

Nationwide Care Services (Dudley) Ltd

# Nationwide Care Services Ltd (Dudley)

## Inspection report

Trafalgar House  
47-49 King Street  
Dudley  
West Midlands  
DY2 8PS

Tel: 01384211444

Website: [www.nationwidecare.org](http://www.nationwidecare.org)

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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

About the service: Nationwide Care Services (Dudley) Ltd provides personal care to people living in their own homes. At the time of the inspection, 112 people received personal care from the service.

People's experience of using this service:

People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe. People received support from a regular team of staff and there were systems in place to ensure visits were made on time. People's medication was managed in a safe way.

People received support from staff who had training relevant to their role. People's dietary needs were met and people had access to healthcare services where required. People's rights were upheld in line with the Mental Capacity Act.

People told us that staff were kind and caring to them. People's dignity, privacy and independence were encouraged. People's diverse needs had been respected.

People were supported by staff who knew them well. Staff knew people's preferences with regards to their care. Complaints made had been investigated and resolved.

People spoke positively about the leadership at the service. People were given opportunity to feedback on their experience of the service. This feedback was acted on. There were systems in place to monitor the quality of the service.

Rating at last inspection: Requires Improvement (Report Published 18 May 2017)

Why we inspected: This was a planned inspection based on the rating on the last inspection.

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

## 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 ●

# Nationwide Care Services Ltd (Dudley)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

**Service and service type:** Nationwide Care Services Ltd (Dudley) provides personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 March 2019 and ended on 26 March 2019. We visited the office location on 20 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people who use the service on the 22 March 2019 and 26 March 2019.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gain their feedback. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six members of care staff and the registered manager. We made telephone calls to four people and five relatives. We looked at three people's care records as well as records relating to recruitment, complaints, accidents and incidents and quality assurance.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At the last inspection, it was found that people did not always have support from a consistent team of staff. At this inspection, we found that the provider had been proactive in addressing these concerns and people's experience of care had improved as a result of the action take.
- People were satisfied with their care team and told us that they received support from a consistent team of staff. One person told us, "I always have the same person visit". Another added, "I have a fixed group of carers. There are three of them". The registered manager informed us they had set limits on the number of staff who would work in a team to ensure that people had consistency. People's explanations of who is in their team reflected the numbers set out by the registered manager and demonstrated that people received consistency in their care team.
- People told us that staff mostly arrived at their home at the correct time and that they would be informed if staff were going to be late. One relative told us, "Roughly they do show up at the same time, but if they are running late they call and tell us". Staff told us they had enough time to provide people's support safely and that they were given enough time to travel between people's homes.
- Staff had been recruited safely. Staff had been required to provide references and complete a check with the Disclosure and Barring Service prior to starting work.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood the types of abuse that people may encounter and the actions they should take to protect people where they had concerns. One member of staff told us, "I would report any concerns to the office and make sure I log everything".
- Where concerns had been raised, the registered manager had responded appropriately to keep people safe. This had included sharing information with the relevant authorities.

### Assessing risk, safety monitoring and management

- Risks were managed to keep people safe. Risk assessments had been completed that were individual to each person. The assessments identified the risks posed, and how staff should respond to reduce this risk where possible. For example, where people required specialist equipment to support them to eat and take medicines, clear guidance had been provided to staff detailing how they should care for this equipment to ensure the person's health and well-being. Staff knowledge of risk reflected what was recorded in risk assessments.

### Using medicines safely

- People were happy with the support they received with their medication. One person told us, "Staff always give me my medication on time".
- Medication Administration Records had been completed when staff had supported people with

medication. These indicated that people had received their medication as prescribed. Staff had signed to say when medications had been given. Staff we spoke with could confidently detail how they ensured people received their medication in a safe way.

#### Preventing and controlling infection

- People told us that staff wore personal protective equipment when supporting them. People also told us that staff ensured their homes were left clean and tidy after they have provided people with personal care. Staff had received training in infection prevention and control.

#### Learning lessons when things go wrong

- The registered manager had been proactive in learning from accidents and incidents to reduce risk in future. Where incidents had occurred the registered manager had made referrals to healthcare professionals to seek additional support in keeping people safe.

# 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

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 had been assessed prior to them receiving support from staff. One person told us, "Someone came to see me at the start, they explained everything and gave me chance to say what I need". The assessments considered people's medical history and current care needs.
- The assessments completed had also considered any protected characteristics under the Equality Act. For example, people had been asked about their religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff told us that they had received an induction to their role that included completing training and shadowing a more experienced member of staff. New members of staff also completed the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to. Staff spoke positively about their induction and told us that this had prepared them for their role. One member of staff told us, "It did prepare me to care for people, but nothing can really replace going out and doing it".
- Staff had access to ongoing training. This was reflective of the individual needs of people and was updated regularly. Staff told us they learnt a lot from training but would be able to request further training if they felt they needed this. One member of staff told us, "I can ask for extra training if I want this. I asked for extra medication training to refresh me and they [registered manager] got it for me".

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

- People who received support with meals were satisfied with how staff supported with this. One person told us, "They [staff] help me with breakfast. They know what I like but always give me a choice and clear up afterwards. I am happy with the meals".
- People's care records clearly detailed any specific dietary requirements people had and what support they required to eat. Staff knowledge of people's dietary needs reflected what was held in care records.

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

- People told us that staff would support them to access healthcare services if needed. One person told us, "I feel that if I became unwell, they [staff] would know what to do and who to call".
- Care records showed that the registered manager worked with other healthcare services where required to support people's health and well-being. For example, the registered manager had made referrals to psychiatry where concerns had been raised about people's mental health.

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 Act 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us that staff always sought their consent prior to delivering care. One person told us, "They [staff] always ask for me permission". Staff understood the importance of seeking consent and could explain how they gain this where people may be unable to verbally consent. One member of staff told us, "If someone couldn't speak I would use their facial expressions, picture cards and repeat the questions to help them understand and consent".

## 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

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 told us they were supported by staff who were friendly and kind. One person told us, "Staff are lovely, I get along well with them. It is nice to have people I can get on with". Another person added, "We are a good team together".
- People's diverse needs were respected. Where people identified as being LGBT (Lesbian, Gay, Bisexual and Transgender), the provider had ensured the person's rights were upheld and that staff respected this. The provider had arranged for an LGBT learning week for staff where they received talks from other people who identified as LGBT to gain advice on how they could best support the person. We saw this was heavily reflected in the person's care records alongside details of how the person's partner would like to be referred to and how staff could support the person's relationships with others.

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

- People told us they were given choice and supported to be involved in their care. One person told us, "Staff always ask 'can I do this' before doing anything".
- One relative told us how the provider had ensured that their loved one always received care from a staff member who spoke their language and that this had supported the person to be involved in their care. The relative said, "We requested a Punjabi speaker and they [registered manager] provided this for her. It really helps her to communicate".
- Relatives felt encouraged to remain involved in their family member's care and told us that the provider kept them informed of any changes or concerns about their relative.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful when in their home. One person told us, "Staff are always very respectful and well presented". Another person added, "They [staff] are very respectful of my home".
- Staff could explain how they promote people's dignity. Examples given included; making sure curtains are closed when supporting with personal care, considering people's feelings when supporting with intimate care and maintaining confidentiality.
- Records gave clear instructions for staff about how they can encourage people's independence. For example, records indicated what people were able to do themselves and where they may need staff support.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they felt that staff knew them well. One person told us, "Staff know me. They know me well and what I need". Staff we spoke with demonstrated a good knowledge of the people they supported. For example, staff could explain how people like their support delivered and what was important to them.
- Records held personalised information about people. People had been asked about their likes, dislikes and preferences with regards to their care. For example, people were given opportunity to say if they had any preferences with the gender of staff supporting them. People were also asked about the foods they preferred, how often they liked to have a bath or shower and how they like to be addressed.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person told us, "I have not needed to complain, they did tell me how to though". People told us that where they had made complaints, they had mostly been satisfied with the response. One relative said, "When we first started, there was lots of carers coming in and we complained and they resolved it. We were happy with how it was handled".
- We looked at records held on complaints and found that where people had complained, the registered manager had investigated and resolved these. We found that the outcomes of these investigations had been shared with the complainant.

End of life care and support

- Although the provider was not providing people with end of life care, care records showed that people had been asked about any wishes they had if they were at the end of their life. This ensured that staff would know people's wishes in the event of their death.

# 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

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

- At the last inspection, concerns were raised about the on call system being ineffective as staff did not respond to the calls. We also found that quality assurance systems were not appropriately monitoring if staff were arriving at calls at the correct time. At this inspection, we found that the provider had addressed these issues.
- In response to the findings at the last inspection, the provider had recruited a member of staff to continuously monitor the electronic call system to ensure staff were arriving at people's homes at the correct time. This had been effective and we saw that where staff hadn't arrived at someone's home at the expected time, the office staff member had identified this and contacted them to find out what was happening. This meant that any late calls were identified and acted on in a timely way.
- People told us that the system to contact someone outside of office hours had improved. One person said, "They respond quickly when I have to call the office". A relative added, "There's a number I can call 24/7 if I need someone and they generally respond really quickly".
- There were systems in place to monitor the quality of the service. This included audits on daily records completed by staff, medication records and missed calls. We saw that where areas for improvement were found, these had been acted upon. For example, where calls had been missed the provider had taken action that included disciplining staff.
- The registered manager and provider were aware of the regulatory requirements of their role. Notifications about incidents that occurred at the service were submitted appropriately and the provider had displayed their most recent inspection rating on their website as is required by law.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives had met the registered manager and spoke positively about the leadership at the service. One person told us, "The manager has been here many times. She is a nice lady. I can talk to her". A relative said, "The management is fantastic".
- Staff felt supported by both the registered manager and provider. Staff told us they had access to a manager at all times and felt able to discuss any concerns with them. One member of staff told us, "Yes I am supported. They [registered manager] sort out any problems as soon as they can". Another staff member added, "[Registered manager] has been great. Really supportive".
- Both the registered manager and provider displayed a pro-active approach to ensuring person centred care and had a clear vision for the service. The provider told us, "Our main aim is to be a good provider. We did a complete overhaul of the service, we got a new staff team and now offer more consistency".

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

- People told us that they were given opportunity to give feedback to the provider about their care. One person told us, "Occasionally they ask me for my feedback. [Registered manager] asks me if everything is ok. She has been out to see me lots of times".
- Records we looked at showed that people received regular visits or telephone calls from the management team so that they could give feedback on their care. Where issues were raised in these visits, the registered manager had taken action to improve the care provided.

Continuous learning and improving care / Working in partnership with others

- The registered manager and provider gave examples of how they had worked with other agencies in order to improve the quality of care. The provider told us about how they worked with Age UK and the local authority to acquire equipment for people so that they could remain independent in their own homes. This included providing people with thermometers and 'keeping warm in winter' guidance.
- The provider told us how they had been working alongside the local Clinical Commissioning group to learn more about complex care so that they can support people with complex health needs. Although this had not yet been implemented, the provider had been working on their own learning and development in order to support a smooth transition to complex care.