

Nationwide Care Services Limited

# 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

We undertook an announced inspection of Nationwide Care Services Ltd (Birmingham and Solihull) office on 16 December 2014 and 10 February 2015. We told the registered manager two days before our visit that we would be coming.

This was the first inspection of this location which was registered on 11 June 2014.

Nationwide Care Services Ltd (Birmingham and Solihull) is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded by Solihull and Birmingham Local Authorities and some people purchased their own care. At the time of our inspection 300 people received support from this service.

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.

People were protected from abuse because staff were able to recognise the signs and symptoms of abuse and knew how to raise concerns. Staff had received training

that enabled them to provide safe care and support. There were sufficient numbers of trained staff that had had the appropriate recruitment checks to ensure that people received safe care and support.

People told us that they were happy with the care and support they received from their regular care workers who were knowledgeable about their needs and attended at the agreed times. Some people were not always happy with the care and support they received from replacement care workers because they were not aware of their needs and sometimes did not attend at the agreed times.

People told us that they were asked for their consent to the care and support they received this involved an assessment of their needs. This meant that people's rights were protected and consent to care and support was obtained before it was provided.

People told us they had developed caring and friendly relationships with their care workers. People's privacy and dignity was usually maintained and their independence promoted.

There were systems in place to gather the views of people on the quality of the service to ensure this was provided appropriately. People told us that they had no problems with the care workers but they were not always happy with the responses and communication with office staff.

# 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 told us they felt safe and staff were able to identify and raise any concerns so that people were protected from harm.

The appropriate recruitment checks were carried to ensure that only suitable people were employed to support people.

Risks to people were assessed and managed appropriately.

There were sufficient numbers of staff available to meet people's needs.

People usually received their medicines as required.

Good



### Is the service effective?

The service was effective.

Most people told us that their regular care workers were knowledgeable about their needs and had the skills to provide the care and support they wanted.

People were asked to provide consent to the care and support they received.

Most people received the support they needed with eating and drinking and health professionals were involved to ensure people remained healthy.

Good



### Is the service caring?

The service was caring

People had developed good relationships with their regular care workers who were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received.

Most people felt their privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive.

Care workers provided care and support in a personalised and responsive way because changes in people's care needs were monitored.

Systems were in place to gather the views of people about the service they received.

Good



### Is the service well-led?

The service was not consistently well-led.

Requires Improvement



# Summary of findings

There was an appropriate management structure and systems in place to provide leadership and good management.

There was an open, inclusive and responsive culture that ensured that there was continual improvement in the quality of the service.

Some improvements could be made to the auditing of records and communications with staff and people that used the service.

# 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.

We inspected the offices of Nationwide Care Services Ltd (Birmingham and Solihull) on 16 December 2014 and 10 February 2015. There was a long gap between our visits as there were some issues that had been raised in comments from people that we wanted to check before we completed our draft report. The registered manager was given 48 hours' notice for both visits that we would be visiting.

We had not requested a Provider Information Return but we reviewed all the other information we held about this service. This included notifications about deaths, accidents and safeguarding alerts; and information from local authorities. A notification is information about important events which the provider is required to send us by law.

One inspector visited the offices and another inspector carried out telephone calls to people who used the service and staff after our office visit. During our office visit we looked at the care records of four people and two other files to follow up on safeguarding alerts. We also looked at the personnel files of four staff to look at recruitment checks and training provided to care workers. We also looked at other records associated with the running of the agency including staffing rosters and complaints records. We spoke with 17 people or their relatives and seven care workers on the telephone.

# Is the service safe?

## Our findings

Everyone spoken with told us that they felt safe with the staff that supported them. One relative said, “I’m happy that he [relative] is safe with them [staff].” Another person told us, “I feel safe when they [staff] are here.” All the staff spoken with had a good understanding of what they needed to do in respect of protecting people. Staff were able to explain different types of abuse and the actions they needed to take to raise any concerns they had. All the staff had a good understanding of what they needed to do in respect of protecting people. All the staff spoken with were able to explain different types of abuse and all but one said they had received training in how to protect people. Despite the lack of training for one member of staff they were able to explain what they would do if they suspected abuse. This showed that staff had the skills and knowledge to identify and report abuse so that the appropriate actions could be taken to protect people.

Staff told us that they were aware of the risks to people and knew how to provide safe care because there were care plans and risk assessments in place and available in people’s homes. Relatives and people spoken with confirmed this. Records we looked at showed that a variety of risk assessments were in place. These included risks due to the environment, health issues and equipment used. Management plans were in place to minimise identified risk. This showed that actions were taken to identify and manage identified risks so that staff and people were protected from injury.

People told us that calls were attended at the correct time and for the correct length of time by their regular carers so that people were not rushed or left waiting. One person told us, “[Staff] always come and are always on time.” A relative told us, “They have never let her down.” Most people that we spoke with told us that they received support when required in the way they needed it. One person receiving a service told us, “I need a hoist and have two carers now.” Staff confirmed that there were always two staff available to carry out calls where two staff were needed. This showed that there were sufficient numbers of staff to meet people’s needs. We saw records and care workers confirmed that the appropriate recruitment checks had been undertaken to ensure that only suitable people were employed.

Some of the people we spoke with were supported to take their medicines. People were generally happy that they got their medicines as required. One person told us, “They have started to help me with my tablets. They have to remind me sometimes.” One relative told us, “Staff complete medicine administration records (MAR), no problems with this so far, no tablets left.” However, one relative spoken with was not happy with the support provided and identified an occasion when the medicines had not been given. All but one of the staff spoken with told us that they had received training in supporting people with medicines and that they completed the appropriate medication records. Care plans looked at were clear where people needed support with medicines and the records seen showed no gaps. This meant generally people received the support they needed to take their medicines.

# Is the service effective?

## Our findings

All of the people and relatives spoken with told us they were happy with the care. One person told us, “I have a care plan and staff do what is on it.” Another person said, “Yes, I have a care plan. I told them what I wanted.” A third person told us, “No problems at all can’t praise them enough.” One relative told us, “Staff know what they are doing, are trained to use the hoist.” Care workers spoken with confirmed that they had access to care plans and risk assessments in people’s homes and had the information they needed to support people. Care workers spoken with were knowledgeable about the people they supported. We saw records and care workers confirmed that they had received training to equip them with the skills and knowledge they needed to carry out their roles. Staff told us and records confirmed that they received regular on the job supervision to ensure that they carried out their tasks as required and attended staff meetings to discuss practice issues. This showed that people received the care they needed because staff were knowledgeable about their needs and received support to carry out their roles effectively.

Most people told us that they were happy with the care and support they received from their regular care workers who usually arrived at the expected times. There were two people who were unhappy that they did not always have their regular care workers. A relative told us, “They do try and send regular carers but this is not always possible.” Most staff were on time for their calls but one relative told us there had been instances when care workers had been late and their family member had been left distressed and on one occasion had not received their medication and food at the required time. The registered manager acknowledged that there had been some late calls for this person and had met with the relative to address these issues. All the staff spoken with told us that they were given a brief explanation of people’s needs before they attended a new call. They also had access to people’s care plans and were able to ask family members about the support they needed. This showed that systems were in place to provide care workers with information about people’s needs and most calls were at the expected times.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected,

including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive the liberty of someone that lived in their own home.

People spoken with told us that they had been asked about the help and support they wanted. One person told us, “They [staff] know what to do.” The registered manager told us that capacity assessments were carried out by social workers and the records of one person evidenced that this had been done. The registered manager told us that there was no one they supported who was under any restrictions on their liberty. This showed that people’s rights were protected.

We asked four staff about training in Mental Capacity and Deprivation of Liberty Safeguards. All said they had not had specific training in this area and two said they covered it during their National Vocational Qualifications but were not very clear about things. However, people told us that they would always involve people or their relatives in planning care. This showed that despite the perceived lack of training by staff they ensured that people’s rights were maintained.

One relative told us, “I leave a drink and they give it to [person].” Care records we looked at showed that instructions were available for staff where they needed to support people with food and drink for example where frozen meals were to be heated up by microwave. This showed that people got the support they needed with food and drinks.

A relative told us that care workers contacted the office if they had concerns about their family member. One care worker told us, and records confirmed that if someone using the service was unwell they would either contact the office for advice or an ambulance if it was urgent. Care workers spoken with told us that they were aware of people’s health needs. Records we looked at showed that risk assessments were in place in relation to health conditions people had. We saw that where other professionals were involved in people’s care such as district nurses and doctors contact numbers were available and showed what actions the healthcare professionals took. For example, one care file showed that district nurses were responsible for administering insulin injections. This

## Is the service effective?

showed that people were supported to manage their health conditions and care workers monitored people and raised any concerns they had so that they could be addressed.



# Is the service caring?

## Our findings

People told us that they were happy with the care workers that supported them and people had built up good relationships with regular care workers that provided care. One person told us, “Yes, they are friendly, ‘fairly polite.’” Another person said, “On the whole carers are excellent, very caring.” One relative told us, “Most of the time we have a regular carer, [she] has a nice relationship with mom, caring and polite. Some are absolutely lovely.” During our visit to the provider’s office we saw a number of compliments received by the service. One relative told us that although their family member had passed away staff had visited them since and were grateful for this. Staff spoke about people in a caring way. This showed that people were happy with the care provided by care workers and there were some good caring relationships with people and their families.

People told us that they were able to express their views and make decisions about the care they received. People felt that they were listened to and staff were able to tell us

about the things people were able to do themselves. Care records looked at confirmed people’s involvement in planning their care and the way they wanted to be supported.

The majority of people were happy that their privacy and dignity was being maintained but others were not. For example, One person told us, “Staff do respect my privacy.” Another person told us, “I have no issues with safety or privacy.” One person told us, “They [care workers] talk on the phone in their own language, but privacy is okay.” One relative told us that people’s confidentiality was not always maintained because staff talked about people in front of them. All the staff spoken with had a good understanding about how to promote privacy and dignity and were able to give good examples of how they maintained people’s privacy and dignity. This included ensuring doors and windows were closed and people were kept covered whenever possible when personal care was provided. Although people’s dignity was generally promoted there were occasions when staff talked over people about them with relatives that was not appropriate.

# Is the service responsive?

## Our findings

People and their relatives told us that they had been involved in planning and agreeing their care. Staff told us that they asked people about what help they wanted. Staff told us and records showed that needs were assessed and care was planned so that care was provided based on individual needs. We saw that people's changing needs were identified and actions taken to meet them. For example, one person told us, "They have started to help me with my tablets. Another person's needs had increased and support was provided with the use of a hoist. We saw that people's needs were reviewed on a regular basis. One staff member told us, "We observe for any changes and tell the office staff. Reviews are carried out if needed." This showed that people received personalised care based on individual needs which were monitored for changes.

The majority of people told us that they were happy with the service and had no reason to complain. Two relatives told us that they had received information about how to make complaints and another person told us they had telephone numbers to call if they were unhappy. This meant that people knew how they could raise any concerns they had.

Everyone spoken with told us they were happy with the care workers but two people said they did not get a response from the office staff when they raised issues. Contacts from people were recorded in a contact or out of hours log book but there was no specific record for concerns so that any trends could be identified. However, at the time of our return visit we saw that the two people had been contacted to ensure the issues were addressed. Records showed that people were usually contacted when there were concerns and apologies given where things had gone wrong. We saw the registered manager had taken action when issues had been brought to his attention. This showed that the service was responsive when they were aware of areas that required improvement.

The complaints log had no recorded complaints or concerns. We saw that office staff contacted people by telephone to see if they were happy with the service. Seven people told us they had been contacted by office staff to ask if they were happy with the service. There was also an annual questionnaire that was sent to people to get their views on the service they received. This showed that there were systems in place to get the views of people and that the majority of people were happy.

# Is the service well-led?

## Our findings

There was a registered manager in post and a team of co coordinators to plan and monitor the service provided. This showed that there was an appropriate management structure in place to manage the service.

We saw that the registered manager delegated tasks to staff giving them an opportunity to develop their skills and knowledge. Discussions with the registered manager showed that he was very passionate about providing a good quality and safe service to people and was responsive to issues raised and improvements that could be made. Staff spoken with told us that they were able to contact the office for advice. One care worker told us, “Senior staff are approachable and do listen to what we say. Can speak to seniors or owner.” This showed that there was an open and inclusive atmosphere where staff were able to develop their skills and the service.

We saw that there were some systems in place to monitor the quality of the service provided by care workers. For example, on the job checks were carried out on care workers. Staff and some people spoken with confirmed that the checks were carried out. One member of staff told us, “Spot checks are done two or three times a year, and then we get feedback.” We saw evidence of these checks on staff records and there was follow up where issues had been identified. This showed that there were systems in place to ensure that staff working alone provided the service required.

We saw that telephone calls were made to people and questionnaires were sent to people to get their views about the service and there was a complaints process in place. No complaints had been recorded however people told us that

they had raised concerns and they were unhappy that their concerns had not been followed up and addressed. One staff member told us, “People in the office are approachable, they say to communicate and tell us about team work, but they don’t communicate with each other. We get three different people ring us up about the same thing.” This showed that communications with people and staff could be improved.

One relative spoken with told us that there had been several late calls. We were told by the registered manager that log books were audited but there was no evidence of when and what issues were identified. Sufficient and effective audits of the log books would have ensured that the late calls we identified would have been picked up. Some people told us that although they were happy with their regular carers new carers were not always aware of what they needed to do. This showed that some improvements could be made to the monitoring of the service to ensure that people were satisfied or their concerns addressed in a timely manner.

We saw that there had been some learning from safeguarding issues. For example, following a safeguarding issue in respect of the way people were supported with their shopping new recording sheets were introduced to monitor the financial transactions that took place. However, when we checked the records for one person’s monies we saw that there was a discrepancy and although the sheets had been checked the discrepancy had not been picked up and addressed. We saw that further improvements were needed to the financial records to ensure that entries were made in order and there were not multiple sheets in use at the same time. This meant that audits in place did not always identify shortfalls and ensure improvements were made.