

Network Healthcare Professionals Limited

# Network Healthcare Professionals Limited - Swindon (DCA)

## Inspection Report

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Date of inspection visit: 29/04/2014

Date of publication: 30/09/2014

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# Summary of findings

## Overall summary

Network Healthcare Professionals Limited - Swindon (DCA) is a domiciliary care agency that provides personal care and support to people living in their own homes. This includes short term support for people who require a period of rehabilitation following illness. However the majority of people using the service required long term support to enable them to continue to live at home.

On the day of our inspection there were 74 people using the service.

There was a registered manager present. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People told us they had seen an improvement in the service over the past few months and they felt safe with the care staff. Staff had received training on safeguarding and demonstrated an understanding on how to recognise and respond to abuse. They all understood their responsibility to report any concerns to their management team and were aware of the importance of disclosing concerns about poor practice or abuse.

We found people who lacked mental capacity may be at risk of receiving care that was not meeting their needs and they had not agreed to because staff did not always understand the requirements of the Mental Capacity Act 2005 and its main codes of practice. People's mental capacity was not always considered when providing them with personal care. However the registered manager was taking action to address this.

People's risks were managed appropriately and they were involved in making decisions about any risks they may take.

Safe recruitment practices were followed and there were sufficient numbers of suitable staff to keep people safe and meet their needs. One member of staff said, "The office is trying to give us regular clients as this is really important because service users will have more trust with a regular person visiting."

People were supported by staff who had the necessary skills and knowledge to effectively meet their assessed

needs. Staff had effective support, induction, supervision, appraisal and training. However we found no evidence they had completed training on the Mental Capacity Act 2005. This meant staff may not be able to identify people who lacked capacity and people may be at risk of receiving care that was not meeting their needs. However the registered manager was taking action to address this.

People told us they were involved in the planning of their care and these were taken into account in the assessment of their needs and the planning of the service. However we found people's care records were not always accurate to identify the correct level of care, treatment and support given.

The service was caring because people who used the service, their relatives and professionals were positive about the care and support received from staff. Staff treated people with dignity, respect, compassion and kindness when providing care and support.

People felt listened to and were encouraged to make their views known about their care and support and these were respected. People told us the staff listened and acted on what they said.

The service was responsive to people's needs because most people told us they were given information they needed when they needed it. Some people told us the company had not always informed them if a staff member was off sick and someone else was coming. One member of staff told us, "We are a good team of carers but communication is a problem." However the provider was taking action to ensure all visits were covered and office staff were responsive to changes if a member of staff was running late or not able to work.

People's views on the quality of the service were taken into account but feedback had not been provided. People received personalised care but it was not always responsive to their needs. Most people told us they did not feel staff had sufficient time to provide them with the care they needed.

People felt confident to express their concerns or complaints about the service they received because concerns and complaints were encouraged and explored and responded to in good time.

# Summary of findings

All staff we spoke with confirmed they felt well supported in their role, they had opportunities to meet with their manager, and spot checks were carried out to monitor their practice. The registered manager supported learning, encouraged people and staff to raise concerns if they had any, and people told us improvements had been made to the service. Concerns and complaints were used as an opportunity for learning and improvement. Action plans were monitored to ensure they were delivered.

The service had a system to manage and report, incidents, and safeguardings. We saw incidents and safeguardings had been raised and dealt and the commission had been properly notified of relevant events.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was safe because people we spoke with told us they had seen an improvement in the service over the past few months and they felt safe. One person said "I am happy with my carers and I feel safe now."

Staff had received training on safeguarding and demonstrated an understanding on how to recognise and respond to abuse. All staff we spoke with understood their responsibility to report any concerns to their management team and were aware of the importance of disclosing concerns about poor practice or abuse.

We found staff did not always understand the requirements of the Mental Capacity Act 2005 and its main codes of practice. The registered manager told us they had not realised until recently they had to do mental capacity assessments. This meant people who lacked capacity may be at risk of receiving care that was not meeting their needs and they had not agreed to. However, people who had mental capacity told us they were involved in making decisions about any risks in relation their care.

Safe recruitment practices were followed and there were sufficient numbers of suitable staff to keep people safe and meet their needs.

### **Are services effective?**

People were supported by staff who had the necessary skills and knowledge to effectively meet their assessed needs. People we spoke with said staff were "good." Staff felt supported in their role because they had effective support, induction, supervision, appraisal and training. One member of staff told us, "I had a supervision a few weeks ago." However we found no evidence staff had completed training on the Mental Capacity Act 2005. This meant staff may not be able to identify people who lacked mental capacity and people may be at risk of receiving care that was not meeting their needs. However the registered manager confirmed they would look into ensuring all staff received training on this subject as soon as possible.

People told us they were involved in the planning of their care and their views were taken into account in the assessment of their needs and the planning of the service. However we found people's care records were not always accurate to identify the correct level of care, treatment and support given.

# Summary of findings

## Are services caring?

The five questions we ask about services and what we found The service was caring because people who used the service, their relatives and professionals were positive about the care and support received from staff. We received comments such as, "Oh couldn't wish for anything better."

Staff treated people with dignity, respect, compassion and kindness when providing care, treatment and support. One person said, "Yes. They listen to me and conform to my wishes."

## Are services responsive to people's needs?

The service was mostly responsive to meet people's needs because most people told us they were given information they needed when they needed it. However some people told us the company did not always inform them if a staff member was off sick and someone else would be coming. One member of staff told us, "We are a good team of carers but communication is a problem." However, on the day of the inspection we saw an Electronic Monitoring System (ETMS) was in place and further training was being given to office staff on how to use the new system. We were told this system had been implemented to ensure all visits were covered and office staff could be responsive to changes if a member of staff was running late or not able to work.

People's views were taken into account but feedback had not been provided. People received personalised care but it was not always responsive to their needs. Most people told us they did not feel staff had sufficient time to provide them with the care they needed.

People felt confident to express their concerns or complaints about the service they received because concerns and complaints were encouraged and explored and responded to in good time.

However, people's mental capacity may not always be considered under the Mental Capacity Act 2005 to ensure any decisions were made in their best interests.

## Are services well-led?

The service was well led because there was a registered manager in post who supported learning and encouraged people to raise concerns if they had any. People told us improvements had been made recently and one person said, "I am Impressed with improvements over the last few weeks."

All staff we spoke with confirmed they felt well supported by the registered manager. One member of staff told us, "The staff in the office are all spot on since the day I started."

# Summary of findings

Concerns and complaints were used as an opportunity for learning and improvement. Action plans were monitored to ensure they were delivered.

The service had a system to manage and report, incidents, and safeguardings. We saw incidents and safeguardings had been raised and dealt and the commission had been properly notified of relevant events.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with 10 people who used the service who were able to express their views. People told us that the service from the agency had improved a lot lately and several people said the staff were "good". Other comments included: "I am impressed with improvements over the last few weeks"; "I am very happy with the service I'm getting"; "Carers who can make people laugh and feel cared about are the salt of the earth and some are employed by this company"; "I am treated with the greatest of respect"; "I am happy with my carers and I feel safe now"; and "I can ask for advice and it is willingly given."

One person had written a compliment letter following receipt of a questionnaire to their relative on 21 February 2014 stating, "I would personally like to thank [person] main carer for all the sterling work they do. Everything is now running smoothly from day to day, although I know there have been in the past a few problems when [staff member] has not attended. I am now informed that these have been taken care of."

# Network Healthcare Professionals Limited - Swindon (DCA)

## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited Network Healthcare Professionals Limited - Swindon (DCA) on 29 April 2014. The inspection team consisted of a lead 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 our inspection, we reviewed the information we held about the service and contacted commissioners in the local authority who were involved in the purchasing of care and support provided by the service. We asked the provider to send us information to help us decide what areas to focus on during our inspection.

We spent time speaking with the registered manager, operations manager, assistant manager and care quality assessor. We spoke with 10 people who used the service and three members of care staff. We also looked at records, which included people's care records and records relating to the management of the service.

# Are services safe?

## Our findings

People told us they had seen an improvement in the service over the past few months and they felt safe. One person said "I am happy with my carers and I feel safe now." We spoke with staff and asked them to tell us how they kept people safe. One member of staff said, "If I think someone is being put at risk of abuse I will always report these concerns to the manager." Another member of staff told us, "I will make sure they are alright before I leave and there are no hazards for them to trip over," We spoke with the local authority commissioning team and they told us they did not have any concerns about the service and felt people using the service were safe and well cared for.

We saw all staff had received training on safeguarding. We spoke with three members of staff who said they had received training in safeguarding and demonstrated an understanding on how to recognise and respond to abuse. They all understood their responsibility to report any concerns to their management team. The registered manager told us a safeguarding concern had recently been raised by a member of staff and the police were involved. We spoke with this member of staff who confirmed they had raised a concern and followed the provider's safeguarding policy on reporting and recording.

Staff were aware of the importance of disclosing concerns about poor practice or abuse and were informed about the organisation's safeguarding and whistleblowing policy. One member of staff said, "I would report if I saw a member of staff harm a service user. I would take this matter up with another manager if my manager did not do anything." Another member of staff said, "I think a member of staff would know if I did not like the way they were working. I would report any concerns to my manager and go higher if they did not do anything." This meant there were policies and procedures for managing risk and staff understood and consistently followed them to protect people.

We found staff did not always understand the requirements of the Mental Capacity Act 2005 and its main codes of practice. We spoke with the registered manager and they told us they had not realised until recently they had to do mental capacity assessments. However they also said "Staff will speak to a GP if service users display a change in behaviour." We spoke with two members of staff and asked them when a mental capacity assessment may need to be completed for a person using the service. One member of

staff told us, "Not sure" and another member of staff said, "I do not know." A third member of staff said, "If they do not have capacity I will phone a family member or a friend to gather more information about the person." However all three members of staff said they would report any changes in the person's behaviour either to the GP or the office in case their mental abilities had changed. This meant people who lacked capacity may be at risk of receiving care that was not meeting their needs and they had not agreed to.

People told us they were involved in making decisions about any risks to their care and treatment. We found a range of risk assessments present in people's care plan files and we found these were detailed and updated regularly with the person. For example, one person we spoke with told us, "Assessment lady keeps up to date with my care plan." The registered manager told us that a staff member completed environment and needs led risk assessments before the service started. We spoke to the staff member responsible for these who told us, "We look at all risks; environmental, medical conditions, mobility or choking hazards. If I had any concerns I would contact the social worker or the speech and language therapist." We spoke with two members of staff and they told us risk assessments were put into place. This meant people felt their risks were managed appropriately and they were involved in making decisions about any risks they may take.

The registered manager followed safe recruitment practices. We looked at the recruitment files for three members of staff and found checks had been completed. All three members of staff had two satisfactory references and had received Disclosure and Barring (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. We spoke with two members of staff and they told us they had regular people they provided care to. One member of staff told us, "The office is trying to give us regular clients as this is really important because service users will have more trust with a regular person visiting." Another person told us, "I have had previous experience of working with people with the same needs of people I am working with. I have regular clients and I feel continuity is really important." We looked at staffing rotas for nine people who used the service and

## Are services safe?

found they had a regular number of care workers who visited them. Staff confirmed they felt there were enough staff on duty at all times. One member of staff told us, "I do

not know how many staff work for the company but there are no missed calls." The third member of staff told us, "I don't think there have been any missed calls, I would usually hear."

# Are services effective?

(for example, treatment is effective)

## Our findings

People were supported by staff who had the necessary skills and knowledge to effectively meet their assessed needs. People we spoke with said staff were "good." Staff had effective support, induction, supervision, appraisal and training. We spoke to the registered manager who told us all the staff were trained to the same standard and all new staff received an induction programme that included practical manual handling, cardiopulmonary resuscitation (CPR), first aid, medicines, dementia, safeguarding, infection control, food hygiene and health and safety. We looked at five training files for staff and found they had completed this training recently. However we found no evidence staff had completed training on the Mental Capacity Act 2005. This meant all staff may not be able to identify people who lacked capacity and people may be at risk of receiving care that was not meeting their needs. The registered manager confirmed they would look into ensuring all staff received training on this subject as soon as possible.

People told us they were involved in the planning of their care and their views were taken into account in the assessment of their needs and the planning of the service. One person said, "Absolutely" and another person said, "yes, it has improved a great deal in recent months." Where required, the needs of their families and carers were also taken into account. The registered manager told us, "We complete an initial review and have a discussion with the service user, advocate, family member. We ask them what they want and we put a plan together. This includes their likes and dislikes and people's interests." We spoke to the member of staff responsible for completing assessments and they told us, "If people have capacity they will tell me how they would like to be cared for. If they do not have capacity I will phone a family member or a friend to gather more information about the person."

We looked at five people's care records and found four care plans reflected people's current individual needs. We found

one person's care plan was inconsistent with their "client overview" which were both dated 5 February 2014. For example, the "client overview" stated a relative supported a person with their medicines. However the care plan instructed the agency's staff to do this. We spoke with the registered manager who told us, "This care plan has been updated. I'm not sure why it is inaccurate." The registered manager told us they would speak to the member of staff who had completed the care plan. This meant care records were not always accurate to identify the correct level of care, treatment and support given.

People had their preferences and choices taken into consideration but they were not always written down. Of the five care records, we found three care plans stated the personal care tasks that needed to be carried out but did not reflect people's choices and preferences in relation to care. For example, they did not say what people needed once the personal care tasks were completed. However we spoke with three members of staff and they told us they always asked people what they would like to wear, what they would like for breakfast and how they would like their care provided.

Staff felt well supported in their role by the registered manager. We looked at the files of three members of staff and found spot checks (an observation of how the member of staff is interacting and supporting the person they are caring for), and supervisions (one to one meeting with the manager to discuss performance and provide feedback), had been completed for them. The registered manager told us "staff will have a spot check at three months, supervision at six months, and another spot check at nine months and an appraisal at 12 months." We spoke to three members of staff and they all confirmed they received spot checks and supervision. The care quality assessor told us, "I do spot checks regularly. I go into the person's home and observe the carer complete the needs for the person. I then give them feedback."

# Are services caring?

## Our findings

People who used the service, their relatives and professionals were positive about the care and support received from staff. We received comments such as, "Oh couldn't wish for anything better."

Staff treated people with dignity, respect, compassion and kindness when providing care, treatment and support. We spoke with 10 people who used the service and people told us they felt they were treated with kindness and compassion. One person said, "Yes. They listen to me and conform to my wishes."

People told us they were treated with dignity and respect. One person told said, "I am treated with the greatest of respect." And another person said, "They move away after placing me on the commode, this means a lot to me."

The registered manager told us, "people's privacy and dignity is promoted at the care planning stage. We have a privacy and dignity policy and this is part of the carer's induction. They are given a handbook and it covers dignity and respect." We saw the service had a policy on privacy

and dignity which was reviewed in January 2014. We spoke with three members of staff and they showed a good understanding of respecting and promoting people's privacy and dignity. One member of staff told us, "If I am giving a full body wash, I would cover up the other half I was not washing." Another member of staff told us, "If the client's family are in the room I will take the person into a different room to complete personal care." The third member of staff told us, "if people are there we ask them to leave. I always cover them up when I am washing them." All three staff members we spoke with understood about confidentiality stating they would not discuss information with people who did not need to know. However they would pass any concerns regarding the care and welfare of people to the registered manager.

People felt listened to and were encouraged to make their views known about their care and support and these were respected. People told us the staff listened and acted on what they said. One person told us, "I can ask for advice and it is willingly given." Another person said, "The new person in the office is very good."

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was organised so it met people's needs. Most people we spoke with told us they were given information they needed when they needed it. However some people told us the company had not always informed them if a staff member was off sick and someone else was coming. One member of staff told us, "We are a good team of carers but communication is a problem." However, the registered manager told us, in the information sent to us before the inspection, improvements had been made to make the service more responsive to the needs of the people who used the service. They told us, "Advising service users of carers running late was occasionally a problem if the care staff could not ring in to advise the office due to lack of signal or funds on their phone. To improve this we have invested in an Electronic Monitoring System (ETMS) which will give the office the ability to 'track' a carer so they can respond to any hold ups in traffic/emergencies and keep the service user informed." They told us the monitoring system will be in the form of smart phones, enabling care staff to contact the office at any time free of charge. On the day of the inspection we saw the ETMS was in place and further training was being given to office staff and how to use the new system. The registered manager told us this system had been implemented to ensure all visits were covered and office staff could be responsive to changes if a member of staff was running late or not able to work.

We found people were encouraged to make their views known about their care. The registered manager told us, "We sent out 76 quality assurance surveys recently and 27 have been returned." The registered manager told us they had not collated their findings from the 2014 surveys as they were still waiting for more to be sent in. We asked the registered manager if they had collated surveys from 2013 and they told us they had not completed this. We spoke with people who used the service and most people told us they had not received any feedback from surveys they had completed. This meant people's views were taken into account but feedback had not been provided.

Three members of staff told us if they felt a person did not have capacity, they would speak to the person's family or their GP. However we were unable to evidence that when a

person did not have mental capacity, decisions were always made in their best interests because we were told by the registered manager they were not supporting any people who lacked capacity. We found, by speaking with some staff, they lacked understanding of the requirements of the Mental Capacity Act 2005 and its main codes of practice. This meant people's capacity may not always be considered under the Mental Capacity Act 2005. However, the registered manager told us they had identified the need to make improvements to update the current team in understanding the Mental Capacity Act 2005.

People received personalised care but it was not always responsive to their needs. For example, most people who used the service told us they did not feel staff had sufficient time to provide them with the care they needed. They also felt the service was not flexible with changes. One person told us, "Not enough time - 15 minute calls are not long enough." We spoke to the registered manager and they told us, if people required additional time, they would reassess the care plan. If longer time was required they would seek agreement to increase the person's care package either with the person privately or the local authority who commissioned the care.

People felt confident to express their concerns or complaints about the service they received because concerns and complaints were encouraged, explored, and responded to in good time. The registered manager told us, "our complaints policy is in our service user guide and people are aware of who to complain to and how. We have a robust complaints policy in place to make sure people feel confident when making a complaint they are listened to and complaints are acted upon and outcomes [fed back]." We spoke with people who used the service and people told us their complaints had been dealt with. One person we spoke with told us, "The service has improved so much in the last months. Very happy." We spoke with two members of staff and one member of staff told us, "they are entitled to make a complaint. I would apologise and ask them to contact the office. They have information in the blue folder if they want to call the office." Another member of staff told us, "People know how to make a complaint - it is in their blue folder."

# Are services well-led?

## Our findings

Leadership and management of the organisation delivered personalised care. There was a registered manager in post. We spoke with three members of staff who were aware of the management structure and the future changes that were happening. All staff we spoke with confirmed they felt well supported. One member of staff told us, "The staff in the office are all spot on since the day I started." The registered manager supported learning and promoted an open and fair culture for staff and people to raise concerns. We spoke with people who used the service, three members of staff, the care quality assessor, the registered manager, operations manager and assistant manager and they all agreed there had been improvements made with the service over the past few months. People who used the service told us improvements had been made recently and one person said, "I am impressed with improvements over the last few weeks."

We found there was an emphasis on fairness, support and transparency. Staff were supported to question practice and those who raised concerns and whistleblowers were protected.

The registered manager told us, "I like to lead by example; I feel that 90% of the job is listening to people and we have a good structure in place to ensure people feel listened to. We have team meetings that are an open environment so

people can discuss any concerns." We spoke with two members of staff and one member of staff told us, "I can go into the office and discuss anything." Another member of staff told us, "I had some concerns to start with regarding another member of staff and I spoke with the manager and this was dealt with. The office is open and friendly and when I started I was ringing all the time and they were really helpful."

Concerns and complaints were used as an opportunity for learning and improvement. Action plans were monitored to ensure they were delivered. Information received prior to the inspection told us, "Management see complaints/ mistakes as a learning curve and view them positively in a way of continually striving towards excellence." We looked at the complaints log and found a complaint analysis form had been completed on 18 October 2013 which looked at five complaints and their outcomes. We saw evidence that learning had taken place with members of staff as a result of this complaint.

The service had a system to manage and report, incidents, and safeguardings. Members of staff told us they would report concerns to their manager. We saw incidents and safeguardings had been raised and dealt and notifications had been received by the commission for all safeguarding concerns raised and dealt with. This meant legal obligations in relation to informing the commission of significant events were followed.