Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Network Healthcare Professionals Limited

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Tel: 01173015040

Date of Inspection: 28 May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Network Healthcare Professionals Limited
Registered Manager	Mr Ashley Lee Curtis Henry
Overview of the service	Network Healthcare Professionals provides care in people's home across Bristol.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2014, sent a questionnaire to people who use the service and talked with people who use the service. We were accompanied by a pharmacist.

What people told us and what we found

This inspection was undertaken by an Adult Social Care Inspector and a Pharmacist Inspector. We looked at five standards during this inspection and set out to answer these key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. This is based on our visit to the office, feedback questionnaires sent to people who use the service and their relatives and discussions with the staff and management team. Please read the full report if you want to see the evidence supporting our summary.

Is the service caring?

We received positive feedback from people who used the service and their relatives. People told us that they were cared for in ways which encouraged their independence and met their individual needs. We received comments such as 'I have nothing but praise' and 'the carers are very friendly and always take time to interact with my mother which she enjoys'.

We were told about instances where staff had reported health concerns about a person they supported and this had led to them accessing the right treatment swiftly.

Is the service responsive?

People that used the service told us that they knew how to raise concerns or complaints if they needed to. There was a system in place for a senior staff member in the office to respond to situations where a member of staff was running late for a visit. We were told that if this was the case, the person waiting for their care worker would be informed. People who responded to our questionnaire confirmed that this was the case most of the time.

Is the service safe?

People who used the service told us that they felt safe in the presence of staff and they were treated with respect.

Staff understood their responsibilities to safeguard vulnerable adults and had received training to support them in this. There was a safeguarding policy in place to guide staff and ensure that they responded to safeguarding issues in a consistent manner.

Risk assessments were in place to guide staff in how to support people safely. Any accident and incidents were recorded and there was a member of staff responsible in the organisation for identifying any common themes or concerns arising from these.

Staff were monitored to ensure that they were delivering care in a safe and appropriate way. This was achieved through regular supervision and 'spot checks'.

People were supported safely when they required assistance with their medication. The systems in place for supporting medication had recently been reviewed with a view to improving this aspect of the service and reducing the possibility of errors occurring.

Is the service effective?

People had clear support plans in place and these were reviewed regularly to ensure that they were up to date and reflective of people's needs.

Staff that supported people received good training and supervision to ensure that they provided effective care for people who used the service. People told us that staff had the skills and training to be able to support them.

Is the service well led?

There was a registered manager in place at the time of our inspection. Staff told us that they felt well supported by senior staff and able to raise any issues or concerns.

There were systems in place to monitor the quality of the service provided and these systems were being developed further at the time of our inspection.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As part of our inspection we sent questionnaires to 60 people who used the service and their relatives in order to gain feedback about the service they experienced. We received 22 replies. Of these replies 12 came from people who used the service and 10 came from a relative or advocate. The results of the questionnaires showed that overall people were very satisfied with the care and support that they received. All but one person who used the service responded that overall they experienced the care and support that they needed from care workers. We received a number of positive comments on the forms. These included 'They seem very professional and always have the best interest of my mother at heart', 'I have nothing but praise' and 'the carers have nice personalities and I feel comfortable with them'. Some people gave examples of individual situations that had concerned them in the past, but these were not ongoing and had been resolved.

We reviewed the support plans of six people who used the service. Support plans contained clear details about the ways in which people preferred to be supported. This meant care was planned in a person centred way. For example, in one plan we saw that it was important for one person that their room was left in a particular way. Plans also detailed the ways in which people were able to be independent, for example by dressing themselves and choosing what clothes to wear. In the questionnaires we sent to people who used the service, all of them reported that the support they received enabled them to do as much for themselves in the way that they wanted, either 'always' or 'most of the time'. This showed that support plans were effective in guiding staff to support people in ways that met their individual requirements.

Risk assessments were carried out to ensure that people were cared for in a safe and appropriate manner. This included for example, an assessment of the person's home. The provider might find it useful to note that in two people's files we found that there was mention of the person being at high risk of falls. However, it was not clear what procedures that staff should follow to ensure that the risk of the person falling was minimised. There was information in other parts of the file about what equipment the person used however,

this was not identified on the falls risk assessment.

We were told that when a person began receiving care, their support was reviewed after four weeks and thereafter on an annual basis. Any changes made to people's care were recorded on the computer systems. Two full time care planners were employed by the service and part of their role was to review care packages. This would help ensure that care plans reflected people's current needs and were up to date. Staff that we spoke with told us that care plans gave them all the information they needed and were kept up to date.

Staff told us that they usually had sufficient time to travel between appointments, meaning that people were able to receive their care at the time they were expecting. Staff told us that if they were running late, due to traffic, for example, a member of staff in the office would pass the message on to the person waiting for their care. One person that completed a feedback questionnaire commented 'they are very organised and I am always told in advance if there are experiencing any difficulties and could possibly be late'. Most people who responded told us that care workers arrived on time either 'always' or 'most of the time'.

Staff worked in teams of eight to 10, led by a team leader. This helped ensure continuity of care for people who used the service. One person commented in their questionnaire response that 'there is a consistency of girls attending that know (name of relative) very well'.

There were procedures in place to prioritise people's needs in the event of circumstances that prevented the normal running of the service, such as adverse weather conditions. For example, those people who required support with medication were identified as high risk on the service's computer systems to ensure that they were prioritised for a visit.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff we spoke with were aware of their duty to safeguard people who used the service and felt confident about doing so. All staff confirmed that they had received training in safeguarding vulnerable adults and this would support them in keeping people safe. We viewed certificates in staff files confirming that training had been completed. Staff told us they felt able to report any issues to senior staff and these were dealt with promptly. Staff understood the term 'whistleblowing' and who they could report issues of concerns to if they weren't able to report to senior staff within the organisation.

There was a comprehensive safeguarding policy in place for staff to refer to if needed. This provided information about the different kinds of abuse and the signs that someone may be experiencing it. It also gave contact details for the agencies that may need to be contacted in the event of safeguarding concerns being identified.

Staff told us that they were subject to 'spot checks' where a team leader would attend one of their calls unannounced to monitor their conduct. This helped ensure that people who used the service were protected because staff were monitored and people also had opportunity to raise any issues of concerns that they might have.

We received 12 questionnaire responses from people who used the service and all said they felt safe with the care workers that came to support them. People also responded that they were treated with respect and they did not experience any form of discrimination. One person wrote in their response to us that staff had acted quickly when they had concerns about their relative's health and this had led to them receiving the appropriate treatment swiftly. This was an example of staff understanding their duty of care to report any concerns about a person's wellbeing.

The service had recently come to the attention of the local authority due to a number of medication errors that had been reported. These incidents hadn't reached the threshold 'of significant harm' on an individual basis but did lead to concerns about how medication was being managed within the service. We saw that the manager had responded robustly to the concerns by implementing a plan of action. This included for example, addressing the

training needs of the staff team and improving the risk assessment procedure in relation to medicines. The action taken, demonstrated the service was able to identify any potential risks to people's safety and take action to address them.

The provider might find it useful to note that as part of our discussions around notifying the Commission of allegations of abuse, it became evident that notifications of abuse were only being made if they reached the local authority threshold for investigation. The regulation states that a notification should be made when an allegation of abuse is made or there is suspicion of abuse. This helps the Commission monitor whether the provider is responding appropriately to any concerns and keeping people who use the service safe.

In people's support plans, we saw that it was made clear that where people were being supported with shopping, staff needed to keep receipts and clearly document how much money had been spent and returned to the person. This practice would help ensure that people were protected from the risks of financial abuse.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Some people using the service needed support with managing their medicines. As part of this inspection we looked at the care records for six people who needed support with their medicines. This helped us to check the arrangements in place for helping people with their medicines and the records that staff kept of the support they had given. We also spoke to five members of staff who provided care to people.

Staff told us that their induction training, when they first started working for Network Healthcare, included medicines training. Checks were in place to make sure that staff were safe to give medicines before they did this independently. Team leaders regularly visited people while they were receiving care and were able to check that staff continued to give medicines safely. Staff we spoke with confirmed that they had received medicines training. This meant that people could be confident they would receive their medicines correctly.

Information contained in people's care plans showed that staff had assessed the amount of support people needed with their medicines. Records explained how people liked to take their medicines. This meant staff could provide care in a personalised way, according to people's wishes. A record was kept of the person's current medicines so staff could check the medicines they were giving were correct. However the provider may find it useful to note that records for creams and ointments did not always have clear directions for staff about where they should be applied. This could increase the risk that these preparations may be used incorrectly.

Appropriate arrangements were in place for recording the support given with medicines. Codes used on the medication administration records showed whether staff had given the medicines or reminded the person to take them themselves. Improvements had recently been made so that staff would record each medicine they had given or helped with. We saw one example of this more detailed record. This meant it would be clear exactly which medicines the person had taken each time.

Medication administration records were checked by senior staff when they were returned to the office for filing. Any discrepancies or gaps in the records were discussed with the relevant care staff. Procedures were in place for dealing with medicines errors. We were

told three mistakes with medicines had been reported since January where medicines had been given at the wrong time of day. Suitable action had been taken to retrain staff and ensure these mistakes did not happen again.

A medicines policy was in place which clearly defined the different levels of care that could be provided with medicines. The provider may find it useful to note that the policy did not include information for staff about completing the medicines administration records. This meant staff could not check the correct procedure to use and this could increase the risk of mistakes being made.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with five members of staff as part of our inspection. All staff reported that they had received a good induction that had prepared them for their role. Some staff did mention that their preferred learning style was a 'hands on' approach rather than watching visual materials; however all were satisfied with their induction programme. Staff told us that they were given opportunity to shadow other more experienced members of staff when they first joined the agency.

We heard that staff training encompassed a range of topics that were refreshed on a regular basis. This included core subjects such as safeguarding vulnerable adults and moving and handling. Staff told us that they also received training specific to their role such as catheter care and end of life care. Some staff that we spoke with were being supported to achieve NVQ qualifications. This meant that people who used the service benefited from receiving care from staff who were skilled and qualified to carry out their roles.

The manager told us that they had identified that as a service they needed to increase their level of spot checking of staff. This involved a senior member of staff arriving unannounced to observe how the care worker carried out their duties. We were told that since March, efforts had been made to increase spot checking of staff and it was now the expectation that every staff member would be subject to three to six checks each year. In each of the staff files we viewed, we noted that a spot check had taken place since March.

Staff also told us that outside of spot checks, they felt well supported informally and felt able to raise any issues or concerns with their team leaders and coordinators if they needed to. We received comments such as "the company are really good" and "things get dealt with immediately". Another member of staff commented "I feel very well supported". We also heard that staff were able to attend regular team meetings to discuss any concerns or worries.

People that responded to our feedback questionnaire told us that, mostly, staff had the skills to be able to carry out their role effectively. Comments that we received about staff included 'the team of young people that attend to my husband are always pleasant, polite

and very caring' and 'care workers - kind, compassionate and understanding of dementia problems'.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that the provider had systems in place to monitor the quality of the service provided. This included gathering the view of people who used the service. We saw that a questionnaire was shortly about to be sent out at the time of our inspection and this would help the service identify any concerns or problems that needed to be addressed. For example it asked people about their experiences in relation to whether their wishes are taken in to account and whether they had experienced any issues relating to missed calls.

We saw the results of a previous survey carried out in December 2013 and saw that the results were positive with comments such "care staff are very kind" and "I've never phoned the office but would know who to phone". People's opinions were also sought as part of their care reviews. We heard that team leaders were expected to carry out visits to service users; as well as undertaking care tasks, part of this role was also to informally monitor people's care and keep it under review.

Most of the people that responded to our feedback questionnaires told us that they knew how to raise issues or concerns if they had them.

The manager told us that recently a new system of quality monitoring had been introduced. We were told that each month, a different aspect of the service would be audited. We saw that to date, a staff file audit and client file audit had been completed. In addition we were told that a member of the wider organisation, such as another branch manager would be visiting the service to review their quality monitoring systems.

We asked the manager how they monitored visits and whether staff were attending at the agreed times. We were told that there was an electronic monitoring system in place and the data generated from this was monitored by the local authority. The system required staff to 'log in' and 'log out' at the beginning and end of a visit. The system would raise an alert when a member of staff had not logged in within the agreed timeframe so that a member of staff in the office could follow this up.

We asked the manager about how incidents and accidents were monitored. We were told

that within the wider organisation there was a health and safety manager who monitored reports of accidents and incidents and sent alerts out to branch managers if there were any trends emerging from the information. We were told that accident report forms were kept in people's homes, ready to use if needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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