

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 ●

Summary of findings

Overall summary

About the service:

Network Health Care Limited is a domiciliary care agency. At the time of the inspection they were providing personal care to 163 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People told us they felt safe and that staff were kind, supported them in a dignified and respectful manner and maintained their privacy and independence.

Relatives were positive about how safe their family members were. Medicines were administered and managed safely.

The management strove to be open and continually develop and improve the support people were receiving. They were aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported by staff who had received a range of training including specialist training in health and social care.

Staff knew people well and relatives felt reassured their family members were well cared for. Care plans and the nature of the support being provided were person centred. However we also found that risk assessments were not always completed in full so that there was a clear overall picture of the risks associated with a person's care.

The provider was not always meeting the requirements of the Mental Capacity Act 2005 as they obtained signatures from relatives on behalf of people who had been assessed and determined were able to consent to their care by themselves .

Communication with health and social care professionals was effective in ensuring people received joined up care. The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received.

The provider worked in partnership with other agencies. This supported people in ensuring any changes were raised with professionals and those funding the person's care needs.

Rating at last inspection:

The service was rated good at our last inspection (published 5 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Network Healthcare - Chipping Sodbury

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection took place between 6-26 January 2020. We visited the office location on 7 and 8 January 2020 to see the registered manager and to review care records and policies and procedures.

What we did:

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 used the information the provider sent us in the provider information return. This is a form that asks the provider to give information about the service, tells

us what the service does well and the improvements they plan to make.

During the inspection we spoke to the registered manager, branch manager, one care coordinator and five care staff. After the inspection visit we received feedback through eight emails and four telephone interviews with staff. We looked at six people's care records, five staff files and other records relating to the management of the service, including policies and procedures. After the inspection we spoke to 13 people using the service and four relatives and asked them for their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some people had specific behaviours that posed a risk to others. Care plans did not contain information for staff about how to manage these risks. This meant staff response was not consistent. We discussed this with the manager who explained that staff were verbally informed of the risks and how to respond. However, this had not been documented. We spoke to three staff who supported these people. They told us they had not been informed of how to mitigate inappropriate or behaviours which challenged. We fed this back to the registered manager who responded by producing guidance to mitigate identified risks.
- However, people were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, choking and nutrition.
- Records showed that where necessary, specialist advice from healthcare professionals was sought.
- People were enabled to take risks which promoted their independence. Equipment such as zimmer frames had been arranged for those at risk of falls to allow them to move independently around their homes.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Legal requirements were met by the service and people received safe care. One person said, "Yes of course they are all great and have my total trust." A relative said "We have different carers, but they are all lovely and we feel safe with them."
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided up to date guidance to staff. Staff knew what whistleblowing is and who they would report to. One staff said, "I would report it to my main manager as it would be something serious and I'd want to take it as high as possible."

Staffing and recruitment

- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff also completed a health questionnaire which was used to assess their fitness to work.
- People were supported by adequate numbers of staff and sufficient time was allocated to meet their individual needs. Peoples views on whether they received regular staff who they were familiar with, were varied. One person told us; "I have the same lady in the mornings, but the evening visits could be anyone, I don't mind who turns up as long as they do." Another person said, "The visits have been very erratic over the last couple of weeks, so I am putting this down to Christmas as it was fine before." A relative commented, "Generally its fine with visits, the carers are different and sometimes a little late but they always show up." The provider was using an Agency to cover any staff shortfalls.

- There was an on-call service for staff and people to access out of hours. Staff felt this was effective. Staff told us, "The on-call team is good. If you ring, they'll always answer and come out and help you if needed." The staff said they were able to provide care to people when they needed it.

Using medicines safely

- People told us they received their medicines on time and that staff informed them about the medicines they were being given.
- Staff supported some people to take their medicines and others could do this independently or with family support. When staff did support people with medicine, the care plans provided detail on the level of support people required. For example, staff dispensed some people's medicines and gave it to them. On other occasions staff prompted people to do this themselves.
- Medicines were managed safely and administered as prescribed. Medicine administration records (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- People were supported by staff who had a good understanding of infection control procedures. Staff confirmed they wore gloves and aprons whilst supporting people and washed their hands after providing care to people.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used personal protective equipment (PPE) appropriately.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available from the office.

Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People and relatives told us staff were polite and always asked for consent before performing a task. Decisions to provide care had been made in conjunction with people's relatives and in their best interest.
- We found three people's relatives had signed consent forms in relation to their care, however, there were no associated mental capacity assessments in place which demonstrated the people lacked the capacity to consent to their own care. We spoke with the registered manager and they said most people were happy for their relatives to sign the consent form on their behalf. This was an area of the service that required improvement. The registered manager developed a new consent form that was an improvement to their previous practice. This made it clear when people with capacity gave permission to their relative to sign on their behalf.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, showing people different outfits they could wear or food they would like to eat.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager demonstrated a good understanding of best practice guidance. For example, they had supported people to request regular services for equipment such as zimmer frames and wheelchairs.
- People's needs had been assessed. These included their physical, mental health and social needs. People's diversity and cultural needs had also been considered.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "Yes they know what they are doing, my kitchen is spotless, and they do make sure I have food and

drink on hand."

- The registered manager had an overview of the training and support needs of staff. They told us new staff attended a comprehensive induction programme and were signed off as competent before they became part of the staff team. The registered manager confirmed they had been working with the local authority when staff required specialism training such as advanced dementia and mental capacity training as and when identified in supervision.
- People received care from regular staff. However, the registered manager informed us this was not always possible when carers were sick or delayed on a previous call. People were given a rota or a phone call to inform them of any changes in staff.
- Views on supervision were inconsistent and varied. Records we were shown indicated staff received regular supervision and guidance from the registered manager. The supervision meetings were thorough and covered several different areas including wellbeing, training and development and were tailored to individual staff requirements.
- However, six members of staff informed us they had been working for the service for over six months but had not received any supervision. They said they did not feel encouraged. However, four other staff told us they had been supported to increase their skills and gain professional qualifications such as National Vocational Qualification level.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People's food and drink allergies, likes and dislikes were recorded in their care plans.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences and any support people needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff documented the support provided to people, which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances. One person told us "One morning I was ill so they phoned my daughter and the doctor to arrange for me to be seen, it all worked well and I was taken into hospital."
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and with dignity and respect. One person said "Yes I have personal care and its fine no-one has ever been rough with me and they help around the house"
- People received care which was kind and caring. One person, said, "Most of the carers are lovely there is one that doesn't really chat much, but she knows what she is doing, I look forward to my visits." Another person said, "I like having a little banter with them. They are all lovely."
- A relative we spoke with told us the service was "brilliant" and "I would use them when my time comes."
- One person told us how staff often stayed longer than their allotted time in order to carry out extra tasks such as going to the shop for the person.

Supporting people to express their views and be involved in making decisions about their care

- People and their family or representatives were fully involved in the assessment and care planning process.
- People were asked for their views regularly to ensure the care they were receiving was suitable and met their needs.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us their family member's privacy and dignity was respected and promoted. One relative, said, "They take their time, [Person] is never rushed."
- Staff gave us examples of how they respected people's privacy and their dignity, particularly when providing people with personal care. One care worker told us "I always make sure they are covered up, shut the door and curtains."
- People's relatives told us their family member was given the support they required and that staff encouraged them to do what they could for themselves.
- We saw that staff were helpful and spoke to people in a kind manner.
- It was clear in people's care plans what they were able to do for themselves and the areas of personal care they required support with. The service was aimed at supporting people to remain as independent as possible in their own home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with details about how people wished to be supported and cared for. Work continued to ensure the plans fully reflected the person-centred care people were receiving.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they received a service and their past and current medical history and needs.
- Staff knew people very well and we saw them demonstrate this on home visits, during the inspection. The registered manager told us staff were allocated to people regularly and this had enabled them to recognise individual capabilities and worked on strengthening these.
- People's daily routines were recorded such as what time they went to bed and the time they liked to wake in the mornings.
- Care plans were evaluated and full reviews took place regularly to ensure information remained current.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS).

The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the care they received but would feel able to speak with staff about any concerns if they had them.
- People were given information about how to make a complaint if they needed to.
- Where formal complaints had been received by the service, records demonstrated this had been dealt with in line with the services policy and procedure.
- The registered manager told us they encouraged people to speak to them if they had any issues or concerns and they would try to address them before they became formal complaints.

End of life care and support

- There was evidence of people's end of life wishes being discussed with them if they wished to do so and some people had advanced planning in place. For others it was recorded that they hadn't wished to discuss their end of life wishes and would prefer to discuss this with family.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives gave good feedback about the culture of the service as well as the registered manager. One relative told us "The manager is focused and always considers my requests. We have increased our package because they accommodated our request."
- People's relatives gave good feedback about the quality of care being provided.
- The provider had recognised care plans needed more person-centred detail on the risk assessments and permission to consent forms. They had begun to put this in place. The registered manager showed us their plan about how they would complete all care plans to ensure they had more person-centred detail as they were in the process of transferring information onto an electronic system.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about senior staff. One person said, "When I phone the office they always get back to me or let me know where the carer is." Another said, "The out of hours number is always answered." People told us staff were, "Helpful" and "Always do the best for you."
- Staff feedback about the registered and branch manager were varied. Comments included, "Very supportive, I have direct access to both." , "Don't always listen" , "I don't really hear from them at all, or check on me." However, all staff confirmed they did receive updates via What's App.
- Senior staff told us they held regular staff meetings, but attendance was very low. The registered manager explained this was due to geographic spread of staff. There were now plans to hold the staff meetings at three different venues which were local to staff. The registered manager told us they felt this would enable staff to attend with ease and on a more regular basis. Currently information was being shared on an electronic forum to make sure staff understood their roles and responsibilities with regard to the support they provided to people.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- The provider sought regular feedback from people using the service through spot checks and an annual service user and advocates survey. We saw spot checks had taken place quarterly and the results of feedback from the three people whose files we checked was consistently positive. We reviewed the provider's feedback survey and saw the results were positive.
- The registered manager confirmed they sought staff feedback during supervision sessions as well as monthly team meetings. She confirmed that if care workers raised any concerns these would be dealt with individually.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, the provider had worked with the local authority to take on packages from a service that had gone into administration. The registered manager told us this was a big job but they were able to provide care for people over the Christmas holiday.
- Staff worked collaboratively with the district nurses and occupational therapist. They also liaised with the local authority to ensure they were kept up to date with any changes to people's care needs. This helped to ensure people continued to receive the appropriate care and support they required.