

Network Healthcare Professionals Limited

Network Healthcare Professionals Limited - Liverpool

Inspection report

1st Floor, Hanover House
Hanover Street
Liverpool
Merseyside
L1 3DZ

Tel: 01512853828
Website: www.networkhsc.co.uk

Date of inspection visit:
11 July 2018
12 July 2018

Date of publication:
08 August 2018

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

Network Healthcare Professionals is a community based service. It provides care to people living in their own houses and flats in the community. It provides a service to younger and older adults who are living with complex support needs. The registered address was in Liverpool city centre. At the time of the inspection the registered provider was providing support to seven people.

Everyone being supported by Network Healthcare Professionals Limited received 'personal care'. The Care Quality Commission (CQC) only inspects community based services where people are receiving support with 'personal care' such as help with tasks relating to personal hygiene and eating. We also take into account any wider social care being provided.

The inspection took place on 11 and 12 July and was announced.

At the last inspection, in November 2015 the registered provider was rated 'Good'.

At this inspection we found the registered provider remained 'Good'.

There was a registered manager for the service at the time of the inspection. A registered manager is person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All care files contained individual care plans and risk assessments which were regularly reviewed and updated in order to minimise risk. Staff were familiar with the care needs of the people they supported and were aware of the different levels of risk that needed to be robustly managed.

The appropriate risk assessments and behavioural management plans were also in place for people who presented with complex behaviours.

Staff were familiar with safeguarding and whistleblowing procedures. Staff explained how they would raise their concerns and who they would raise their concerns with. Staff had also received the necessary safeguarding training and there was relevant safeguarding and whistleblowing policies and procedures in place.

Medication was administered safely by staff who had received the appropriate training. Medication policies provided up to date and relevant guidance and staff expressed that they were suitably trained to administer medication to people who required support. PRN medication protocols ('As and when' medication) needed to be reviewed and updated. The registered manager was responsive to the feedback we provided regarding PRN protocols.

Recruitment processes were in place and the registered provider ensured that staff who were employed were suitable to work with vulnerable adults. Disclosure Barring and System (DBS) checks were conducted prior to employment commencing and also on an annual basis.

Accidents and incidents were appropriately managed by the registered provider. All necessary records were updated and the appropriate measures were put in place to mitigate risk.

The registered provider operated within the principles of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were involved in the day to day decisions in relation to the care and support provided.

Staff were provided with the necessary training. The relevant training enabled them to provide the care and support that was expected.

Staff explained that they received support from the registered provider on a daily basis and the registered manager operated an 'open door' policy.

People were effectively supported with their nutrition and hydration needs. People's nutrition and hydration needs had been appropriately assessed and the correct measures had been implemented to safely monitor and mitigate risks which had been identified.

We received positive feedback about the quality and provision of care. Relatives told us that staff provided kind, caring and compassionate support.

Confidential and sensitive information was safely stored at the registered address and was not unnecessarily shared with others.

Care plans were person-centred and contained relevant information in relation to a person's wishes, choice and preferences. This level of information enabled positive relationships to be developed and staff provided support that was specifically tailored to each person.

The registered provider had a complaints process in place. Complaints were responded to and managed in accordance to the policy. Relatives expressed that they would be confident complaining to the registered manager if they ever needed to.

Quality assurance systems were in place. We were provided with a variety of different audits and checks that helped to assess, monitor and identify any developments and improvements which needed to be made.

The registered provider was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

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 remain responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Network Healthcare Professionals Limited - Liverpool

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 12 July and was announced.

The registered provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a community care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information we held on Network Healthcare Professionals Limited. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, one clinical lead, three members of staff and two healthcare professionals. People who were receiving support were unable to provide any feedback to us during the inspection; three relatives agreed to be contacted over the phone so we could ask questions about the provision and quality of care provided.

We also spent time looking at specific records and documents, including five care records of people who were being supported, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents, policies and procedures, safeguarding records and other documentation relating to the management of the service.

Is the service safe?

Our findings

We received positive comments about the level of safe care and support provided. Comments we received included "It's excellent", 'I'm really really happy with the care" and "I have no issues at all, risks are well managed, [person] receives the very best support."

Risk assessments were safely in place and regularly reviewed. Staff were provided with up to date information and were able to provide the safest level of care expected. The level of risk was established from the outset and people received a tailored level of care. For example, one person had the necessary wound management risk assessment, moving and handling risk assessment and medication risk assessment in place. All assessments were regularly updated and contained the necessary information and guidance for staff to follow. This meant that people received a safe level of care in relation to their own individual support needs.

Medication systems and processes were in place. There was an up to date and relevant medication administration policy in place and medication was only administered by staff who had received the necessary medication training. People had medication risk assessments in place and staff were aware of the different medication procedures they needed to comply with.

Regular medication audits were conducted as well as routine 'spot checks' to assess staff competencies. We did identify that the PRN ('as and when' needed) medication protocols needed to be strengthened. The PRN protocol was not in line with registered providers own PRN policy. It did not ask staff to confirm why the PRN medication was being administered, dosage over a 24-hour period and any other instructions that needed to be followed. Following the inspection, the registered provider implemented a new PRN protocol which outlined exactly what was stipulated in the policy.

The registered provider employed a full complement of staff and people received the level of support that was expected. Feedback we received about staffing levels was positive; staff and relatives explained that care and support was always provided at the time it was scheduled to do so.

Safe recruitment processes were in place. The appropriate checks had been completed before employment commenced. Application forms had been suitably completed, identification was evidenced in files, appropriate references from previous employers had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Accidents and incidents were safely managed by the registered provider. There was an accident and incident reporting policy in place, staff familiar with the necessary procedures and trends were established for each person who was supported. This enabled the registered manager to identify any concerns and mitigate risks accordingly.

Safeguarding and whistleblowing procedures were in place. Staff were able to explain how they would raise

any safeguarding concerns, the types of safeguarding concerns they would report and who they would contact. Staff had also received the necessary safeguarding training. This meant that people were protected from harm and abuse.

Is the service effective?

Our findings

We received positive comments regarding the effectiveness of the care provided. Comments we received from relatives included "I have no concerns at all, they [staff] are doing their very best, actually they're doing more than enough. There is consistent staff, other professionals are involved when they need to be and they've maintained [persons] health as much as they can" and "They're [staff] are very good, they have got to know [person] really well. They're very skilled and equipped to do what they need to."

The Mental Capacity Act (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make 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 interest and legally authorised under the MCA.

Care files we reviewed demonstrated that 'consent' had been sought from each person receiving care. This meant that the registered provider was complying with the principles of the MCA and ensured that people were involved in the decisions being made in relation to their day to day support needs. Where legally able to do so family members were involved in 'Best Interest' decisions in relation to the care and support which was being provided.

Staff expressed that they were fully supported by the registered manager. Staff received annual appraisals which helped them to identify goals and objectives for the year ahead. One staff member said, "I absolutely love my job, we are very much supported."

Staff were provided with the necessary training and support that was required to provide the most effective level of care possible. Training people received included safeguarding of adults, manual handling, fire safety, infection control, equality diversity and inclusion, epilepsy, control and restraint and health and safety. All staff who were employed had the relevant National Vocational Qualification (NVQ) in Health and Social Care. One healthcare professional said "They're [staff] well trained and know what they're doing."

People received holistic support in relation to their health and well-being needs. Support was provided by Speech and Language Therapists Teams (SALT), occupational therapists, GPs, dieticians, district nurses, community psychiatric nurses and social workers. Staff followed the necessary guidance provided by healthcare professionals which meant that people were effectively supported with the care and support required.

People were assessed and supported with their nutrition and hydration support needs. The registered provider ensured that there was adequate risk assessments and tools in place and the necessary healthcare professionals were involved. People's likes and dislikes were established from the outset and staff became very familiar with the preferences of people they were supporting.

Is the service caring?

Our findings

People continued to receive a good level of care. Comments we received about the standard of care included, "The staff are brilliant, [person] really enjoys the company of the staff" and "The staff provide compassionate care and really know people well." One external professional said, "Staff have been brilliant and feedback from [persons] relatives is that the care couldn't be better."

Care plans were person centred and ensured that they were tailored to the needs of the person being supported. Care plans promoted dignity, respect and choice. For example, care records we reviewed stated 'Allow [person] freedom of choice and plan own day' and 'Provide [person] with autonomy.'

Staff were familiar with the support needs of the people they supported. Staff were able to explain in specific, intricate detail some of the support people required and how this support needed to be provided. Relatives told us that they observed staff provided dignified and respectful care, one relative said "They [staff] probably go above and beyond."

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. An advocate is someone who can support vulnerable people with day to day decisions which need to be made in relation to their health and well-being.

During the inspection we reviewed how confidential information was protected. All sensitive information was safely secured at the registered address. The 'registered address' is the address which has been registered with CQC. This meant that all sensitive and confidential information was protected in line with General Data Protection Regulation (GDPR) and not being unnecessarily shared with others.

People were provided with a 'Service User' Guide from the outset. The guide provided people and relatives with important information about the standard and quality of care they could expect. The registered provider also ensured that they could provide information in larger print, braille or audio tape.

Is the service responsive?

Our findings

People who were supported by the registered provider were unable to communicate with us their level of involvement in their own care. However, it was evident from the records we checked and feedback we received that a responsive level of care was provided. Comments we received included, "They're [staff] very responsive, yes", "They do their own research on the different activities they can support [person] with" and "We're really pleased with overall care, we feel listened to and responded to."

Records were person-centred and tailored to each person who was supported. Records demonstrated how people's likes, dislikes and preferences were captured from the outset and staff were able to provide care and support in relation to the needs and desires of the person. For example, records we reviewed stated '[Person] likes to read and enjoys singing'. '[Person] likes to get up out of bed about 8am, [person] can choose own food, likes a full English breakfast' and 'Likes to watch TV, use the computer and phone.'

People were supported with a range of different activities. Staff were familiar with the different routines, community commitments and social engagements people were involved in. For example, one person who received support, enjoyed visiting the local gym, local disco's, cinema, theatres and going for walks along the promenade. One relative said, "They [staff] really do keep [person] as active as they can, they keep [person] stimulated and even book different events that they know [person] would like to do."

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, medical conditions/disabilities and religious/cultural support needs. There was evidence that the registered manager provided tailored support in relation to people's equality and diversity needs and there was an up to date 'Equality and Diversity' policy in place.

The registered provider had a complaints policy in place. The procedure for making a complaint was clear and relatives told us they knew how to make a complaint if they needed to. The registered manager provided us with a complaints folder, with evidence of complaints that had been received and how they were responded to. At the time of the inspection there were no formal complaints being responded to.

We asked the registered manager if 'end of life' care was provided to people who were at the end stages of life. We were informed that end of life care was provided and staff had access to 'end of life' training. This meant that people could be provided with specialist care and support that could be specifically tailored around the needs of the person.

Is the service well-led?

Our findings

We received positive feedback about the overall quality and safety of care people were provided with. Comments we received included, "We work well with [manager] and the staff team, there's great communication", "It's fantastic" and "[Person] gets great care."

The registered manager was aware their responsibilities as the 'registered' person. They were aware of the different statutory notifications that needed to be submitted to CQC in relation to any incidents which affected people who were being supported and/or the provision of care in general.

There was a variety of different audits and quality assurance checks which helped to monitor and assess the provision of care provided. Different quality measures which were in place included care plan and risk assessment reviews, medication audits, staff 'spot checks', direct observations and 'client'/staff questionnaires. The registered provider ensured that any areas of development and improvement that had been identified were addressed and appropriately actioned.

During the inspection we found the registered manager to be approachable and responsive to the feedback we provided. Staff also expressed that they felt completely supported by registered manager, comments we received included, "[Manager] has been fantastic, [manager] is very hands on, all clients are so well cared for and staff feel supported" and "We are all very supported, we are all really a close team,"

The registered manager ensured that regular staff team meetings took place. We viewed a selection of the minutes and discussions were held around people receiving support, activities, external healthcare professionals, general operational information, staff dynamics and medication administration. Regular 'memos' were also circulated amongst the staff team. Memos provided the staff team with necessary updates in-between scheduled team meetings. This meant that effective communication systems were in operation and staff explained that they were always 'kept informed' with significant events and information.

We reviewed the range of different policies and procedures. All policies contained relevant guidance and information and staff knew where to access them. Staff were familiar with different policies such as care and support planning, challenging behaviour, code of conduct, dignity and respect, infection prevention control and accident and incident reporting.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The ratings from the previous inspection were on display at the registered address as well being found on the registered provider's website.