

Nationwide Care Services Ltd

# Nationwide Care Services Limited (Worcester)

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 9 October 2015 and was unannounced.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 150 people used the service and a manager was in post. The manager had recently applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and staff also understood how they should keep people safe. People were supported by staff that thought there were enough staff

# Summary of findings

to cover the calls to people. The way that people received their medicines was reviewed to ensure that people that received support to take their medicines, received them as they should.

People received care from care staff that they felt had received the training they needed to care for people. Training was reviewed regularly so that staff received updated training as and when this was required.

People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by representatives, such as a social worker or relative.

People enjoyed the meals prepared for them and were supported to eat and drink enough to keep them healthy. Care staff involved people in deciding what meals and snacks they would like. Where people had special dietary requirements, care staff understood these and took their needs into account.

Changes in people's care needs were shared with care staff so they respond to people's needs accordingly. Where care staff became concerned or unsure, they would either contact the manager, a relative or the GP to seek further advice.

People liked the staff that cared for them and care staff involved people when caring for them.

People's privacy and dignity were respected and people were treated in a manner they would expect to be treated. People were also supported to make choices affecting their care.

People were aware of how to raise complaints and people felt they could speak to the administration staff in the office or the manager. Complaints reviewed demonstrated that there was a system in place for acknowledging, reviewing and responding to complaints.

People's care and the quality of their care was routinely monitored. The quality of the care people received was checked regularly and reviewed to ensure improvements were made where necessary.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe being supported by enough staff that understood how to keep them safe. People that required help to take their medicines received this.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were supported to understand their role with regular training and supervision. People were assisted to eat and drink healthily.

Good



### Is the service caring?

The service was caring.

People were cared for by staff who they liked and who understood how to care for them. People were supported by staff who offered them choices about their care.

Good



### Is the service responsive?

The service was responsive.

People received care at the times they requested and from the care staff they specified. People also understood how to complain and felt complaints would be acted upon.

Good



### Is the service well-led?

The service was well led.

People's standard of care was routinely reviewed by the manager, who people knew they could contact. The manager worked with the provider to ensure systems in place were robust to deliver care that could be reviewed regularly.

Good



# Nationwide Care Services Limited (Worcester)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 October 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to 11 people and nine relatives. We also spoke with five care staff, the recruitment coordinator, the care co-ordinator, manager as well as the registered provider.

We reviewed the care records held at the office for five people and viewed three staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks.

# Is the service safe?

## Our findings

People and their families told us they were felt safe with care staff in their homes. One person told us, “I trust them with me life.” Another person told us, “We do feel safe.”

Staff were able to clearly describe their understanding of safeguarding people and keeping people safe. Staff told us about the training they had received on the subject and could also describe to us what it meant to safeguard people who used the service. Staff illustrated their understanding with examples of scenarios. For example, one staff member explained how they understood that people could be harmed from staff as well as family members of people they cared for. The manager also confirmed that all staff undertook training to ensure staff could recognise signs of abuse. The manager was also able to confirm their understanding of safeguarding and their duty to report incidents.

People told us the correct number of staff they expected arrived for their calls. We spoke with the manager to understand how staffing levels were determined. The manager told us staffing levels were based on people’s assessed need and that this determined how many staff attended each person as well as how many staff were needed overall. The registered provider also confirmed that contingency plans were in place so that if ever there was a need, office staff, who are all trained could step in and cover any short falls in staffing. Staff we spoke with told us there were enough staff and that the necessary number of staff needed to attend calls, did so. For example, one staff member told us there was “Always plenty of staff to do doubles.”

People’s health and risks to their health were understood by staff who understood how to keep people safe. For example, staff recognised the signs for when people’s skin

might be breaking down. Staff could also describe what to do in a situation when they may find a person unconscious. Staff spoke confidently about the actions they would take and also that they would call the office if they were ever required further advice or wanted to report a matter. One staff member told us, “I always ask and double check with the office.”

Staff safety was also considered by the manager so that it was safe for staff to attend calls. Risk assessments were completed of people’s homes to ensure they were a safe environment for staff to enter and remain there whilst they supported people. For example, one staff member had felt threatened by a person and so calls to that person were no longer delivered and the person sought an alternative provider.

Staff described to us the recruitment process they went through to ensure it was safe for them to work with people. Staff told us the appropriate pre-employment checks had been completed. The recruitment co-ordinator said these checks helped ensure that suitable people were employed and people were not placed at risk through their recruitment processes.

People who were helped with their medicines told us they were happy with the support they received. For example, one person told us, “They always get my tablets ready for me.” One relative also told us that staff supported their family member with medicines. We reviewed how people’s medicines were checked to ensure people who needed support received their medicines as they should. Regular checks were made both of the documentation listing people’s medicines together with spot checks to ensure staff understood what they were doing. People’s medical records were reviewed monthly to ensure people requiring support received the necessary support.

# Is the service effective?

## Our findings

Staff confirmed to us that they received support and regular supervision from their manager. They also told us they had received the training necessary to help them understand their roles. Staff told us they were able to ask for further training if they thought they required it. For example one staff member described how they had received training on diabetes care as there were people they supported that lived with diabetes. This was monitored by the training manager who ensured training needs were updated.

Staff described their induction process and how this had prepared them for their role. Staff induction was monitored to ensure that people received the necessary support to allow them to work independently. Staff and the manager described regular spot checks to ensure that staff continued to perform as the manager expected once the induction period had ended. Staff told us they had regular supervisions and received feedback on how they were performing their role.

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 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.

People told us that staff ensured they were happy to have help with their care before staff began supporting them. For

example, one person told us their family worried about them but they liked to do as much for themselves as possible and staff respected this and they could ask staff to help if they thought they were struggling.

Staff explained to us the importance of obtaining someone's consent when caring for them. Care staff described how they would offer to support people but if someone refused they would accept this. Staff also told us they would speak to a senior member of staff if they were unsure of any aspect of people's care. Care staff told us they would speak to a senior staff member if they were ever unsure. We spoke with the manager about what they would do if they felt a person was no longer able to make certain decisions for themselves. The manager told us they would involve the person's social worker to help determine the person's capacity to help make decisions in the person's best interests if needed.

People were supported to access meals and drinks of their choice. Although not all people requested and received support with meals, those that did stated that staff asked them what they would like prepared. One person told us, "They always say to me, what are we having today?" Another person told us, "They get my lunch ready. Whatever I want." Staff described how they always ensured people had access to plenty of drinks. People told that staff always asked whether they could prepare people a hot drink for them and ensured they had access to drinks before they left.

Staff understood when it was necessary to seek additional medical help. One person described how when they were poorly staff called the paramedics for them and that the staff member stayed with them until the ambulance arrived. Another person described how staff helped to arrange appointments if they thought the person needed to be seen by a doctor. Staff we spoke to also told us they would leave a note for the next member of staff to monitor a person and call for necessary help if they thought a person might require it.

# Is the service caring?

## Our findings

People spoke highly about the staff that cared for them. One person said of the staff that they were, “Marvellous”. Another person told us, the care staff were “First class.”

People spoke with warmth and affection when they spoke of the care staff. Eight people told us they had regular staff that attended to them. One person told us, “I have a good relationship with them and I couldn’t survive without them.” People we spoke with also confirmed they received details of staff who were attending so that they knew who would be coming. One person told us, “I get a list at the beginning of the week with the times and whose coming.” The frequency of regular staff attending to people enabled people to feel they had an understanding with staff so that staff knew how to care for them.

People recalled to us how care staff had helped them. One person told us about how they had become poorly and how the care staff member was concerned and had called out the ambulance and stayed with the person until the ambulance arrived. A relative told us about how their family member had returned home following a stay in hospital and how care staff had been attentive to the person and had kept the family member updated to reassure them.

People explained to us how they ensured staff knew how to care for them. One person told us, “They always ask every day if there’s anything else I want doing.” Another person told us, “They always do everything you ask them to.”

People told us they were consulted about their care. For example, one person told us about how care staff ensured their preferences for personal care was adhered to by care staff.

Staff we spoke with also confirmed that they always speak with people to understand how to help support people. One staff member told us they spent time getting to know people to understand how people liked to be cared for. Four members of staff also said they read the care plans to supplement their understanding of people’s care.

People told us care staff supported them to maintain their dignity and independence. One person described how staff treated their home with respect. They told us, “They leave my house exactly as I would want.” Another person told us staff always ensured that they got the help they needed when they were using the bathroom and that staff would always ensure that staff were mindful of their needs. This included always having everything ready for them.

Staff also explained to us what treating people with dignity meant. One staff member described how people were sometimes unsure what to expect when they first received care and how they would tell people that they were “There to support people.” One staff member also told us how it was important to demonstrate empathy. The manager also described how some couples were also supported to receive care and that the same team would visit them to minimise disturbance to them as well showing sensitivity to their needs.

# Is the service responsive?

## Our findings

People and their relatives described how they met with staff to discuss their care requirements and that this was reviewed depending on the person's needs. One person described how they had had a period in hospital and that they required and received more intensive help following their stay. A relative described how their family member initially received a little support but this had increased as their family member required it.

People told us they were asked about their individual preferences for care, and where possible these were met. For example two people told us they had specified female care staff only and they received these. Another person had asked for very late calls in the evening and these had been delivered. The manager ensured people received the care they needed by continually reviewing how calls were managed so that any if any changes were needed to people's call times, these could be accommodated.

People also described how senior staff would visit them to ensure they were happy with the service. One person told us, "The supervisor came around to do a call and I fed back that they (staff) were so efficient." Another person also told us about how a person from the office had called to check they were happy with the service they were receiving.

People were able to describe a variety of ways in which their satisfaction with the service would be sought. For example, all of the people we spoke with described staff asking them if everything was alright and if people needed anything further doing.

People told us and we reviewed questionnaires that had been sent out on behalf of the registered provider asking if people were satisfied with the service they received. The results suggested people were satisfied with the service they received. One person told us they had fed back that they had not liked a particular staff member and that another staff member now attended their calls.

People understood that they could complain and how they could complain. We reviewed complaints that has been submitted and saw that a process was in place to acknowledge and respond to complaints as appropriate. Two people we spoke with confirmed that they had not recorded a formal complaint but had called the office to raise an issue that were not happy with. Both people did however say that their issues were resolved and changes were made to their care as a result. Details of any issues or complaints raised were also shared with the registered manager, so that they were aware of patterns emerging in the complaints they received.



# Is the service well-led?

## Our findings

The manager of the service had recently been appointed and had applied to become the registered manager. People we spoke with understood they could speak with the manager if they contacted the office. People confirmed they had spoken with people at the office and had found them to be approachable and willing to engage with them. One person told us, “I call the girls in the office if there’s a problem.” Another relative told us they had spoken to the manager who they thought “Seemed pretty efficient.”

Staff we spoke with described a friendly relationship with the manager and described how they were able to raise concerns they may have. For example, one staff member described having discussed pay and conditions and that the manager had been willing to listen. Another staff member told us, “We all say how it is. We tell them how it is.” A further staff member described the manager as “Approachable. Quite good.”

Staff told us they felt supported by the manager and office staff as they were given their rotas in advance and training arranged so that they could carry out their duties. Staff understood what whistleblowing meant and that they could report any concerns they may have.

People we spoke with told us that staff from the service reviewed whether people were satisfied with the care they

received. For example, three people made references to a supervisor visiting them to make spot checks on both the staff as well as any issues they may have. Satisfaction surveys were also completed which demonstrated people were largely happy with the service they received. The manager had kept people informed of changes within the service by sending out regular newsletters which detailed important information such as asking people what their care needs would be over the Christmas period. This enabled both people to get their needs met as well the manager to ensure sufficient staff would be available.

The service was reviewed in other ways to ensure the quality of care could be measured. For example, the manager reviewed daily records, care records as well as charts detailing people’s medicines on a monthly basis. We saw that where some anomalies had occurred; these had been followed through with staff to ensure staff understood what needed to be corrected for next time.

The provider described to us how they worked with the manager to review standards and ensure the service was meeting the provider’s expectations. Both the provider and manager described having regular discussions about key day to day issues. The manager described her relationship with the provider as open and honest. Copies of any complaints that were received were forwarded to the provider for their attention so that the provider could respond to any trends that may emerge.