

Network Healthcare Professionals Limited

Network Healthcare Professionals Limited Plymouth

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 

Overall summary

The inspection took place on 17 December 2015 and was announced. The provider was given short notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Network Healthcare Professionals provides a personal care service to people living in their own home. On the day of the inspection one person was supported by

Summary of findings

Network Healthcare Professionals with their personal care needs. This person spent time with their family one week and time being cared for by Network Healthcare staff to enable their family to have a break.

The service had a registered manager in post. A registered manager is a 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.

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody in the office had a clear role within the service. Information we requested was supplied promptly, records were clear, organised and comprehensive.

People's relatives, staff and professionals all spoke positively about the service. Comments included "They really set a standard, we couldn't be happier because "X" is happy. "X" always looks forward to returning to their flat, we know they have a good experience, they are the centre of attention!" and "We were very resistive to an agency but reached the point we had no alternative. It has been a hugely positive experience" and "Yes, it is well-led, it's be very reassuring for us."

All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff received essential training that reflected the person's needs, and training on how to support people with their particular, individual health needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Relative's told us staff provided consistent personalised care and support. Care records were focused on empowering people to have control where possible. Staff responded quickly to people's change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. Staff focused upon a person's whole life. People's life histories and strengths were taken into account, communicated and recorded.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies.

People where appropriate were supported to maintain a healthy balanced diet and people's specific dietary needs were met.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and actively supported people's independence.

People had their medicines managed safely. People were supported to maintain good health. Referrals were made quickly to healthcare professionals, such as GPs, specialists or the learning disability team when needed.

People, staff and relatives knew how to raise concerns and make complaints.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had a good appreciation of the importance of respecting people's individual needs around their privacy and dignity.

Staff described the management to be very open, supportive and approachable.

There were effective quality assurance systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good



Is the service effective?

The service was effective. People received care and support that reflected their individual choices and preferences.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were respected.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported to express their views, and were supported by staff who understood their history, likes and dislikes.

People's communication skills and abilities were known by staff.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



Is the service responsive?

The service was responsive. Care records were personalised and focused on a person's whole life and strengths. Staff had a good understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



Is the service well-led?

The service was well-led.

People were supported by staff who were motivated to develop and provide quality care.

People were placed at the heart of the service.

Good



Summary of findings

The service had a positive culture and a clear set of values, that were understood by staff and consistently put into practice.

Network Healthcare Professionals Limited Plymouth

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 was undertaken by one inspector, took place on 17 December 2015 and was announced. The provider was given short notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the branch manager, two staff, one relative and one healthcare professional from the learning disability service.

We looked at one record related to people's individual care needs. These included support plans and risk assessments. We also looked at three staff recruitment files and records associated with the management of the service, including policies and quality audits.

Is the service safe?

Our findings

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse. Records showed staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by sufficient numbers of staff to keep them safe. Staff teams were recruited to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. Staff told us they tried wherever possible to cover each other's absences so people were supported by staff who knew them well. One staff member told us "I've been here 10 years, always know my shift, I work predominately with one person, for someone with "X's" needs this is important." This helped keep people and staff safe. Relatives told us people received reliable and consistent care commenting "I like the fact we get to know staff."

People were protected by safe staff recruitment practices. All employees underwent the necessary checks which determined they were suitable to work with vulnerable adults. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by staff who managed risk effectively. Staff understood the importance of a person's choice, regardless of disability, to take everyday risks. Staff actively supported people's decisions and strengths so they had as much control and independence as possible. A healthcare professional told us "They take positive risks, there are comprehensive risk assessments, they try different things, care isn't stagnant but within "X's" scope of safety."

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. Staff knew how to keep people safe on external outings, during car travel and the precautions needed when helping people with their personal care. Information regarding people's behaviour was discussed within the staff team and with health care professionals and family. A relative told us "We are always consulted, information passes between us." Common triggers were highlighted and positive actions that had been successful in de-escalating situations were shared to help enable learning to take place. Staff knew people well, observed people's body language and were able to identify when people's anxiety was increasing and took appropriate action to minimise incidents.

People's medicines and treatment were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff told us medicines were kept in a locked cabinet and the keys were held safely. People with limited capacity to make decisions about their medicines and treatment were protected by staff, people's doctor's and family were involved in decisions about people's medicines.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who had the right competencies to effectively meet their needs. A relative said “Yes, they are well-trained.”

Staff received an induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff completed the new care certificate recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. New staff worked alongside experienced staff who knew people well.

In addition to the mandatory training, the staff team received training in areas required to support people’s specific health needs. For example staff, professionals and relatives all confirmed staff were competent with supporting people with their behaviours, specific dietary needs and physical health needs. A health care professional told us “Staff have had diabetes awareness training, they are able to support “X’s” diet and they understand the limitations required on exercise.” Staff told us “We’ve worked with the learning disability team, we’ve had autism awareness training, breakaway, we can always ask the heart specialist and learning disability team for advice too.”

Staff received effective support through supervision and appraisals. Open conversation provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff confirmed supervision was used to develop and review their practice and offer support. Staff told us they felt supported and if needed were always able to seek support from the office. They told us, “Managers are always on hand, 24/7. We’re a pretty tight knit crew, we support each other. Many of us have been working with “X” a long time so support newer staff. Getting to know “X” is not always easy but we’re a good team” and “If I need to go in and speak to someone in the office, I call and they always ring back or say make your way in.”

Staff understood and had knowledge of the main principles of the Mental Capacity Act 2005. Staff put this into practice

on a daily basis to help ensure people’s human and legal rights were respected. Staff considered people’s capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people’s best interests. A healthcare professional told us “They involve “X” in decision making, always ask about preferences, meals, and activities – choices offered in their day to day living.” Relatives confirmed they were involved in all decisions where people did not have capacity to make specific decisions.

Staff knew how to communicate with people. Staff told us they always ensured communication was age appropriate. Due to people’s limited verbal communication, picture cards were sometimes used. Staff also told us it was important to give people time for information to digest, repeat information and sometimes try again later. Relatives confirmed staff communicated well and checked out words people used with them also to see if they might have meaning.

People were supported and encouraged to maintain a healthy balanced diet. Staff protected people from risk of poor nutrition and dehydration. Staff confirmed they would offer advice to people and involve them in discussions about what they would like prepared for them. Staff knew people’s health needs well and where there were restrictions in place due to people’s health conditions this was clearly documented and followed. For example one person required their fluid intake restricting and required a specific diet. Staff knew this and had developed a healthy eating plan alongside the person. A relative commented “ “X” is overweight, we watch their diet. They watch their caffeine intake, salt intake. Their fluids need restricting and they (the staff) are meticulous.”

People were protected by staff who made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people’s health on a daily basis. If staff noted a change they would discuss this with the individual, family and with consent seek appropriate professional advice and support. Staff confirmed they would not hesitate to call for advice and good relationships had been developed with professionals providing specialist care to people. Family confirmed they were informed about and involved in their healthcare decisions.

Is the service caring?

Our findings

Relatives and healthcare professionals told us people were well cared for by staff who had a caring attitude and treated them with kindness and compassion. Comments included “Oh yes they are all caring – they look out for what is best for “X”, what they can do, they maximise their opportunities” and “They look at “X’s” strengths, what they can do to increase their independence and skills” and “They know “X” so well, they can tell what they want by the look on their face.”

Staff had genuine concern for people’s wellbeing. Staff spoke of people with a genuine fondness, explained the importance of adopting a caring approach and making people feel they matter. A health professional told us “Staff are nurturing, they have improved “X’s” quality of life and independence.”

Staff described how people’s privacy and dignity were respected, and how they encouraged people to be as independent as possible. For example staff told us how sometimes grocery shopping could trigger anxiety in one person. They would notice the signals and take the person back to the car whilst the other staff member finished the shopping. This protected their dignity in a public place. A

relative told us their daughter had continence needs, “They are never made to feel upset, all staff are very sympathetic; it is managed through regular, frequent toileting to protect their dignity.”

People were supported by staff who knew their individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately and knew their individual communication signs. Staff knew the key words people used, had an understanding of what people’s hand gestures might mean and the sounds they made. Staff described how they supported people when they were in different moods. Staff were skilled at distraction, gentle coaxing and redirecting the person. Staff knew how people soothed themselves and when to step back.

Staff encouraged people’s independence and provided support when needed. For example one person liked to be independent with washing and dressing but needed staff to check areas of their skin and help apply creams. Staff told us, “I always let “X” do as much as possible by themselves.”

People’s information was kept confidentially and securely. Policies were in place and people were able to access their files with support from advocacy services if they wished. Relatives were involved in people’s care and felt supported by the agency. One relative told us “We are very happy with what is provided, they’ve been a tremendous support, information is always shared.”

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. The person where possible, those who mattered to them and professionals contributed to the assessment, planning and ongoing review of people's care. If people needed advocacy support services to express their views, this would be arranged.

Staff knew people's history and background, likes and dislikes. For example one person liked music festivals and the internet (U Tube) so these opportunities were made available. Staff also knew they didn't like the early morning sunlight, noise, children or animals. Staff therefore avoided these dislikes which might upset the person. A relative told us "They are appreciated as a person."

People and their families were involved in planning their own care and making decisions about how their needs were met. The philosophy of the agency was one of empowering choice and control and enabling people to live fulfilling lives. One person spent time with their family one week and time being cared for by Network Healthcare staff to enable their family to have a break. A communication handover book was used to ensure a smooth transition each week, this was important for people with complex needs.

Care plans were detailed and explicit detailing how people liked to be cared for and the support people needed in specific areas of their life. They covered how staff

handovers should occur to avoid people becoming upset, the supervision required when giving personal care and the people's routine for example one person like a lie in on Sundays and breakfast in bed.

People's activities were meaningful and to their liking. They were planned around their likes, dislikes and preferences for example one person liked eating out so staff sourced new places to try. People were supported to participate in their day centre activities, grocery and personal shopping and going to the library. Some people had difficulty concentrating for long periods of time. Staff knew this and planned short activities around their needs for example one person had a craft box and paints they enjoyed. People were encouraged to do their hobbies which they enjoyed at home, for example cooking and embroidery.

The service had a policy and procedure in place for dealing with any concerns or complaints; this was detailed in the service user guide and in people's care records. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. Relatives told us they had no complaints but if they did they would feel confident in calling the service and felt any issues would be addressed promptly. A relative told us "I've never had a complaint I know I could ring up and speak to someone in the office and it would be treated as an important matter." They went on to give an example of a previous occasions when they'd called the office because their daughter had left their hairdryer behind when visiting their home. We were told staff arranged for the hairdryer to be collected and delivered home.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Network Healthcare Professionals. The branch manager was supported by the registered manager and managed the office on a daily basis. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, staff and healthcare professionals all described the management as approachable, open and supportive. Relatives told us "They really set a standard, we couldn't be happier because "X" is happy. "X" always looks forward to returning to their care, we know they have a good experience, they are the centre of attention!" and "We were very resistive to an agency but reached the point we had no alternative. It has been a hugely positive experience" and "Yes, it is well-led, it's been very reassuring for us." Staff felt the service had good leadership and support.

Staff told us they were encouraged to find new and creative ways to enhance the service they provided. Staff worked within an allocated package of care and felt empowered by the service to be proactive with people's care. The values of person-centred care and having discussions with people and families' were central. The focus was on how the service could maximise people's potential, independence and well-being to improve their outcomes and all staff understood and worked to this philosophy.

Staff meetings were regularly held to provide a forum for open communication, to enable staff to get together and

offer support to each other. The new branch manager had staff meetings planned for 2016. They said there was an open door policy "staff can come in anytime, phone or email." The supported staff and ensured care delivery remained of a high quality telling us "I'll pop in, have a chat, check the paperwork." The branch manager told us the registered manager who managed two office branches was supportive "Fantastic, the best boss, always on the end of a phone or I can email her." The branch manager confirmed they had regular contact with the registered manager, there was good communication and they were notified of any changes to policies or procedures promptly.

The home worked in partnership with key organisations to support care provision. The registered manager and branch manager had good relationships with the local authority. The service was up to date with latest legislation and policies and procedures reflected this for example The Care Act 2014 and the care certificate. Professionals who had involvement with the service confirmed to us, communication was good. They told us the service worked in partnership with them, involved them when needed, followed advice and provided good support.

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures and included ensuring recruitment practices were robust, people's care records up to date and checks on staff mandatory and essential training.