Nationwide Care Services Ltd

Nationwide Care Services Limited (Nottingham)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an announced inspection of the service on the 12 and 31 May 2016. Nationwide Care Services is a domiciliary care service which provides personal care and support to people in their own home across the UK. At the time of the inspection there were 66 numbers of people using the service.

There was a manager registered with the Care Quality Commission (CQC). 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.

People felt safe and were supported by staff who knew how to keep them safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed, but plans in place did not always identify or reduce the risk to people's safety. There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff felt fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke complimentary of the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the support each person required. Care records were written in a way that focused on people's wishes and respected their views that provided information for staff so people could receive relevant care. However, they were not written in a person centred way. A complaints process was in place, and people felt able to make a complaint and felt staff would respond in a timely manner.

The service promoted a positive culture that was transparent and open. People felt the service was well run. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share their experience about the service and feedback on these experiences. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

We identified one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can

see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported by staff who understood their responsibilities to protect people from the risk of abuse.

Risks to people's health and safety were managed; plans in place to enable staff to support people safely did not contain sufficient detail on how to prevent the risk.

There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health. They had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People had positive and caring relationships with staff.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who

understood the importance of this.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and staff were aware of the different support each person required. Care records were reviewed and care needs updated.

A complaints process was in place and people felt able to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The provider or registered manager had failed to notify CQC of serious incidents and concerns, as a requirement of their registration with CQC.

People were happy with how the service was run.

Staff told us they would be confident raising any concerns with the management.

There were systems in place to monitor and improve the quality of the service provided.

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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.

We carried out visits to the service on 12 and 31 May 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the registered provider would be available. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who used the service, one relative, three members of care staff, two seniors and the registered manager. We looked at the care plans of five people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at four staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

Requires Improvement

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from abuse and avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People we spoke with told us they felt safe with the staff who provided their care and support. One person said, "I feel very safe with the care staff." One relative told us their relation was safe with the care staff, but felt safer when the staff were regular ones. We spoke with the registered manager and they told us they had put plans in place to accommodate this person, as the person became unsure when they received new care staff to assist them with their care needs. We were satisfied the service had taken appropriate action to support this person.

Care staff we spoke with described the procedures they followed to ensure people were kept safe and protected from abuse. Staff confirmed they had attended safeguarding training as part of their induction and one senior care staff member told us they received refresher training when required. The registered manager told us they had put systems in place to monitor the staff's competencies to ensure they understood how to keep people safe. They also said they discussed safeguarding in group meetings and share experiences, so staff had a full understanding of the provider's safeguarding policies and procedures.

We found safeguarding policies and procedures were in place. The service was following local authority safeguarding procedures for raising any safeguarding concerns. We saw Information was available for staff and referrals were made in line with the provider's policy. However, we found that some concerns that had been reported to the local authority and the service had taken action, but they had not shared this information with CQC. For example, when the outcome of a safeguarding required the provider's disciplinary policy to be followed or where further training had been identified. We discussed this with the registered manager. The registered manager told us although they had systems in place to record and maintain safeguarding referrals to the local authority to ensure any safeguards were dealt with appropriately the process for informing CQC had not been followed. The registered manager told us they would review the safeguarding process and address this issue immediately.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur. We saw people's care files contained relevant records of their individual injury and accidents. Assessments of the risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. However, we found they lacked detailed instructions for how care staff should manage these risks. For example, one person was living with diabetes. There was no guidance on the sort of food the person should have to support them with their condition. There were no details if the person should have high or low blood sugar, and how staff would care for this person. Additionally, one person used a catheter although staff were responsible for emptying the catheter there were no instructions for how staff should do this safely. There was a risk the catheter could be disconnected or the person was at risk of infection to the area the catheter was attached. We saw where one person's care file noted they were at risk of skin injuries, but the risk management plan we reviewed did not include enough detail to show how staff

should support this person safely, did not outline any potential dangers and risks, or looked at ways to minimise these risks.

People told us they felt confident that care staff were able to deal with any emergency situation that should arise whilst people were in their care. One person said, "I have never been left without care." Another person said, "Even the manager has come to assist me if the care staff are detained elsewhere. (Meaning if there was an emergency at the previous call.) There was an on call system in place. The registered manager told us this enable the management to be contacted should the need arise. This meant that people would not be left without support in an emergency.

People and their relatives told us they felt there was not always sufficient staff to cover the calls. One person said, "Sometimes I feel there could be more, as once the manager came and provided care." A relative told us they kept getting different care staff as staff were always changing. All people said care staff stayed for the duration of their call.

Staff we spoke with gave us mixed feedback. One staff member said there were not enough staff. They gave an example of where they thought there were occasions when people needed more help and support to meet their needs. They said, "One person's assessment will say they need one staff to assist them, but you find that you may need two. Two other members of staff told us they felt there were enough staff to cover the calls. The registered manager told us the number of staff they required each day was assessed on people's needs. They told us staffing levels were also monitored by the system they had in place to monitor call times. This system also identified how many staff were required each day. We found the service was actively recruiting staff at the time of our visit.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff started work. This included checks on criminal records, references, employment history and proof of ID. Clear staff disciplinary procedures were being followed where appropriate. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

People always received the level of support required to manage their medicines safely. One person said, "They [care staff] prompt me to take my medicine and watch over me to make sure I take the correct ones." Another person said, "The girls give me my medicine, they then write in a book to say I have taken it." Care staff we spoke with told us they had received training for administering medicines. One member of staff described the process they followed to ensure people received their medicines in a safe way. Another member of staff told us they completed a medication administration record (MAR) for each person they were required to support with their medicines. All staff were aware when two signatures were required (Two signatures are required when changes to a MAR is hand written, this is to ensure the medicine is given as prescribed) and the process for reporting when medication had changed.

The registered manager showed us the process they had in place for ensuring all MAR charts were completed correctly and how gaps in the charts were addressed and the action they took.

We found people's care plans contained information about what medicine they were taking. We saw copies of the records that were kept. When gaps appeared in a person's MAR chart the registered manager followed this up and carried out an immediate investigation. They took appropriate action to address these issues. For example when an error had occurred the service contacted a GP or pharmacist for advice. If they identified a training issue then staff were given further training. We found audits were taking place to make

sure people received their medicine safely. We found some people had medicine listed on their care files and these matched the copy of the MAR chart for that person. Staff confirmed and records we looked at showed staff had received up to date medicine training.

Good

Is the service effective?

Our findings

People told us they received effective care that reflected their needs. People gave us positive feedback about the care they received. One person told us they felt staff understood their needs and were skilled to deal with their care and support. Another person said, "Staff are trained to do their job, but I feel the younger care staff need more experience." One relative told us the care their relation received was good and met their needs.

Staff were knowledgeable about the people they cared for. They gave good examples of how they cared for and met people's individual needs. One member of staff described how they assessed and managed this person's needs and another member of staff told us about four people that they cared for. Both members of staff were knowledgeable and knew what care each person required. All staff we spoke with confirmed they had received an induction. Staff told us about the training opportunities they had received and were positive that this was sufficient in meeting people's individual needs.

We saw there was a specific training area at the service where care staff attended to receive their training. They had access to different types of equipment to ensure they were competent when they had to use it in people's homes. This included, stand aids, hoist and different types of slings. We also saw information on specialist care, such as care of a catheter. Dates had been booked for training for safeguarding, moving and handling and other relevant training. The service also promoted different styles of training to ensure all staff benefited.

Staff confirmed they received supervision and appraisals on a regular basis and felt the management was supportive. There were systems in place to ensure staff were supported and able to share good practice. Supervision took place every two months and plans were in place for annual appraisals. One member of care staff said, "The managers come out and observe us doing our job. They will ask questions about the person to ensure we know what they want. They [managers] check we are wearing the correct uniform, ID Badge and using appropriate equipment." Another member of staff told us when they had their appraisal they were asked if there was anything they felt they needed. For example further training. The registered manager told us that they observed staff delivering care and gave feedback to staff about this in the form of spot checks and discussed areas of further training in the supervision. We looked at a sample of four members of staff files and found that they had completed an induction, attended training, such as, food hygiene, pressure care management, catheter care and moving and handling.

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 told us staff gained their consent before care and support was provided. People said they were asked permission before staff provided any care and support. One person said, "They always ask if I want

care, a drink or anything doing when they arrive." Another person also told us the care staff always asked before providing personal care.

Staff told us the people they supported had the capacity to make decisions about their own care and support. Another staff member told us if a person lacked capacity then they would provide care and support in the person's best interest. Staff told us that they had received training in MCA and demonstrated they understood the principals of this legislation. The registered manager told us MCA was also covered as part of the induction and care certificate training.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had mental capacity to consent to their care and support. Staff told us they assumed that people had capacity however they monitored people regularly for changes. This told us the service was working within the principles of MCA.

Where required people were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person said, "The staff always offer me a drink. My spouse was responsible for my food, but I am sure they [staff] would support me if I wanted something to eat." Another person said, "They [staff] supply me with enough to eat and drink." One member of staff said, "I always ask the person if they want something to eat or drink. Sometimes I prepare food, so they can eat it later. We keep track of what people have had to eat or drink in the daily notes". We saw samples of daily notes and this confirmed what staff told us.

People were supported to maintain good health. People told us that the staff contacted healthcare professionals such as a GP or nurse if their needs or condition deteriorated. One person told us that they had acquired an injury and the care staff contacted a district nurse to visit them. This resulted in the person receiving some prescribed cream. Other people told us staff had not had to contact their GP or make a referral, but were confident if the need arose they would. Care staff we spoke with were aware of people's changing needs and gave example of when they may be required to contact a health care professional. One staff member described a scenario of a person living with diabetes. They told us if they had concerns over a person's sugar levels they would contact a district nurse for advice. This showed us people were supported to maintain good health.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive, caring relationships with staff and with relatives. We received positive feedback about the relationship people had with the care staff. One person told us they had, "a good rapport with staff." Other people said that they had a good relationship. A relative told us their relation liked their regular staff. They also told us they liked to have the same care staff visit them.

Staff told us they were encouraged to have good relationships with people and communicate effectively. One care staff said, "I read the care plan and also get to know them as an individual." Another staff member said, "It is about communication. Getting to know the person what they like and don't like." One care staff told us they used eye contact, or body gestures or the person just showed them what they wanted them to do. This showed us people's dignity was respected. We found people and staff talked about each other in a kind and friendly manner. Through speaking with people and staff we could tell they had good relationships with each other. If issues or concerns were identified the service were quick to make changes and introduce other care staff when required.

People were given the choice of either a male or female member of staff to provide their care. Staff and the registered manager confirmed this. One person said, "I have mainly female care staff, but I have no preference they are all good girls." Staff showed they cared for people's wellbeing and cared for people in a person centred way.

Care was planned in line with the person's preferences, but the plans were generic and not person centred. We found limited information regarding people. For example, a person's life history was not sufficient to enable the staff to understand the person they cared for. In some of the care plans there was only one of line information. The registered manager told us the staff had good caring abilities when they provided support for people. They said that care coordinators were aware and knew the compatibility of people (meaning if the person and staff member would mix well with each other.) and the staff providing the care. They also told us they were in the process of updating the care plans and would address the limited information to ensure they were more personalised, but they relied on people and their family to provide such information. We noted on one person's file it stated they were reluctant to answer any questions about their past history.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us they were aware and involved in the care planning and reviews. People told us staff involved them in day to day decisions by providing choices. They said that they felt their opinions and decisions were respected. One relative said, "I have discussed [name of relation's] care needs with the service." Staff told us they listened to what people said and want. They made sure people were actively involved in making decisions about their care and support. Care records we looked at showed how people wanted their preferred care provided. This told us people had the opportunity to make choices about their care.

People told us they had received information about the service to advise them what they could expect. This

also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. The registered manager confirmed the service actively direct people to the relevant and current advice where ever possible.

People felt staff respected their wishes, privacy and dignity when providing care. One person said, "Yes, staff are very respectful." Another person said, "The staff cover me when they provide personal care."

People were encouraged to do things for themselves and be as independent as possible. Staff were knowledgeable about the people they provided support to. They had a good understanding of people's needs and preferences. One staff member said, "I respect people have different cultures and backgrounds. When I provide personal care I make sure people are treated with dignity." Another staff member told us they always took the person's dressing gown in to the bathroom, so the person could put it on after their shower.

Staff described how they promoted independence and encouraged people to make their own decisions. One staff member said, "I always ask the person if they want to have a go before I intervene. I do not force people to do anything they do not want to." Staff talked about communicating with people effectively.

Good

Is the service responsive?

Our findings

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. People and their relatives agreed the service discussed their care on a regular basis and that it was relevant to the person's needs.

Staff told us the care coordinators contacted them on a regular basis to update people's changing needs. Initial assessments were undertaken to identify people's support needs and care plans were developed to outline how these needs were to be met. These were reviewed on a regular basis and changes were made if needed. The registered manager explained when they went out to assess people they discussed what support the person requires and wants. This included the frequency and times of the care calls.

The registered manager encouraged staff to provide care that went 'that extra mile'. Staff gave examples of when this had happened. For example one staff member told us about one person who liked to read the paper in the morning. They said normally it was a family member who brought their paper. There was one occasion the family member was ill and could not visit the person, so for the person not to miss out the staff member brought them a paper that morning. This showed us they were providing effective support.

Care files we looked at showed people's preferences and wishes had been discussed and assessed. This included consideration of people's religion and spiritual needs. However we found limited information about people's life history, interests and hobbies. The registered manager told us they were in the process of reviewing people's care records. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made. We saw recorded in team minutes that peoples changing needs had been discussed.

People were aware of how they should make a complaint or raise a concern. Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was identified to them as a concern and they could resolve it they would do, but they would also speak with the registered manager.

We found that the provider had a complaints policy and procedure in place and that this was shared with people that used the service. Where complaints had been identified the registered manager had taken appropriate action to ensure the complaint was dealt with and action taken was appropriate and in line with the providers complaint policy and procedure.

Requires Improvement

Is the service well-led?

Our findings

Registered persons are required to notify the CQC of certain changes, events or incidents at the service. Our records showed that we had not been notified appropriately. We found three incidents that had been referred to the police and some safeguarding concerns that we had not been notified of. We discussed this with the registered manager and they told us and records we saw confirmed, they had notified and addressed the issues of concern with the police and local authority to make sure people were safe, but had not followed the relevant procedure to notify us.

This is therefore a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People we spoke with complimented the service on how it was run. One person said, "They [staff/managers} are pretty good all in all." We spoke with five staff members who told us they felt supported by the management. One staff member felt the support was consistent. Another staff member told us they had been supported to take opportunities to change and improve their job role.

The registered manager told us that their vision for the service was to deliver good quality care. Staff confirmed they supported the vision of the service. They said that they were satisfied they provided good care and that people were genuinely happy to see them. One staff member said, "Some of the people have no family and we become the only person they may see."

Staff were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed.

The service had quality assurance systems in place and they had completed audits to check if people were happy with the service, care calls were completed and covered appropriately and medication administration records were completed correctly.

People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole, and how it met their individual needs. In addition, the registered manager told us they sent questionnaires and we found the feedback from these were positive. We saw where issues had been identified these were addressed and action was taken. Comments included, 'Amazing people keep up the good work.' And, 'Overall very satisfied with the service.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Registered persons are required to notify CQC of certain changes, events or incidents at the service. Our records showed that we had not been notified appropriately.