changes of the registered manager and senior management.

Changes in the management team had not been communicated effectively to people or staff. This meant that people were uncertain who managers were within the organisation and what their role was. Staff who had met a senior manager gave positive comments. One staff member said they were, "Approachable." Senior managers were developing their visibility and communication with staff through team meetings.

We found that two referrals to the local safeguarding team not been sent to the Commission as a statutory notification as required.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Feedback forms were sent to people twice a year to gain their view on the service they received. Additional feedback forms and a stamped address envelope were kept in people's file at their home. A supporting letter encouraged people to give feedback whenever they wished. The feedback received was very positive. The service had simplified the form and as such had received a much higher return rate. One person had commented, "Excellent service." Another person had said, "I only have praise for the service provided." A relative said, "Mum is always treated with dignity and respect." However despite having a high number of responses the provider had not analysed the results of the survey. No findings from the survey were shared and no action had been taken as a result of the feedback received. Any comments which may have benefited from further investigation were not followed up. One person told us, "I don't remember hearing or seeing anything about the questionnaire or any improvements or ideas that might of been put forward."

We saw minutes of team meetings held in 2016. Staff told us they had not had team meetings for a long time and these had recently been re-introduced. Staff told us this was positive and the meetings were beneficial. Minutes showed that staff received communications about the organisation, training and staffing. Staff currently did not receive or have the opportunity to view the minutes of these meetings. A senior manager said this would be addressed.

There was mixed feedback from staff about what it was like working for Network Healthcare Professionals Limited. One staff member said, "It is a positive place to work." Another person said, "We [carers] are not appreciated in our role." Staff spoke about the changes currently taking place with the re-introduction of staff meetings and training. Staff felt this would make a difference and be positive once embedded in. One staff said, "In six months' time, I think things will be a lot better. Changes are being made."

Feedback was not gained from staff in terms of a questionnaire or survey. With forums such as supervision

and team meetings being limited this meant that staff had not had methods to feedback their opinions or give suggestions for improvements.

Staff felt supported by their team leaders and said any issues or concerns would get discussed with them. Team leaders or office based staff gave staff effective communication through texts or phone calls to give necessary information on any changes to the care and support provided. One staff said, "any changes we need to know about, we get a text or phone call. I always have the information I need before a call." However staff said communication in regards to the organisation and training were less effective and often given at short notice.

The provider completed spot checks on staff to monitor the quality of the service provided. We saw completed spot checks and staff confirmed they had experienced these visits. The records showed that areas of practice such as appearance of staff, safe practice and communication were observed. There were clear actions recorded for further development if required.

The provider had audits in place to monitor documentation such as communication logs, accident reports and medication. However, we found the medication audit did not document how any concerns identified were addressed.

The registered manager and senior manager were supported by quarterly senior team meetings. This gave opportunities to meet and have discussions with other senior managers. There were regular telecon meetings with representatives of the provider to ensure information was shared. Senior managers kept up to date with developments and changes in health and social care by being a member of a regional organisation. This gave occasions to attend networks and conferences to obtain support and information. Senior managers had also attended management training with the local authority and had completed nationally recognised qualifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not informed the Commission of two safeguarding referrals to the Local Authority.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff had the knowledge and training required on the Mental Capacity Act 2005. Staff had not received appropriate support in terms of supervision and appraisal to be effective in their roles.