

Network Healthcare Professionals Limited

Network Healthcare – Chipping Sodbury


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 

Overall summary

We carried out a comprehensive inspection of Network Healthcare – Chipping Sodbury on 24, 25 February and 3 March 2015. Four breaches of the legal requirements were found at that time. These related to the management of medicines, the management of complaints, the systems in place to monitor the quality and safety of the service and having insufficient staff in order to meet every service user's care and support needs. After the inspection, the provider sent us a report of the actions they would take to meet the legal requirements.

We undertook a focused inspection on 9 July 2015. This was to check the provider had followed their plan and to confirm they now met the legal requirement. This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection by selecting the 'All reports' link for Network Healthcare- Chipping Sodbury on our website at www.cqc.org.uk

Summary of findings

Network Healthcare - Chipping Sodbury is a small domiciliary care agency that provides personal care and support to people living in their own homes. It is part of a national company that is registered with the Care Quality Commission called Network Healthcare Professionals Limited.

The majority of people using the service required long term support to enable them to continue to live at home and all lived within South Gloucestershire. At the time of this inspection 28 people were being provided with a service and 14 care staff were employed to deliver the care.

There was a registered manager in post. 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.

On 9 July 2015 we found that the required improvements had been made in respects of the management of medicines. Care staff were not supporting people with their medicines unless this was identified on their care plans. Systems had been put in place to check that the medicine administration records were completed correctly. These checks ensured those people received their medicines as prescribed by the GP. Because these checks were made regularly, it was quickly highlighted where improvements were required with individual staff members work performance. Where necessary extra supervision or training was arranged.

On 9 July 2015 we found that improvements had been made with the management of complaints received. Since the registered manager had been in post (March

2015) four formal complaints had been logged. Records provided a clear account of the actions taken and the outcome of the complaint. Each of the complaints had been resolved. People could be assured that any concerns they had, would be listened to and acted upon.

On 9 July 2015 we found there were sufficient number of care staff to meet the care and support needs of the 28 people who were receiving a service. The service was actively recruiting new members of care staff. They had also started providing a new service for a number of people whose needs they were confident they could meet. The registered manager felt that the service had now stabilised and planned to expand the service after the summer holiday period.

On 9 July 2015 we found that the provider had implemented a programme of regular audits to assess, monitor and improve the service. Visits by the provider and the regional manager were regular and the registered manager kept them fully informed of how the service was running. The service had completed a survey with people using the service and the results had improved significantly. A staff survey was already underway.

When we visited in February 2015 the service had difficulties in ensuring that the time of arrival of care staff met people's expectations. There was no breach in legal regulations however improvements were required. There was now greater adherence to the staff rotas and monitoring of the timing of calls. Where care staff knew a call was going to be delayed, office staff were asked to contact the person and explain. People confirmed this happened.

As a result of this inspection we have been able to change the rating of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's medicines were managed safely.

There were sufficient numbers of care staff to meet the care and support needs of people receiving a service.

Good



Is the service effective?

The service was effective.

People received a service that met their expectations. When care staff were delayed, they were informed what was happening.

Good



Is the service caring?

The service was caring when we inspected the service in February 2015.

We have not reviewed this key question however people said the staff were caring and kind to them.

Good



Is the service responsive?

The service was responsive.

People's concerns or complaints were responded to appropriately. Records were maintained of the actions taken to bring about a resolution. People felt able to raise any concerns they may have.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who provided guidance and support to the office staff and the care staff. There was good management and leadership in place

Robust systems to check that people were receiving a quality service had been implemented. This had enabled the service to identify where improvements were needed. People had been asked their views and these had been acted upon.

Good



Network Healthcare - Chipping Sodbury

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.

When we last inspected this service in February 2015 we found that the service required improvement. Requirement notices were issued in respect of the following:-

- Management of medicines
- Management of complaints
- Lack of an effective system to assess and monitor the quality and safety of service provision
- Insufficient numbers of care staff to deliver a safe and effective service to all service users.

Following the inspection, the provider wrote to us and told us what action they were taking to rectify the breach of regulations. They told us they would achieve this by 31 May 2015.

Before this inspection we reviewed the information we held about the service, including the action plan the provider had submitted. We looked at any information we had received about the service since the last inspection. No notifications had been submitted by the provider. A notification is information about important events which the service is required to send us by law. We reviewed the information we had received from South Gloucestershire Council whilst they had been monitoring the service since the beginning of 2015.

The inspection was carried out by one adult social care inspector. We looked at care records for four people, six staff recruitment files and their training records. We also looked at other records relating to the running of the service. We spoke with four members of staff and the registered manager. This included staff rotas, key policies and procedures and some of the quality and safety monitoring reports. We spoke with four people who received a service.

Is the service safe?

Our findings

“They let themselves in and call out to me. I always know who is coming each visit”, “I have a key safe installed and keep my door locked” and “They make sure I have everything to hand before they leave me”. One relative said, “They use the hoist very competently”.

At the inspection in February 2015 we found that people were not always protected from the risks associated with their medicines. This was because care staff were supporting people where this had not been identified as part of their care plan and there were shortcomings in how people’s medicines were recorded.

At our focused inspection on 9 July 2015 we found that the provider and registered manager had taken the actions they planned in order to meet the regulation. This regulation had now been met.

Care staff did not support people with their medicines unless this was agreed. People were supported with their medicines where this had been agreed during the assessment process. A medicine risk assessment was completed along with a list of the medicines to be administered. People were assessed as needing general support (level one), selecting and preparing medicines for administration (level two) and specialist support (level three). At the time of our inspection none of the people being supported required level three support. All staff who administered medicines completed safe administration of medicines training and their competency was checked thereafter, to ensure they were doing the task safely.

Where people were assisted with their medicines they had to sign a ‘Consent to Assist’ form – one person’s record had not been signed however all others were. Care staff had to complete a medication administration record (MAR charts) after they had supported the person to take their medicines. At the last inspection there was no system in place to monitor that the MAR charts had been completed

properly and that people had received their medicines as prescribed. Completed MAR charts, were now collected from people’s homes, on a monthly basis and audited. This meant that the registered manager was able to address any shortfalls in the service provided promptly.

At the inspection in February 2015 we found there was insufficient numbers of staff available to meet people’s care and support needs. Just prior to this inspection a significant number of people had received a poor service, and whilst it was acknowledged that vast improvements had already been made, one person had still not been receiving the level of service for which they had been assessed.

At our focused inspection on 9 July 2015 we found that the provider and registered manager had taken the actions they planned in order to meet the regulation. This regulation had now been met.

People said staff were available to support them with the tasks detailed on their care plan and “there had been significant improvements since the beginning of the year” and “the care staff have enough time to provide me with a good service now”. The registered manager told us that new people were only taken on where there were gaps in care runs. This was because the registered manager wanted to make sure the service was stable, there were sufficient numbers of care staff and the staff had the required skills and competencies. Staff worked within one of three geographical areas within the South Gloucestershire area. People said visits were not now missed, were not shortened and timekeeping was generally “good” or “fairly good”. Staff used an electronic call monitoring system to log in and out of calls as they visited people. This system was able to evidence that people received the number and length of calls that had been agreed. Office staff would contact people to tell them if their call was going to be late because of traffic or delays at a previous visit and this was confirmed by those people we spoke with.

Is the service effective?

Our findings

People said, “Someone from the office came to see me and my wife and talked about us having help”, “I cannot fault the help provided by Network, it is exactly what we need”, “I get the help we agreed upon” and “I have a care plan, like a contract. It states what help I will be provided with”.

At the inspection in February 2015 we found that people did not always receive the service they expected to be provided with. People said that care staff were often late and no one told them what was happening. Only two thirds of people being supported, were visited by care staff they were familiar with and less than one third said the care staff

arrived on time. This information had been collected in December 2014 when the service was “in crisis”. People told us there had been recent improvements. Although there was no breach in legal regulations we felt that the provider needed to ensure that further improvements were made that were consistent and sustained.

At our focused inspection on 9 July 2015 we found that people were provided with regular carers. The most recent analysis of the electronic monitoring system data evidenced that 94% of the calls had been provided at the expected time and no calls had been shortened. These reports were run on a monthly basis.

Is the service caring?

Our findings

When we visited in February 2015, we found that the service was caring. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive inspection report by selecting the 'All reports' link for Network Healthcare- Chipping Sodbury on our website at www.cqc.org.uk

Is the service responsive?

Our findings

People said “There is nothing they could do better. The service meets my needs exactly”, “They do everything I need and always offer to do more”, and “It was chaotic at the beginning of the year but everything is now as it should be”.

At the inspection in February 2015 we found that people were raising concerns and complaints about the service they received but they were not being listened to. Some of the complaints had been logged and responded to whereas others had not been investigated at all.

At our focused inspection on 9 July 2015 we found that the provider and registered manager had taken the actions they planned in order to meet the regulation. This regulation had now been met.

Since the registered manager had been in post (March 2015) four formal complaints had been logged. Records provided a clear account of the actions taken and the outcome of the complaint. Each of the complaints had been resolved. People could now be assured that any concerns they had would be listened to and acted upon.

Is the service well-led?

Our findings

Since the last inspection a manager had been appointed in March 2015. They subsequently applied to the Care Quality Commission to be registered and this process was successfully completed in May 2015.

At the inspection in February 2015 we found the systems in place to assess, and monitor the quality and safety of service provision were ineffective. There was a lack of formal provider checks and a lack of analysis of information received about the service.

At our focused inspection on 9 July 2015 we found that the provider and registered manager had taken the actions they planned in order to meet the regulation. This regulation had now been met.

People and staff told us that the service was now “well run”, “well organised” and “was running smoothly”. Care staff said the registered manager provided good leadership and “cared about them as well as all the people being supported”.

A programme of regular audits had been implemented to assess, monitor and improve the service. Visits by the provider and the regional manager were regular and the registered manager kept them fully informed of how the service was running. The registered manager had a weekly conference call with the regional manager where any issues or matters arising were discussed. For example, any

safeguarding concerns or complaints received, new starters for staff and people receiving a service. The registered manager also had to submit monthly ‘branch reports’ to the regional manager.

The regional manager was able to access the electronic records for each person and undertook random telephone surveys. The service had completed a survey with people using the service and the results had improved significantly. A staff survey was already underway and four completed forms had already been returned. Comments on those forms included, “very much improved” and “we are supported by good office staff now”.

Since the last inspection all care files had been audited. The registered manager had checked that the care plans matched the contract, where the service was commissioned by the local authority.

The care quality assessor had a programme of care plan review visits with people in order to ensure that people continued to receive a service that met their needs. These visits would result in a change of service provision where necessary. The care quality assessor also did spot checks on the staff to ensure their work performance was satisfactory.

The provider has also put in place a process of whole service quality audit. These audits will be undertaken by another branch manager and the registered manager will be expected to undertake audits of other branches.