

Nationwide Care Services Ltd

Nationwide Care Services Limited (Derby)

Inspection report

The Old Maltings
Forman Street
Derby
DE1 1JQ

Tel: 01332913118
Website: www.nationwidecare.org

Date of inspection visit:
14 December 2023

Date of publication:
25 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nationwide Care Services Limited (Derby) is a domiciliary care agency. The service provides personal care to a range of people including people living with dementia, learning disability and or autism needs and mental health needs. At the time of our inspection there were 134 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions, safe and well-led the service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture."

Right support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care: People's care needs had been assessed with risks identified and actions taken to reduce these. People received safe care and the provider checked to ensure staff were suitable to work at the service. Medicines were managed in line with good practice.

Right culture: The service worked to provide people with person-centred care and involved them in their care decisions. The provider looked to continuously learn and improve people's care and actively monitored the quality and safety of care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 23 October 2020).

Why we inspected

We received concerns in relation to the care people received. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has not changed following this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Nationwide Care Services Limited (Derby) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nationwide Care Services Limited (Derby)

Detailed findings

Background to this inspection

Inspection team

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 1 inspector and 2 Experts 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 not a registered manager in post. The provider had recruited a new manager who was due to start work shortly.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information from the local authority commissioning team. We used the information the

provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

Inspection activity started on 8 December 2023 and ended on 28 December 2023. Phone calls were made to people and relatives on 8 and 11 December 2023. We visited the location's office on 14 December 2023.

We spoke with 6 people and 9 relatives of people who used the service. We spoke with 8 staff in total, including the nominated individual, 2 area managers and 5 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the relevant parts of 5 people's care plans and 3 people's medicines records. We looked at audits, policies, training records and 3 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff had been trained and understood how to help safeguard people from abuse and harm.
- Information had been shared with the local authority safeguarding team when required to help keep people safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to help ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments had been completed to help staff provide safe care. For example, to help people safely transfer using specific equipment.
- Staff understood how to report any concern or accidents and incidents. These were reviewed and further actions were taken to help reduce risks where possible.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. People told us their care calls were generally on time or if they were late, there was a valid reason for this. One relative told us, "Staff do turn up on time, if somebody has had a fall then obviously staff have to stay there and come as soon as possible, which has a knock-on effect on us. The company are pretty good - they have a half an hour window to get to us."
- The provider operated safe recruitment processes. Checks had been completed to help the provider recruit staff who were suitable to work at the service. These included previous work references and Disclosure and Barring Service (DBS) Checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff had been trained and understood how to follow good practice guidelines for the safe administration of medicine.
- Records showed staff supported people to receive their medicines as prescribed, including any prescribed skin creams.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff used personal protective equipment (PPE) in line with the latest government guidance to help prevent and control the spread of infection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Records showed the provider investigated issues they were made aware of. Where things could be improved or done better, actions were put in place to ensure lessons were learnt and improvements made.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Audits and quality checks were in place to monitor important aspects of the service including call times and staff practice.
- There was not a registered manager in post at the time of this inspection. The provider had recruited a new manager who was due to start work at the service shortly. Management and governance arrangements were in place to ensure the service was managed in the interim period between managers being registered with the CQC.

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

- There was a positive and open culture at the service. Staff were knowledgeable and confident on how to raise any concerns and told us they felt listened to, valued and supported.
- The provider had systems to provide person-centred care that achieved good outcomes for people. A relative told us the support provided had helped lessen the pressure on their family. 1 person told us, "Staff understand my different needs, culture, and ways of expressing myself." The culture of the service helped to ensure people could experience good care outcomes.

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. A duty of candour policy was in place for the provider to follow should this be needed.
- The provider had created a learning culture at the service which improved the care people received. Safeguarding investigations, accidents and any incidents had been investigated and reviewed for any learning and how to improve care going forwards. This demonstrated the provider looked to continuously learn and improve.

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

- People and staff were involved in the running of the service. The service understood and took into account people's protected characteristics. One person told us, "I had a full review yesterday and to be honest I am quite happy with what I get."

- People and relatives had been asked for their views and opinions and these had been used to help plan improvements in the service. 1 person told us they had made a request to change their calls and said, "Nationwide have listened to what I said."

Working in partnership with others

- The provider worked in partnership with others. Care plans contained details of people's health conditions and other health and social care professionals involved in the management of these. For example, district nurses.
- Records showed the provider worked with the local authority safeguarding teams and shared information as and when appropriate. This helped to demonstrate the provider worked well in partnership with others.