Network Healthcare Professionals Limited

Network Health and Social Care

Inspection report

14-16 Long Street
Dursley
Gloucestershire
GL11 4HY
Tel: 01453 519240
Website: www.networkcareathome.co.uk

Date of inspection visit: 16 and 17 July 2015
Date of publication: 16/10/2015

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

Network Health and Social Care Dursley branch (part of the Network Healthcare Professionals Limited group) is a domiciliary care agency that provides care and support to people in their own homes.

We gave the provider 48 hours' notice of the inspection. We did this to ensure staff would be available at the service. At the time of the inspection the service was providing personal care to 136 people.

There was no registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 previous

Summary of findings

registered manager had left the agency on 22 May 2015. The provider had put in place an acting manager, who we were told would be applying to CQC to register as the manager.

People received care and support from staff they felt safe with. People were safe because staff understood their role and responsibilities to keep people safe from harm. Staff knew how to raise any safeguarding concerns. Risks were assessed and individual plans put in plans to protect people from harm. There were enough skilled and experienced staff to meet people's needs. The provider carried out pre-employment checks on staff before they worked with people to assess their suitability.

The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. People were supported to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring and compassionate service. They were treated with dignity and respect. People were involved in planning the care and support they received. Staff protected people's confidentiality and need for privacy.

The service was not consistently responsive to people's needs. English was not the first language for one person using the service and the provider had not considered how they were going to communicate with them. Another person's care records contained inaccurate information concerning their preferred name. Staff providing care and support were familiar to people and knew them well. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

People received a service that was well-led because the manager and other senior staff provided good leadership and management. The vision and values of the service were clearly communicated and understood by staff. Staff understood their roles and responsibilities. The quality of service people received was regularly monitored and any areas needing improvement identified and addressed.

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 received care from staff they felt safe with.

People were safe from harm because staff were aware of their responsibilities to report any concerns.

The provider employed enough staff to meet people's needs and keep them safe.

Recruitment checks were carried out to ensure people received care from suitable staff.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

The manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff promoted and respected people's choices and decisions.

People were cared for by staff who received regular and effective support and supervision.

People were supported to maintain their independence.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were caring and compassionate.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were sought and they were involved in making decisions about their care and support

People's confidentiality and need for privacy was respected.

Good

Is the service responsive?
The service was not always responsive to people's needs.

People gave mixed feedback on whether the service met their needs.

Requires Improvement

Summary of findings

The provider had not taken steps to provide an appropriate means of communication for one person whose first language was not English. One person's care records contained inaccurate information concerning their preferred name. Another person felt communication between care staff and office staff was not always effective.

Staff providing care and support were familiar to people and knew them well.

The provider sought people's views and made changes as a result.

Is the service well-led?

Good

The service was well-led.

The vision and values of the service were clearly communicated and understood by staff.

The manager and senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Network Health and Social Care

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, and to provide a rating for the service under the Care Act 2014.

We last inspected this service on 26 September 2014 to follow up on areas of concern we had identified during an inspection carried out on 27 February 2014. At our visit on 26 September 2014 we found the service had addressed those concerns.

This inspection was carried out by one adult social care inspector, who visited on 16 and 17 July 2015.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

The provider asked people if they were willing to speak to us prior to our visit. During the inspection we visited four people in their own homes. We spoke to them about the service they received and were also able to speak with a relative of a person receiving the service. We spoke by telephone with a further six people who used the service and two relatives We talked with three care workers, two senior care workers, the recruitment and training administrator, the quality risk assessor, the assistant manager, the branch manager and the regional manager.

We looked at the care records of 10 people, the recruitment and personnel records of three staff, training records for all staff, staff rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with all the staff". Another person said, "Recently I have had the same staff and feel much happier because they know me well". Relatives we spoke with told us they felt their relative was safe.

Care was provided at the time identified in people's care records. This was important to people and contributed to them feeling safe and secure. People said their care staff arrived on time. One person said, "My main carer only lives down the road so is always here on time". Relatives also said staff usually arrived at the agreed times. A relative said, "I have had to ring to see where they are a couple of times, but not recently, and there was always a good reason for being late". Staff said they always tried to contact people if they were going to be late. They said they tried to avoid being late arriving at people's homes but found that at times it was unavoidable due to traffic or unforeseen events. One care worker said, "If a care worker is sick and calls need to be reallocated we can be a little late but we keep people informed of when we'll be with them". Another said, "We always get staff to people". Information on late or missed calls was not routinely monitored by the provider. The manager said they would identify an appropriate system to monitor this in order to ensure people's safety.

People were protected by staff who knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice. Seven safeguarding alerts had been raised regarding the service in the 12 months leading up to our visit. Each had been managed appropriately with the provider taking action to keep people safe.

People were kept safe because there were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to provide assistance with moving and handling people. Staff told us they had access to risk assessments in people's care records and ensured they used them. Each person's care records contained an environmental risk assessment. This showed the provider had considered factors to keep people safe within their homes and to ensure the working environment for the staff was also safe. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs. The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

The provider was recruiting for care staff at the time of our inspection. The manager told us the agency was recruiting so they would be able to provide care to more people. Records showed the provider had sufficient staff to provide the care and support people required.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. Staff administering medicines had been trained to do so. People we spoke with who required help from staff with their medicines said they felt safe with the assistance provided.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "My care worker is excellent, she does the job really well". Another person said, "The staff I have are skilled and able to provide my care". Relatives said, "The carers are excellent and it's a really good organisation, although the timings of calls could improve" and, "The staff are very skilled".

People using the service were involved in drawing up their plans of care and had given consent to the care they received. One person said, "I agreed with them when and how my care would work". A senior carer with responsibility for carrying out initial assessments with people said, "I always make sure the person and where relevant their family, are involved in designing their care package".

Senior staff explained how they matched people with staff. People were asked about their preferences in relation to the gender of the staff and their interests. Staff were allocated to individual people to enable them to build relationships. These were kept under review during care reviews to ensure that people were happy with the staff that were supporting them. People confirmed where they were unhappy changes were made to the staffing arrangements.

Care plans detailed the care and support people received. Where people received assistance with eating and drinking, nutritional charts were used to monitor people's food and fluid intake. People's medical histories were recorded as part of the assessment and care plan process. This included other professionals involved in the care and support for the person such as their named GP and district nursing team. Relevant healthcare information was documents in people's care plans and we saw staff ensured people had access to health care professionals when needed.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. DoLS provides a lawful way to deprive someone of their liberty provided it is in their best interests or is necessary to keep them safe from harm. Information in people's care records showed the service had assessed people in relation to their mental capacity. The manager and senior care staff had a good understanding of MCA and DoLS. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Training records showed the provider ensured staff received a range of training to meet people's needs. Training provided to staff included e-learning packages and face to face training and covered a range of topics. Staff told us they had received training to meet people's needs. One staff member said, "I've been working for Network for a number of years and have regular update training".

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The provider had recently appointed a recruitment and training administrator, they said, "I have completed the training the care staff do, so that I know what it involves". Care staff told us newly appointed staff shadow more experienced staff before working alone. A senior care worker said, "New staff shadow someone for at least 16 hours, more if they need or want it". The manager said, "We complete a new starter assessment form with new staff before they work alone, then follow this up with an observational spot check, to ensure they're providing good care".

The manager told us that staff were supported to complete health and social care diploma training. Training records showed most staff either held or were working towards their diploma. The manager, assistant manager and a senior care worker were working towards a higher level leadership and management in health and social care diploma qualification. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Supervisions and spot checks were being used to improve performance. Staff records showed that supervision was held regularly with staff. Staff told us they found supervision helpful. One care worker said, "Supervision is very helpful". Another said, "I find being able to talk with a manager helps me do my job better". Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff.

Good

Is the service caring?

Our findings

People said the staff providing care and support were caring. One person said, “They’re very good, they’ve always got to me and they’re all caring and nice”. Another person said, “I’m really happy, they’re very helpful and if I have any trouble, they sort it out”. Relatives confirmed staff were caring. Care staff we spoke with told us they would be happy for Network to care for a relative of theirs.

People were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people’s wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the care and support the person required, the preferred time for calls and where possible, the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocating on behalf of the person using the service were involved in planning care delivery arrangements.

Staff respected people’s privacy and maintained their dignity. Staff told us they gave people privacy to undertake aspects of their personal care but ensured they were close if help was needed. People we spoke with confirmed that care staff respected their privacy and dignity. People said staff always explained to them what they were doing and asked them if they were happy before they started. The provider had a policy on confidentiality and we saw that people’s confidentiality was respected.

People told us they were supported to be as independent as possible. One person said, “They’re very good, they don’t take over, they let me do what I can and help when I need it”. Care staff we spoke with explained they felt it important to support people to remain as independent as possible.

Staff had received training on equality and diversity. People’s care records described their cultural needs including any specific dietary requirements. Staff confirmed they were aware of people’s cultural needs before they started working with them such as a special diet on the grounds of religion.

Senior care staff had been delegated specific responsibilities and received additional training to carry out these roles. These roles included; the management and administration of medicines and working with people living with dementia. The staff members with these responsibilities felt they were able to have a positive effect on the care provided in these areas.

Throughout our inspection we were struck by the caring and compassionate approach of staff. We saw managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people’s needs came first.

Requires Improvement

Is the service responsive?

Our findings

People gave mixed feedback on whether the service was responsive to their needs. One person said, “As well as the 30 minute call each morning and 15 minutes each evening, I get two and a half hours once a week for social activities, which is great”. Another person said, “I now have regular staff who know me well, this didn’t used to be the case, but it’s much better now”. A third person we spoke with said they felt their morning call of 15 minutes duration was not long enough. They said, “I feel a bit rushed”. We spoke with the manager about this and they told us they were negotiating the length of this call with the funding authority. Another person said, “Sometimes they can forget to pass messages on, for instance if I have to cancel a call because of a hospital visit”.

Care records were held at the agency office with a copy available in people’s homes. We viewed the care records of the people we visited. People’s needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people’s homes contained the information needed to provide care and support. They said the manager and senior staff took care to ensure any updated information was placed in care records in people’s homes and at the office. Care records were person centred and included information on people’s likes, dislikes, hobbies and interests. Staff told us this information meant they could get to know the person they were caring for.

However, one person’s care plan stated that English was not their first language and that they ‘can be resistant to care’. We spoke with the manager about this and they told us they had not taken any measures to find an appropriate method of communication for the person. Another person’s care records stated they preferred to be called by their full name rather than a shortened version. The care records then referred to them consistently by their shortened name. We asked a staff member who cared for the person about this. They told us the initial statement in their care records was incorrect and they preferred to be called by their shortened name. The person using the service confirmed this. We brought this to the attention of the manager who said they would rectify this error.

People said they felt able to raise any concerns they had with staff and that these were listened to.

Relatives told us they knew how to complain and were confident their concerns would be addressed. A record of complaints was kept at the agency offices. We looked at the records of three complaints received in the 12 months before our visit. Each complaint had been appropriately investigated, with the outcome recorded and fedback to the complainant. The most recent complaint had resulted in care staff caring for one person being changed. The manager told us they valued comments and complaints and saw them as a way to improve the service provided to people.

Care staff told us they were able to raise concerns with managers. One care worker said, “The recent change in management has made us all feel more confident in raising concerns, as we now feel they will be dealt with”.

The majority of people using the service required long term support to enable them to continue to live at home. People’s care records showed the provider was in regular contact with other health and social care professionals and regularly reviewed people’s needs and made changes to care arrangements as required.

Good

Is the service well-led?

Our findings

People who used the service and relatives we spoke with were aware of the recent change of management. They viewed the change as positive and were complimentary of the new manager and senior staff. Staff said they now felt more positive about the provider. One care worker said, "Communication was a big problem, but nowhere near as much now, I was leaving and I'd worked for Network for more than seven years, but now I'm staying". Another care worker said, "Everything is so much more positive now".

The manager, senior care staff, care staff and regional manager all spoke passionately of their desire to provide high quality person centred care. This showed the vision and values of the service were clearly communicated and understood.

Regular staff meetings were held to keep staff up to date with changes and developments. Two separate meetings were held, one in May and one in June, for staff working in defined geographic areas. We looked at the minutes of these meetings and saw a range of areas were discussed. Staff told us they had found these meetings useful. A senior care worker said, "Having the meetings for staff working in different areas works really well".

The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Any accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included regular audits carried out by a senior manager from another branch of the organisation. We looked at the most recent of these audits and saw that it was comprehensive and identified action to be taken and the timescale involved. The copy of the report we viewed included detail on the action that had been taken as a result. This showed the provider carried out checks on the quality of the service provided and took action where required.

The provider carried out surveys to seek the views of people using the service, relatives and staff. The most recent of these surveys had been completed in June 2015. The manager told us the findings of these surveys would be analysed for themes and used to guide the direction of the service.

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the manager. Care staff had contributed to an individual risk assessment to assess the risks in them working alone. Individual arrangements had been put in place to minimise risks.

Throughout our inspection we found the manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, staff were well supported and managed and the service promoted positively.