

Nationwide Care Services (Worcester) Ltd

# Nationwide Care Services Ltd (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 ●

# Summary of findings

## Overall summary

### About the service

Nationwide Care Services LTD (Worcester) is a domiciliary care service providing personal to 62 people living in the community at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff who understood how to keep people safe and protect them from the risk of avoidable harm. People had skilled staff available to meet their needs. People's risks were assessed, and staff understood the plans in place to guide staff. Staff followed safe systems for management of medicines when people needed support with this. People were protected from the risk of infection through staff following best practice infection control and prevention procedures. Systems were in place to investigate incidents and accidents to ensure lessons were learnt.

People's needs were assessed, and care was planned to meet legislation and good practice guidance. People were supported by staff who were trained and knowledgeable about people's needs and wishes. People had support with their meals as part of their identified needs. People were supported with accessing health care if needed. 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 were being implemented to support this practice.

People were cared for by staff who treated them as individuals and upheld their rights. Staff were kind and compassionate towards people and they enjoyed their company. People and their relatives felt involved and supported in decision making. People's dignity was respected, and their privacy maintained.

People and their relatives were positive about the service and the care provided. Staff had the information they needed to provide personalised support. People's concerns were listened to and changes made to improve the service. When people needed support at the end of their life staff were skilled and there were systems in place to provide quality support.

The manager and staff were open, approachable and it was important for them to provide quality care. People knew staff and the manager well and benefitted from good communication with them. People were supported by staff who were regularly monitored to ensure they provided quality care. Staff and the management team established good relationships with other professionals.

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

The last rating for this service was good (published 2 August 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 (Worcester)

## **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. 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 Care Act 2014.

#### Inspection team

The inspection consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a new manager who was in the process of being registered with the Care Quality Commission. This means that they and the provider would be 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. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 5 February 2020 and ended on 14 February 2020. We visited the office location on 7 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, manager, office staff, senior care workers, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health care professional who regularly worked alongside staff and contacted via email two other health professionals to request feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager had systems in place to ensure people were safeguarded and had taken appropriate action when needed to ensure people remained safe.
- People told us they felt safe. One person said, "I feel safe with [staff] they know how to help me, and we have a laugh and a joke." Relatives were confident their family member was safe.
- Staff knew how to keep people safe, they had regular training and were confident with who they needed to report any concerns to.

Assessing risk, safety monitoring and management

- People's risks were regularly reviewed updated as people's risks changed. The manager and office staff were trained to ensure they had the appropriate skills to assess people's risks and guide staff to ensure people were safe.
- People said staff supported them to remain safe in their own homes. Relatives told us staff knew their family members risks and supported them to remain safe. For example, one relative explained how staff were careful to ensure their family members skin was cared for to reduce the risk of sore skin.
- Staff told us people's risks were assessed and they had guidance in place to ensure people's risks were managed. Staff had a good understanding of how to support people needs, and the guidance in people's care plans reflected this.

Staffing and recruitment

- People received support from a team of regular staff which ensured they received consistency and continuity of care.
- People said they had regular staff, and they always knew who would be visiting them. They told us staff came at the right time and stayed as long as they should do. One person said, "My carers [staff] have been coming for a long time, they know me well."
- Staff said they had regular visits and enough time between calls to travel to the next person.
- The manager ensured there were sufficient staff available to provide the agreed visits and sent people a rota that showed who would be completing their visits.
- Staff said they had provided referees and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- People who needed support with their medicines were supported by staff to have them as prescribed.
- Staff had received training and senior staff completed checks to ensure they followed best practice.

- The management team had systems and processes to ensure medicines were administered safely. For example, medicine records were checked regularly to ensure gaps were investigated and action taken.

#### Preventing and controlling infection

- Staff had been trained and had a good understanding of best practice to manage the risk of infection. For example, we saw this was checked through the spot check process.
- People told us staff followed safe practice to reduce the risk of infection. For example, people said staff wore gloves and aprons when needed.

#### Learning lessons when things go wrong

- The management team investigated and followed up the incident to ensure all actions needed were completed. Staff understood how to report accidents and incidents.
- There was a system to review accidents and incidents to monitor for trends.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 physical, emotional and social needs had been assessed before they started to use the service.
- People, relatives and other healthcare professionals involved in people's care were consulted during the assessment process. This ensured information about people's needs, wishes and preferences were identified and used to inform people's care planning.
- We saw information on best practice guidance was available for staff and shared with staff by the management team.

Staff support: induction, training, skills and experience

- People and their relatives said staff were knowledgeable and were trained appropriately.
- Staff completed an induction which included training and shadowing experienced staff. They were introduced to the people they would be supporting with experienced staff, who shared their best practice knowledge. They had the information they needed to support people well.
- Staff told us senior staff regularly completed spot checks to ensure they were competent with their role. One member of staff explained this had improved their confidence.
- All staff completed the care certificate with an effective system to check their competencies. The care certificate is the national recognised standard for care staff. The trainer was passionate about their role to support staff to provide quality care.
- We saw regular training updates were arranged for staff. For example, these included oral care training to ensure staff were knowledgeable about people's needs. These were reflected in people's care planning. Staff were encouraged to further develop their knowledge and skills through vocational training.

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

- People were offered support with eating and drinking dependant on their individual needs. One relative explained how staff had built a rapport with their family member through supporting with meal preparation, which was now developing into further support being accepted by their family member.
- Staff were knowledgeable about how to meet people's nutritional needs. When needed staff would record nutritional intake and made referrals appropriately.

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

- Staff understood people's health needs and were knowledgeable about people's health conditions.
- People explained they were confident staff would support them to access healthcare services if they

needed support. For example, contacting their GP to arrange a visit when needed.

- Staff were aware when support was needed to attend a health appointment and worked with the person and their family to ensure people had support.
- We spoke with a community nurse who said staff made appropriate referrals and listened to their advice.

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 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.

- Staff knew who to contact and involve in any best interests decision. The manager was attending further MCA training maintain their understanding the legal requirements of the MCA.
- People said staff always asked for their consent before they helped them. One person explained how staff were always really careful to ensure they were aware of what would happen next, they said this was really important to them.
- The manager had identified people who needed support with decisions about their care needs. They were in the process of reviewing and ensuring there was the correct documentation in place to comply with the MCA.
- Staff had a good understanding of the act and told us no-one they supported was deprived of their liberty. They understood some people needed support with some of their decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were supported by staff who were compassionate.
- People said all the staff were caring and kind. One person told us about staff, "They give good hugs."
- Relatives gave positive feedback about the staff and management team. One relative said about staff, "They are amazing, we have such a good deal." Another relative explained how staff had checked they were ok when their family member was in hospital.
- Staff were considerate and sensitive about issues related to equality, diversity and human rights when discussing people who they supported. There were examples where staff spent time establishing a rapport to improve how they supported people.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity respected and their independence maintained.
- People told us staff respected their privacy and dignity. One person explained that staff always maintained their dignity whilst completing personal care because they were embarrassed. They said this meant a lot to them that this was respected by staff.
- Relatives said staff always respected their family member and listened their wishes. They said they had developed relationships with established staff who knew their family member well.
- People said staff supported them to be as independent as possible. One person told us, "Staff get it just right for me, they know when I need help, and when to let me do it myself."
- All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to be as independent as possible.

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

- People made the decisions about their day to day support. One person told us, "I am in control."
- Relatives confirmed staff really listened to their family member's ideas and worked with people to express their views.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. Where concerns were raised these were actioned and improvements made. For example, through the last quality audit people raised about staff running late. The manager had reviewed travel time and written to people to reassure them.
- The management team regularly completed reviews of people's support to ensure they had the opportunity to comment about the quality of their care.

- Relatives said communication was good, they felt involved in how their family member was supported and they felt involved by staff.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.
- People confirmed their needs and wishes were met by the support they received. They said staff knew them well and listened to them.
- Relatives told us the care people received reflected their individual needs and preferences. One relative told us, "They are fabulous, they give [family member] time and it works really well."
- Staff were committed to ensuring people had choice and control over their lives, and the service was flexible to accommodate people's plans and routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team understood accessible information and provided information in suitable formats to meet people's needs. The manager explained they had access to an interpreter at their head office to support with communication needs for some people.
- Staff explained how they would adapt how they communicated with people when they needed to. They said there was clear guidance about communication needs for each person to ensure they were consistent.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. One person said, "I can speak to [the manager] anytime and she will listen and help." Relatives told us they had confidence with the new manager and would happily raise anything with them if they needed to.
- The manager investigated complaints, agreed outcomes and admitted when things went wrong. The manager had a complaint policy and procedures to review with the provider any complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Staff were knowledgeable about how to respect people's needs and wishes. For example, they were able to explain about how important mouth care was for people at the end of their life.
- The manager explained they had worked alongside other agencies to support people who chose to

remain in their own homes at the end of their life.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well managed, and people and their relatives gave positive feedback about the manager. People told us they knew the manager and she was approachable.
- People and relatives said communication with staff and the manager was good. People said they received a rota so they knew who would be visiting them, and they were told if staff were running late or changes needed to be made where possible.
- Staff we spoke with said there was an open culture, they said they felt well supported by the manager and the office team, who were open and approachable. One staff member told us the manager had gone out of her way to ensure they were supported.
- The manager was a trained councillor and supported staff across the services when needed.

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

- The management team were open and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.

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

- The manager had an overview of the quality of care through senior staff completing spot checks, and regular reviews with people who used the service.
- The new manager was in the process of becoming registered with the Care Quality Commission.
- People and their relatives gave positive feedback about the quality of the care they received.
- The manager was arranging staff meetings to ensure all staff had the opportunity to meet up and share best practice. Staff told us they could contact the manager any time and she was approachable.
- The manager was updating systems to ensure there was a clear overview of the quality of care provided. For example, an overview of accidents and incidents to identify trends and concerns.
- Staff were clear about their responsibilities and the leadership structure. The manager had systems in place to ensure they followed through on any concerns identified and completed actions required.
- The manager understood their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were identified and escalated where necessary.

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

- The management team listened to people and relatives and adapted the care to meet their needs. For example, one relative told us how they had worked with staff to gradually increase visits to their family member as staff developed a rapport with them.
- The management team completed reviews and people's feedback was sought. The feedback completed was positive and people were satisfied with the quality of their care. Where improvements were needed the manager had responded and communicated with people about these improvements.

Continuous learning and improving care

- The manager had identified areas for improvement such as ensuring they were compliant with the Mental Capacity Act and was in the process of consulting with staff and updating records.
- The provider was in the process of developing technology to improve the quality of the care provided, which would provide extra information to staff to support them in their role.
- The manager met regularly with the provider to review the quality of care and ensure improvements were completed.

Working in partnership with others

- The staff team had developed links with the community to support them to provide quality care. For example, staff had formed links with health care professionals.
- The provider had other services and the managers met regularly to develop best practice ideas.