

Nationwide Care Services Ltd

Nationwide Care Services Limited (Birmingham and Solihull)

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 20 September 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Nationwide Care Ltd (Birmingham & Solihull) is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for more than 300 people.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

At the previous inspection in December 2014, Nationwide Care Services Ltd were rated as good overall, with some improvements required regarding 'Well Led', in particular; auditing of records and communication with staff and people that use the service. We saw that although auditing processes had improved, there were still some issues regarding communication and responding to people's care and support needs when regular staff were unavailable.

People were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed.

People were supported by staff that had been safely recruited. Relatives felt that their family members were being supported by staff with the appropriate skills and knowledge to care and support them. People were supported with their medication by staff that had received appropriate training.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's care and support needs.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Good ●

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive when supporting people's changing needs.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People felt the quality of service dropped when their regular staff were unavailable.

Staff communication with people was not always effective.

Relatives and people knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

Nationwide Care Services Limited (Birmingham and Solihull)

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 the 20 September 2016 and was announced. The inspection team consisted of 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not completed a Provider Information Return (PIR), as it was not possible in the time period between inspection planning and visit. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also contacted the local authority commissioning teams to identify any information that might support our inspection.

During our inspection we spoke with 20 people who use the service, seven relatives, four care staff members and the registered manager. We visited the provider's office and reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People and relatives were complimentary about staff who supported their care needs. A person we spoke with said, "They carers [staff] are absolutely excellent. I welcome them not only for their help, but their company. To see a cheerful face is wonderful". Another person told us, "I'm very happy with the service I get. The girls [staff] are lovely". A relative we spoke with told us, "We're [family] very happy with them [provider], [person's name] is well taken care of and we don't have any concerns". Another relative told us, "We're very pleased with mums care. They're [staff] generally on time and look after her properly. There's no issues really, we're [relatives] quite happy". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable about recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. A staff member we spoke with told us how they would suspect that someone might be at risk of abuse if there was a noticeable change in their behaviour or characteristics, for example if they appeared withdrawn or 'Ill at ease'. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. A staff member we spoke with said, "I'd report all safeguarding concerns to the office [provider] and they'd take it from there".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with explained how they would check people's homes for any potential risks, for example; ensuring that medicines are locked away if a person has dementia. They told us they would read people's care plans and notes recorded by staff members who may have visited before them. Another staff member told us, "We [staff] do general observations around the home, for example; if a person has lots of shoes in their hallway, this would be a potential trip hazard". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly. Any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. One staff member gave us an example of when they found a person they were caring for had fallen, "I called 999, their relative and the office, and I logged the incident in the [accident/incident] book. I waited for their family member to arrive, I didn't leave her [person using the service]". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had systems in place to ensure that there were enough staff to carry out care calls, with the appropriate skills and knowledge to ensure that people were cared for safely. A relative told us, "She [person using the service] has one carer [staff] per day, and she's always on time". Another relative we spoke with said, "The staff are very good at their job, they all seem to be very professional". A member of staff told us, "There seems to be enough of us [staff] and they all seem friendly and professional".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks

before they started work. A staff member we spoke with told us, "The recruitment process was good and they [provider] wouldn't let me work with anyone until my DBS came through". Another member of staff we spoke with told us how the provider had written to their previous employer asking for references and that copies of their training certificates were taken. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS).

Staff told us that they had received regular training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. A person we spoke with told us, "They [staff] get my medicine ready for me, they look after me really well". Another person we spoke with said, "She [staff] gets my medication ready, puts it in my hand and watches me take it". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.

Is the service effective?

Our findings

Staff told us they received induction, and on- going training to enable them to support people effectively. A staff member told us, "I received training for the first week followed by two weeks shadowing [an experienced staff member]. I wasn't very confident at first and asked for more time shadowing and double up calls before going out on my own. The company [provider] was very supportive". People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "Yes, sometimes they [staff] talk to me about their training. They have a week or two shadowing when they first start". Another person told us, "I'm confident about his [staff] skill level. He's been my carer for the best part of four years so he must be okay". A relative we spoke with said, "The girls [staff] that come out to her [person using the service] are smashing. They seem to know what they're doing so I suppose they're trained enough". We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they had supervision conducted by their manager. A staff member we spoke with said, "I have supervision every three months, I'm very good at letting them [provider] know how I'm feeling". Another staff member we spoke with told us how they received regular supervision from the provider and that spot checks were also done to ensure quality of work. They also told us that if they had any concerns, they could contact the office for support, 24 hours a day. The manager explained that staff supervision is carried out regularly, and they were in regular contact with all of the staff. We saw evidence that the provider had supervision and appraisal processes in place to support staff.

We saw that the provider had processes in place that involved people and relatives in how people received personalised care support. People and relative's we spoke with told us they felt that care needs were supported and that they were involved in decisions made about care. A person we spoke with told us, "Oh yes, she [staff] asks, 'is that too hot or too cold?' things like that. She says, 'If there's anything I do that's not to your satisfaction, let me know". Another person we spoke with said, "They [staff] ask me how I like things done. I'm consulted on everything and nothing's too much trouble". A relative said, "We're [relatives] always involved in care planning. They ask [person's name] what she wants every day. They help do her hair and make-up". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "I sit down and discuss everything with the service user. I ask if they're okay when I'm supporting with their care".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. We saw staff offered people choices, gained consent and encouraged people to make decisions about their support. 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.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS. A staff member we spoke with told us, "People shouldn't be restricted, unless it's in their best interest".

People and relatives we spoke with were happy with how staff supported with meals. A person we spoke with told us, "I only have micro-wave meals, but they [staff] sort them out for me". Another person told us, "I asked for fish paste on my sandwiches but didn't like it, so they [staff] changed it straight away. I have ready meals which they get ready for me, but if I don't fancy it they'll make me something else, like beans on toast or an omelette". A relative we spoke with told us, "They [staff] do prepare her {person using the service} food well. She's not a good eater, but the carers [staff] will alert us when she's not eaten well, and record it. They make her drinks of tea and always make sure she's got juice". A member of staff we spoke with told us, "Most of my clients [people using the service] can support themselves [with meals] so it's not a problem. I ask them if they need anything before I go and I leave drinks close to them".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Is the service caring?

Our findings

People and relatives we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "[Staff member's name] is really considerate, he looks after me and I couldn't ask for anyone better". Another person said, "She [staff] never makes me feel rushed, I look forward to her visits. It's a joy to have her here". A third person said, "They're [staff] very kind and caring and do a brilliant job. In four years nothing has happened to put me off". A staff member told us how they 'got to know' the people they were caring for; "We [staff] chat with them [people using the service], look at their care plans. With new clients we're updated and informed beforehand by the office [provider]".

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A person we spoke with said, "We sat down and sorted the care plan out at the start, and it's okay, they [staff] do what I need them to do". Another person told us, "They [staff] talk to me about what I want and how I like things doing". A relative told us, "We're [relative and person using the service] always involved in care planning". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. We saw that care and support review meetings had taken place that involved the person using the service and their family members.

People we spoke with told us that staff treated them with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "They [staff] give me a shower in the morning. They come in with me but I feel okay as far as my dignity is concerned, yes". Another person we spoke with said, "Yes, he [staff] respects my privacy and dignity, especially when washing or doing personal care". A staff member told us, "When showering them [people using the service] I'll talk to them and discuss what's happening. I'll cover them up too". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "I'm desperately independent and I feel they [staff] do support me. For example; today I did some laundry and the carer [staff] noticed and took it upstairs for me". Another person told us, "My carer [staff] is interested in what I do every day and encourages me to see friends. She says, 'I don't think you should stop doing things just because you can't drive'. When I do tasks such as emptying the dishwasher she says, 'that's great, it's good to see you doing things, it tells me you're still active'. A staff member we spoke with said, "I encourage them [people using the service] to do as much for themselves as possible, for example, washing". Another staff member we spoke with told us, "I don't jump in if people want to do their own things, I encourage them to do so".

Is the service responsive?

Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. One person we spoke with told us how the provider responded to their request of which staff members supported them with their care and support needs. They told us, "My regular carer [staff] was moved somewhere else. I complained about it and they [provider] sent her back to me. They were pretty quick to respond". Another person we spoke with said, "When I first started with the [provider] I had a female carer [staff], who was really good, but being a bloke I preferred a male. So I asked them [provider] and I got [male staff name].

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us, "We did a care plan when I first started with them [provider] and we review it every six to twelve months". Another person told us, "We have care plan reviews every year. They [provider] come out to see me, the social worker comes too and we discuss how things are going and they make sure I'm okay". A relative we spoke with told us, "Carers [staff] seem to do things as we want them done, there's no problem". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People and relatives were aware of how to raise any complaints if they needed to. A person we spoke with told us how they had complained about a member of staff and requested that they did not visit them in the future. The person told us that the provider was quick to resolve the complaint satisfactorily. A relative we spoke with told us, "I've never had to complain but I would if I needed to. I'd soon let them know if we weren't happy". Another relative told us, "We've only complained once, about late calls, and they [provider] sorted it out". A staff member told us, "I'd bring any issues to the attention of the main office. My client [person using the service] sometimes complains when I'm on holiday".

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "I'm sent a questionnaire annually so that I can give feedback". Another person said, "I do fill in questionnaires every now and then". A relative we spoke with said, "They [provider] ask me and [person's name] if everything's okay. We talk all the time and if we were unhappy we'd let them know". Another relative told us, "We get questionnaires from time to time, but we don't fill them in". We saw that the provider regularly sought feedback from people using the service and their relatives on the service being provided.

Is the service well-led?

Our findings

Although quality assurance systems were in place for monitoring the service provision, there were concerns that they were ineffective when people's needs changed. People and relatives raised concerns that their needs were not being met when their 'regular' care and support staff were unavailable. A person we spoke with told us, "They've [staff] been late, but they do turn up eventually. When my regulars are off you sit around wondering whether they're coming. One turned up at 8:20pm recently. They're supposed to be here between 6:30pm and 7:00pm". Another person said, "Twice I've had missed calls, yes, I was lucky as my grand-daughter came to me. Sometimes they don't come until 7:45pm, they're scheduled to be here at 6:00pm, and I worry about my food and medicines. This is when people [staff] are off, everything goes 'haywire". A relative we spoke with said, "One of our regulars [staff] is off at the moment and we can't wait for her to get back, she's so good. Mum's confident with her, but now, with the others [replacement staff], a bit of her dignity's gone". We discussed this with the manager, who was aware of the issues and said they were trying to address them and improve the service.

People and relatives raised concerns regarding the lack of communication they received from office based staff. A person we spoke with told us, "The girls [office staff] are alright at the office but sometimes they don't answer the phone and if you leave a message they don't ring you back". Another person we spoke with told us, "When I phoned the office with a financial question they [office staff] were charming, but never rang me back". A third person told us, "They [provider] don't communicate with the carers [staff] very well, for example; I tell them [provider] when I'm going on holiday, but they don't tell her [staff]". We spoke to the manager about this and they told us they would look into the matter.

Staff we spoke with told us that the provider supported them and that they were clear about their roles and responsibilities. A staff member told us, "I'm happy here, I've been here a few years and staff moral's good as far as I'm concerned". Another staff member told us, "I'm happy working here, I'm well supported". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. A staff member told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. Staff told us they felt supported and valued by the management team. A staff member told us, "They [provider] support me and work around my childcare".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care.

Staff and relatives we spoke with told us that they were happy to discuss things with the manager if they

needed to. A person we spoke with told us, "I don't talk to the manager or office much. I know I could if I wanted to, but I'm happy to discuss anything with [staff member's name]". A relative told us, "I can call them up at the office [provider] if I need to". Staff told us they would have no concerns about raising anything they were worried about with the manager. A staff member we spoke with said, "The Manager's very supportive. I can talk to them whenever I need to and they support me". Another staff member told us, "I always feel supported. I tell the manager if I have any issues and they always listen to me".

We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care. Missed and late calls to people were monitored and the provider was looking at ways to improve staff deployment, particularly when replacement staff were covering for regular staff.