

Network Healthcare Professionals Limited

Network Healthcare - Chipping Sodbury

Inspection report

24 High Street
Chipping Sodbury
Bristol
Avon
BS37 6AH

Tel: 01454327550

Website: www.networkhsc.co.uk

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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 ●

Summary of findings

Overall summary

The inspection took place on 30 and 31 May 2017 and was announced. We gave the registered manager 48 hours notice of the inspection to ensure that key people were available to speak with.

The service provided personal care support and domiciliary care to people living in their homes in the South Gloucestershire area. At the time of our inspection a personal care service was provided to 81 people (11 of these people did not receive personal care support). The service employed 25 care staff and was actively recruiting additional care staff for the team.

There was a 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.

People received a safe service. Staff received safeguarding adults training and knew what they had to do if they witnessed, suspected or were told about bad practice or abuse. Any concerns about a person's welfare would be acted upon. Staff received moving and handling training and were then given instructions on how to move and transfer people from one place to another safely. Staff recruitment followed robust procedures which meant unsuitable staff could not be employed. Any risks to people's health and welfare were assessed and then well managed in order to reduce or eliminate the risk and chance of harm. Those people who needed assistance to take their medicines were supported to do so safely.

Network Healthcare provided an effective service to the people they supported. Any new packages were fully assessed before a service was provided to ensure the service had the necessary resources. This included ensuring the care staff had the necessary skills and experiences to meet the person's needs and any equipment required was in the person's home. The staff team received the training they needed to do their jobs effectively and were supervised and spot checked regularly. Staff were able to refer to the care plans in people's home with instructions about they were to be assisted. People were provided with support to have food and drink where this had been assessed as part of their care package. People were supported to access health care services if needed.

People received a caring service. Feedback received from people who used the service, relatives and health and social care professionals was good. The local authority had not received any complaints or information of concern and neither had CQC. People and their relatives told us the care staff were kind, caring, polite and treated them respectfully. Staff generally visited the same people each week however this changed during times of staff absences. The registered manager and senior staff ensured people were matched with the staff member who best suited the person's character. People were encouraged to have a say about how they were looked after and the way the service was delivered.

People received a person centred service that met their specific care and support needs. People's needs were assessed and then a package of care put together that met those needs. Their preferences and choices

were respected. People were provided with copies of their care plans and the service responded by changing the plan and the service delivery arrangements of the person's needs changed.

Network Healthcare Chipping Sodbury was a well led service with a registered manager leading the team who provided good leadership and management. The provider had a programme of checks and regular audits in place to ensure the quality and safety of the service was maintained. Where any improvements or shortfalls were identified, action plans were in place. People were asked for their views about the service received and they were listened.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led	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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide an updated rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector.

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). 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 PIR had been submitted on 20 March 2017.

We sent CQC survey forms to people who used the service and received feedback from 15 people/relatives. The feedback has been included in the main body of the report.

The registered manager was available for the first day of the inspection. Other senior members of the staff team and the regional manager were available on day two. We spoke with the registered manager and nine other members of staff.

We spoke with six people who were provided with personal care and support from the service. We looked at six people's care records, five staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

We contacted two social care professionals after the inspection and asked them to tell us about their

experience of the service. The positive feedback has been included in the main body of the report.

Is the service safe?

Our findings

People and their families told us the service provided was safe. They said, "No concerns at all, I feel entirely safe when the girls are with me", "The staff always check I have everything near to hand before they leave so I don't have to move around too much. I worry about falling", "The staff are very polite" and "I have all the equipment in my home the staff need to move me about". One social care professional told us they felt the service was safe.

Prior to the inspection we sent CQC survey forms to 38 people who received care and support from the service. We received completed forms back from 15 people and they all said they felt safe from abuse or harm from the care staff. Thirteen people strongly agreed or agreed that the care staff prevented the spread of any infection and used person protective equipment (PPE) – gloves, aprons and hand sanitising gel.

All staff completed safeguarding adults training as part of the mandatory training they all had to complete. We asked those staff we spoke with what they would do if they witnessed, suspected or were told about bad practice of abuse. They knew what their responsibilities were to keep people safe and would report to the registered manager. They knew they could report concerns directly to the police, South Gloucestershire Council and the Care Quality Commission.

The service had nine safeguarding records set up in the last 12 months however, seven of these were where the service had raised concerns about the welfare and safety of people they supported. In each case they had taken the appropriate action to report the concerns. Two safeguarding concerns have been raised by other parties regarding the service and been investigated by the local authority and the registered manager. We saw copies of the reports the registered manager had completed for the local authority.

Robust recruitment procedures were followed to ensure the service did not recruit unsuitable staff. Pre-employment checks included an application form, a face to face interview and an assessment, written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. We recommend that the start date of the new member of staff be clearly recorded at the front of their staff file.

During the assessment process when setting up the service delivery arrangements any risks to the person's welfare would be identified and management plans put in place to reduce or eliminate the risk of harm. Risk assessments were completed for each person in respects moving and handling tasks, skin integrity, medicines and the likelihood of falls. Where people needed to be supported by the care staff to move or transfer from one place to another a plan was written stating how this was to be done safely. The risk assessments and plans were reviewed and amended as and when necessary. In addition a risk assessment of the person's home was completed. This was so that the environment the care staff were expected to work in was safe. Care staff received health and safety training and were expected to report any new or developing health and safety concerns.

Staff were also expected to report any accidents or incidents, for example falls, and records were kept of these. The registered manager or care coordinator kept an overview of any events and looked for ways to reduce or eliminate the chance of a reoccurrence.

The service were continually recruiting new care staff in order to be able to take on new packages of care commissioned by the local authority or the continuing health care team, or those people in receipt of direct payments or privately funding their care. At the time of the inspection the service had sufficient staff in order to meet the care needs of those people being assisted. The care coordinator told us that new packages of care would only be taken on if there was capacity within the staff team to cover the level of care calls.

When people needed support with their medicines, this was determined during an assessment of their care needs and recorded in their care plan. We recommend that greater detail be recorded in those care plans for people who were supported with their medicines. This would mean the care staff were given explicit instructions about how the person liked to take their tablets. One plan we looked at said the person needed the care staff to administer their medicines. We looked at the providers medicines policy and the medication assessment and consent form. We noted there was a discrepancy between the two forms and we advised the registered manager and regional manager of this. After the inspection the registered manager told us there was a managers meeting on Monday 12 June 2017 and this will be discussed with the provider. Care staff did not assist people with their medicines until they had completed safe medicine administration training and been deemed competent. Staff confirmed these arrangements were in place. Staff completed a medicine chart after the person had taken their medicines. The medicines charts were returned to the office on a monthly basis and audited. If any medicine errors occurred, staff were expected to report and complete an incident form, the incident was reported to the safeguarding team and supervision/reflection and re-training arranged. The measures in place ensured people were protected against the risks associated with medicines.

Is the service effective?

Our findings

People told us the service they received was effective. Their comments included, "I would not be able to live in my own home if Network did not help me", "They came and chatted with me about what help I needed and this is what they provide" and "I would recommend Network to others. I have used other agencies and this is by far the best".

Prior to the inspection we sent CQC survey forms to 38 people who received care and support from the service. We received completed forms back from 15 people and 13 of them said they received their service from familiar and consistent care staff and would recommend the service to others. One person had written, "I am very happy with my current care provider, Network Healthcare and wouldn't want to change to an alternative provider". Fourteen people said the care staff arrived on time, had the necessary knowledge to assist them and stayed the agreed length of time. The relative who completed a survey form strongly agreed or agreed that all aspects of the service were effective and their loved one was supported to live in their own home.

The service used an electronic call monitoring system to record start and finish times of all calls made to people in their own homes. This system ensured the service each person received was as expected and enabled the commissioning department of the local authority to check that care was provided as purchased. They told us the completion rates of the electronic records were satisfactory. Social care professionals told us the service only ever took packages of care if they were able to meet the person's needs and had the available staff.

An assessment was undertaken by the quality and risk assessor in order to set the service up. This was generally a face to face meeting with the person in their own home and included family if necessary. Where the local authority commissioned the service a copy of the person's assessment and care plan was provided. These assessments enabled the service to determine they could provide an effective service which met the person's needs.

Staff had work programmes and tended to visit and look after the same people. Their work rotas were organised on a weekly basis. On occasions these rotas had to change to accommodate last minute staff absences. The coordinator who planned the weekly rotas told us that work was arranged in care runs and staff tended to always work within the same run. This meant the care staff were able to get to know people well and were knowledgeable about their care and support needs. People were sent a letter each week telling them which staff members would be filling the calls. Staff told us they were provided with sufficient information about the people they visited and would always report any changes in people's health or care needs back to the office staff.

New care staff had to complete a programme of induction training and shadow shifts with an experienced member of care staff, before they visited people in their homes. The number of shadow shifts varied depending upon the experience of the new member of staff. The programme included safeguarding, the mental capacity and deprivation of liberty, health and safety, principles of care, safe medicines

administration, moving and handling and equality and diversity. New care staff who had not previously worked in care then completed Care Certificate training. The Care Certificate was introduced as the minimum standard for induction for those commencing a career as an adult social care worker.

All staff had to complete refresher training whenever mandatory training was due to be updated. The service had a training room and the provider's training officer visited the offices for training sessions with the staff team and also care staff from other Network Healthcare branches. On day two of the inspection, practical moving and handling training was happening with five care staff. Mandatory training included safe medicines, dementia awareness, administration, safeguarding adults the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health & safety and infection control, moving and handling. Electronic training records were kept for each staff member and alerted the registered manager when training was due. In addition, person specific training was arranged. The training officer told us they had planned regarding catheter care and choking risk. Nine of the staff team had completed qualifications in health and social care. Any new staff were expected to undertake the qualification at level two.

Each staff member had a regular supervision session with the coordinator and spot checks by the quality risk assessor. These checks looked at the staff members work performance and assessed the interaction with the person being supported. The registered manager did the yearly appraisals with each member of staff. Staff confirmed they had a regular supervision session and were well supported. Team meetings were held on a three/four monthly basis however staff were able to call in to the office at any time.

We checked whether the staff were aware of the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Those people we spoke with confirmed that care staff always asked them to agree to a task before care and support was delivered. Staff also confirmed they were taught to gain people's verbal consent before starting to provide any assistance.

Where a person had been identified as needing assistance to prepare meals or to eat and drink, this would form part of their care plan. Staff said they would feedback any concerns they had about a person's diet if they felt they were not eating or drinking enough.

People were supported to contact or see their GP, or other health care professionals as and when needed. Staff told us they were permitted to contact health centres on behalf of people to help support them. Where people were supported by other health and social care professionals, for example district nursing teams, physiotherapists and social workers the staff team liaised with them to ensure health care needs were met and people were well looked after. Any concerns regarding people's health and welfare were reported to the office and recorded in the person's electronic care records. The service would also record contact they had made with health and social care professionals and family.

Is the service caring?

Our findings

People told us, "I get on very well with the staff, they are very kind to me", "The staff are very good at their jobs. I get on better with some than others but they are all good", "Some of the carers I consider to be my friends they are just lovely" and "I have two main carers and they are excellent". Relatives told us, "Everything is very good at the moment. My wife gets different carers sent but this is okay by us. They look out for me as well which is nice" and "The staff are very accommodating and as a family we are really happy with the care staff".

Prior to the inspection we sent CQC survey forms to 38 people who received care and support from the service. We received completed forms back from 15 people. Thirteen strongly agreed or agreed they had been introduced to the care staff at the start of their service. Two disagreed with this statement and we discussed this with the registered manager. They told us generally that newly introduced care staff would have completed a shadow visit to the person but this was not always possible.

Information provided by the registered manager prior to the inspection stated they had received 20 compliments from people or their families. The file containing complimentary letters and cards the service had received was shared with us during the inspection. We recommend that the registered manager record the date the letters were received. We made a note of the comments made in the last four cards. They included, "We would like to thank you for all the kindness and sensitivity you showed to X during her time with you", "A big thank you to all the carers who have looked after X over the years" and "Thank you for all the care you have given to X – some of the staff have become more like friends". Feedback from one family was directed to one named member of staff who had noticed their relative was not taking their medicines properly and had reported to family so they could act. One social worker had passed feedback to the service because a family had "appreciated the support given to their sister".

Staff spoke nicely about the people they looked after and it was evident they had good working relationships with the people they supported. They had great respect for people and told us they ensured each person was looked after in the way they wanted and in a dignified manner. People were involved in deciding how their care needs were met and how the care staff supported them. Their preferences, likes and dislikes were recorded in their care records and this included their preferred name.

The registered manager told us about the family of one person they supported who was living with dementia. The family were struggling with understanding the implications of the disease. The registered manager had visited the family in their own home and had lent them their dementia training DVD. The registered manager said the family had commented this had been "helpful to them and increased their understanding".

The registered manager told us one member of staff had completed extensive training in respect of a specific degenerative neurological disease and always worked alongside other care staff to meet the person's care and support needs. This ensured the staff team had the necessary skills and knowledge to meet the person's needs.

The relative of one person told us the care staff texted them each day after the morning visit to tell them how their mother was and this gave them peace of mind

Network Healthcare would strive to continue looking after people when they were unwell or are at the end of their life, receiving palliative care and wishing to be looked after in their own home. If the package of care was commissioned by the local authority they would request a review and an increase in funding. The registered manager explained the care staff would work in conjunction with families and health and social care professionals, in order to achieve the person's wish of being in their own home.

Is the service responsive?

Our findings

We asked people and their relatives if the service was responsive to their specific care and support needs. In general they were positive and said they received the service they required. Whilst one relative said the service was "flexible and accommodating" another said the service was inflexible and this meant they could not go to church on a Sunday. This comment was fed back to the service at the end of the inspection.

Prior to the inspection we sent CQC survey forms to 38 people who received care and support from the service. We received completed forms back from 15 people. They said they were involved in making decisions about their care and support and knew how to make a complaint or raised concerns if they were unhappy with the service they received. They said they were listened to and their views and experiences were valued.

Each person received a service that met their specific needs. Those we spoke with (or their relatives) said the service never missed visits and time keeping was on the whole satisfactory. One relative said they were informed if the time of the call had to be changed whilst another said they were not. The service had raised one safeguarding alert with the local authority in July 2016 because one call to a person had been missed. The registered manager puts measures in place to prevent this happening again.

Each person was involved in putting together their care plan and provided with a copy of this to keep in their care folder. This folder also contained information about the service, the out-of-hours contact details and the complaints procedure. People and relatives we spoke with told us they knew what to do if they had any concerns about the service or the staff and felt they would be listened to. Relatives said, "I have raised a few minor concerns with the office and things were sorted out" and "I have spoken to the manager when I have some concerns and she sorted it all out. The manager is very quick at resolving things".

A copy of each person care plan was also kept in the office. The quality risk assessor reviewed the plans regularly either during a meeting in the person's home, during a spot check of the care staff, or via a telephone monitoring call. The outcome of these reviews were recorded, identified when changes were needed and assessed the level of 'customer satisfaction'. Those care plans we looked at had a good level of detail and the instructions for the staff to follow were clear. They included a timetable showing when the visits would be made through out the week. People were encouraged to express their views and experience about the service they received.

The registered manager had logged five formal complaints in the last 12 months. Four had been reported verbally whilst one complaint was raised in writing. Each of the complaints had been handled appropriately and responded to in accordance with the providers complaints procedure. The Care Quality Commission have received no complaints about this service.

Is the service well-led?

Our findings

People and their relatives were positive about the registered manager and the office staff. One relative said there was a "good manager" in post which is why they felt that Network healthcare was the best service in the local area. Other relatives told us they had had contact with the registered manager and had been impressed their professionalism. One added, "She doesn't stand for any nonsense". One social care professional told us that in their opinion, the service was well led.

The staff team was led by the registered manager and consisted of a coordinator, a quality risk assessor, the payroll administrator and an office clerk. It was evident the office staff worked well together. Staff were well supported by the management team and by their colleagues and the manager was well supported by the registered provider and other managers. The service used an external on-call service to provide support to the care team in the evenings and at weekends.

Staff we spoke with would recommend Network Healthcare an employer although some of them had an issue with not being paid travel time in between calls. We discussed this with the registered manager during the inspection. This had already been highlighted as a reason affecting staff retention rates.

Prior to the inspection we sent CQC survey forms to 38 people who received care and support from the service. We received completed forms back from 15 people. All but two people said they knew who to contact in the office if they needed to, had been asked to say what they thought about the service and had information about the service which was clear and easy to understand. A care file was kept in each person home. These contained the contact telephone numbers for Network Healthcare, the staff structure and names of key people, a copy of the complaints procedure and 'service user guide', a copy of their care plan and timetable of calls.

A 'service user' survey was completed in March 2017 to gather feedback about the service. The registered manager had received responses back from 45% of the people being supported at that time. People were asked whether their wishes were taken in to account, the staff were appropriately trained, whether they had regular carers and if there were any areas that could be improved upon. Results were predominantly positive. All respondents said their wishes were taken in to account and the staff were appropriately trained. In respect of the care staff 92% said they had regular care staff. Eighty-two percent did not feel there were areas that needed improvement. Positive comments included, 'regular carers make life easier for me and give me more confidence', 'carers are excellent', 'we are grateful for what is provided' and 'excellent care from both the office and care staff'. The registered manager had written a letter to each person detailing the outcome of the survey and the actions they planned to take. This evidences that 'People's Voice' is seen as important and the service acts upon what they have to say.

The registered manager had also recently completed a staff survey. The reason for doing this was to identify reasons why staff left the service and to improve staff retention. So far five responses had been received. Comments were made about last minute changes to work programme, communication and the out of hours on-call arrangements. Once more responses had been received, the registered manager planned to

collate the results and look at areas where improvements could be made.

The provider had a programme of audits in place to check on the quality and safety of the service. These included checks on the medicine administrations records, and visit notes, care files and care review, staff supervisions and spot checks. A branch audit had been completed by the regional manager in October 2016 where they had looked at recruitment and training as well as a financial audit. The prevalence of any incidents, complaints received and safeguardings raised were recorded and analysed. A trend had been identified in respect of communication therefore an action plan had been put in place which had rectified the shortfall. A sample of people supported were contacted and three staff members were interviewed. These arrangements ensured the quality and safety of the service was monitored, any shortfalls were identified and improvements were made.

Staff meetings were held on a three or four monthly basis and in addition the registered manager sent out memo's with work programmes to inform them of any issues, changes or hot topics. The last meeting had been held in March 2017 and discussions had been held regarding the electronic monitoring system, medicines, the surveys and a reminder of safeguarding issues.

The registered manager was keen to achieve an outstanding rating for the service. We discussed how this could be achieved. The registered manager planned to put together an 'outstanding file' and to record specific achievements where the staff had gone "above and beyond" in supporting people to remain in their own homes.

The registered manager was aware when notifications of any events had to be submitted to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the last year the service had notified us of occasions when they had reported safeguarding concerns to the local authority safeguarding team.