

## Network Healthcare Professionals Limited

# Network Healthcare Weston

### Inspection report

3 St. Davids Court  
Windmill Road, Kenn  
Clevedon  
BS21 6UP

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Network Healthcare Weston provides care to people with learning disabilities living in supported living accommodation. At the time of our inspection, five people received support with the regulated activity of personal care.

### People's experience of using this service and what we found

#### Right Support

People were supported by staff to pursue their interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

#### Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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 Weston

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection so that we could be sure there was staff available in the office to support our inspection.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and two members of office based staff. We received further feedback from three members of staff. We visited four people receiving care in their supported living accommodation and observed the support taking place and their interaction with staff. We spoke with two relatives by phone. We reviewed care records for three people and other documents relating to the running of the service, such as audits, incident and accident records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and told us they knew what procedures to follow if they were concerned about a person they supported. Comments included, "I do think the safeguarding procedures are clear and I know what to do if I have concerns with someone I support".
- The registered manager worked with the local authority to investigate any issues and concerns.
- CQC was notified of any safeguarding concerns, in line with their legal responsibility to do so.
- Safeguarding alerts had significantly reduced in recent months. This was largely due to new procedures being put in place in relation to medicine management and therefore the number of errors reducing.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to guide staff in providing safe support. Staff told us these were clear to follow. Comments included, "I think the risk assessments are easy to understand and adhere to".
- Risk assessments covered areas of support such as taking the person out in the car, using the shower and the physical environment of the person's home. We noted from information in one person's file that they would benefit from a risk assessment around maintaining healthy skin. The registered manager told us how they were currently managing the risk but agreed a full assessment would be helpful.
- People had personal evacuation plans in place to describe what support they would need in the event of an emergency.

Staffing and recruitment

- The registered manager told us that over the course of the pandemic there had been a heavy reliance on agency staff, but in recent weeks and months they had been successful in significantly reducing the amount of agency staff used.
- There was a member of staff in charge of recruitment and they told us about the procedures they followed. This included having a standard set of questions they asked candidates so they could be effectively assessed for their suitability. Before they could begin working, new staff underwent background checks such as the Disclosure and Barring Service (DBS) check. This highlights any convictions a person might have so that this can be considered in the recruitment process.
- Spot checks of staff took place to check they continued to work safely and in line with company procedures. Spot checks are when a senior member of staff attend unannounced to observe care being delivered.

Using medicines safely

- Where people required support with their medicines, there was clear documentation in place to support this. There was information about how people liked to take their medicines and the medicines they were prescribed.
- One person was receiving covert medicine. This is when medicine is given without a person's knowledge, by being mixed with food. A best interests decision was in place for this person, with input from the GP and pharmacist.
- Administration was recorded on a Medicines Administration Record (MAR) chart. These were returned to the office and checked on a regular basis.
- New procedures had been introduced for carrying out twice daily checks on medicine administration. This had been successful in significantly reducing the number of medicines errors. These errors had been predominantly errors in recording of medicines rather than administration.

#### Preventing and controlling infection

- The registered manager told us they had good supplies of Personal Protective Equipment for staff to use. This helps prevent the spread of infection.
- Regular infection control audits took place to check that procedures were being followed.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded so that there was opportunity to identify any action required to prevent reoccurrence.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were continually assessed to ensure they were receiving the right care and support.

Staff support: induction, training, skills and experience

- Staff told us they'd received training when they joined the service and had opportunity to shadow established members of staff before they began working independently.
- During the pandemic, due to restrictions that were in place, training had predominantly been online. Some staff felt that more face to face training would be beneficial. They added that their suggested improvements to the training programme were being addressed by the registered manager.
- The registered manager told us when they arrived in post that not all staff had received regular supervision. This had been addressed and at the time of our inspection, all staff had received a recent supervision. Supervision is a process where staff are given opportunity to discuss their performance and development needs.

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

- People received person centred support in relation to their eating and drinking needs. One relative told us that a member of staff cooked a particular style of food, which their relative enjoyed.
- There was clear information in people's support plans about their nutritional needs and food preferences, including any associated risks. For example, one person had guidelines in relation to a textured diet to ensure it didn't pose a choking risk. There were also person centred details such as a person who liked having a variety of drinks available to them.

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

- Staff supported people to access health services when required. People had health action plans in place. These are booklets containing important information about people's health needs and what support they require to access health services.
- Staff supported people to receive an annual health check with their GP.
- If people had particular health needs, there was clear guidance in place on how to manage these. For example, for one person there was a clear protocol on how to manage their epilepsy.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff understood the principles of the MCA. There were assessments and best interests decisions.
- It was clear from records that staff had supported the person as far as possible to understand the decision being made, for example by using visual materials to explain.
- If a person was being deprived of their liberty, there was legal documentation in place to support this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 with care and kindness. We observed staff talk with people in a positive and patient manner.
- Staff were clearly knowledgeable about people's individual needs, preferences and histories prior to receiving support from the service.

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

- Staff were knowledgeable about the ways in which people communicated their needs non verbally. One person, for example, used the Picture Exchange Communication System (PECS); this is a communication system using pictures to support people in expressing their wishes. We observed staff using this system to reinforce for a person when they would be able to undertake an activity they wanted. For another person, staff told us about the ways in which they expressed themselves through vocalisations and behaviours.
- People and their families were involved in planning their care. One relative commented, "Very much involved in decision making and care planning."
- We discussed with the registered manager, ways in which people could be involved in broader ways in the running of the service. For example, by being included in interviews for new staff.

Respecting and promoting people's privacy, dignity and independence

- The level of support people required with personal care was variable, but it was clear that people were encouraged to be as independent as possible with this. One person was able to manage their own personal care with verbal prompts only.
- Care plans were clear on how people should be encouraged to be independent. One person's support plan outlined how staff should support them to make their own cup of tea.
- We observed ways in which staff encouraged privacy and dignity. One person was preparing for their personal care and staff prompted them to wait until they were in a private space to do this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support was person centred in nature; support plans included details that were specific and important to the person concerned. For example, we read that for one person, they liked a particular brand of hot drink.
- When required there were plans in place to support people when they were demonstrating their feelings and needs through behaviour. These outlined the situations that people found challenging and how staff could support at these times.
- There was information in each person's accommodation to outline the 'tasks' that needed to be carried out that day. These were individual to the person concerned, but also flexible so that people could choose how they spent their day.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was clear information in people's support plans about the ways in which they communicated, for example the language they spoke and whether any other support was required. For example, one person used Makaton (a system of signs to support spoken language).
- People were supported to be involved in decisions about their own care and support through use of visual materials when this was helpful for the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us they were currently reviewing people's support and ensuring there were clear goals in place to illustrate what the person was working towards. One person, for example, had a goal in place to access the community and take part in activities of their choosing.
- The steps required to achieve that outcome were clearly documented, such as observing the person's reaction to gauge their enjoyment of the activity they were taking part in.
- One person had been supported to go on a horse riding activity on the day we met them. This was an activity they had previously enjoyed before the pandemic had meant it wasn't possible for a while. Although on this occasion, the trip had been unsuccessful, staff were actively looking for alternative ways of supporting this person to take part in this activity.

- Another person had expressed a wish to go for a walk and staff had responded to this request, supporting them to go out.

#### Improving care quality in response to complaints or concerns

- There was a process in place for recording and responding to complaints. We saw evidence people's concerns were listened to and investigated fully.

#### End of life care and support

- Nobody was receiving end of life care at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred culture within the service. People were recognised and treated as individuals with their own unique needs and preferences.
- The registered manager was in the process of reviewing people's support and ensuring they had clear goals and outcomes to work towards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since arriving in post, the registered manager had swiftly identified areas for improvement and worked hard to implement positive changes. This included ensuring staff supervision took place regularly and was effective and meaningful. The number of medicine errors had been reduced and communication with stakeholders improved. The use of agency staff had also greatly decreased.
- There was a clear staffing structure in place to support the registered manager. There were two care coordinators in place. We spoke with one of these, who told us since taking on the role, they had been supported to gradually take on new responsibilities. All senior staff spent time on site in the supported living accommodation so they understood the needs of people and the service well.

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

- The registered manager had made improvements to how they communicated with families. One family member told us, "I keep in touch with the new manager and call anytime". The registered manager told us they kept in touch with families through phone contact and emails but were looking at other additional means for the future, such as regular newsletters.
- Staff were positive and felt supported. One member of staff commented, "Yes we maintain a good relationship with senior staff via email and phone. I feel the management are very approachable, friendly and give up their time to hear your concerns". Another member of staff told us, "I do feel I could talk to manger/seniors if I have concerns about anything".

Continuous learning and improving care

- There were systems in place to monitor the service and identify areas for improvement. We saw, for example that MAR charts and other daily records were regularly checked and any discrepancies identified

and acted on when necessary.

#### Working in partnership with others

- Staff worked with other agencies and professionals to ensure people receive good support and their health needs were met. Staff involved the GP when they had concerns about a person's health and ensured people had an annual health check.
- A professional involved with the service told us, "We have been working with the manager and found him to be very responsive and improvements have been seen, less safeguardings, incidents raised and less concerns raised to the social care team".