

Nationwide Care Services (Worcester) Ltd

# Nationwide Care Services Ltd (Worcester)

## Inspection report

Blackpole Business Centre  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

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 care to people living in the community. The service provides support to younger adults and older people. At the time of our inspection there were 65 people using the service.

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

Systems and processes were in place to safeguard people from abuse. Staff understood what steps to take to protect people. People told us they felt safe and spoke positively about the staff team. People's needs and risk were assessed. Care plans and risk assessments guided staff on how to care and support people safely. For people who required support with their medicines this was done safely. Staff continued to be recruited safely; pre-employment checks were carried out to ensure suitable staff were employed.

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 supported this practice.

The current manager had applied to register with the Care Quality Commission (CQC) and their application is being assessed. The manager regularly met with staff and people using the service to obtain their views and feedback on service delivery. There were effective systems in place such as audits and checks to monitor the quality and safety of the service and drive through improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 3 March 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nationwide Care Services Ltd (Worcester) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 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. The Expert by Experience carried out telephone calls to people prior to the inspection.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was announced.

We gave the service notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 27 March 2023 and ended on 18 April 2023. We visited the location's office on 5 April 2023.

#### 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 who work with the service. We also requested feedback from Healthwatch to obtain their views of 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 22 July 2022 to help plan the inspection and inform our judgements. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and with 3 family members about their experience of the care provided. We spoke with 8 members of staff including the manager, office staff, care workers and the nominated individual. 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 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I feel very safe with the carers as I know them all well and they know my routine." Another person told us, "I feel safe, respected and valued by the carers." A further person said, "I am happy and safe with my carers and feel very lucky to have them."
- Relatives told us they felt the service was safe. One relative told us, "A little while ago the continuity was a bit erratic, but the office staff did step in, but now continuity of care is very good and [family member] is safe with all the carers." Another relative told us, "My [family member] is very lucky to have the same [staff member] coming in to care for [family member]."
- Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any concerns. One staff member told us, "[Managers name] is very big on safeguarding and whistle blowing and staff being able to speak up." Another staff member said, "If I had any concerns, I would call the manager or office staff."

Assessing risk, safety monitoring and management

- People's known risks had been assessed and care plans and risk assessments were in place. This included risks associated with people's care and living environments. One person told us, "Before I started to use Nationwide the manager visited and completed a thorough assessment of what I required and also looked around the house." Another person said, "When I initially took on the service the assessment from the manager was very thorough."
- We discussed with the manager to consider adding additional information such as where utilities are located and any emergency contact details, where appropriate, to risk assessments.
- Staff used an electronic system when entering and leaving a person's home. Staff used this to mark activities as complete such as completion of tasks, medication administration and care notes. This system provided the manager with oversight and allowed them to promptly address any issues or concerns. For example, missed and late visits.
- The manager told us they were in the process of transferring their current electronic system to another. In addition to what their current electronic system produces it will also inform how long it takes to get from one call to another. This will enable office staff to rota appropriately with the correct travel time.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA.
- At the time of the inspection no one using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care and support. One person told us, "The care I receive is provided how I like it to be, and the carers listen to me." Another person said, "The service is meeting my needs."

#### Staffing and recruitment

- Staff were reliable. One person told us, "I have had no missed calls and they [staff] stay until all the jobs are done." Another person told us, "They [staff] are on time, but occasionally they will run late, but they always call me and let me know. There have been no missed calls." A further person said, "They [staff] stay for the time that is allocated for me and never rush me." A relative said, "The carers are on time and stay for the time we would expect them to."
- Staff were recruited safely. The provider followed safe recruitment processes to ensure staff were suitable for the role. This included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported from staff with their medicines. One person told us, "I take my tablets but they [staff] always check the box to make sure I have (taken)."
- For people who required support with their medicines this was provided by staff that were trained and regularly had their competency assessed to ensure continued safe administration and support of medicines. One person said, "The carers will give me my medicine and there have never been any times that any mistakes have been made."

#### Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). The manager ensured staff had sufficient supplies of personal protective equipment (PPE). Staff told us they were able to go into the office and stock up with supplies from the locker room whenever they needed to.
- Staff followed good IPC practices when in people's home. One person told us, "They [staff] always wear their masks and gloves. They [staff] are very good at making sure they wash their hands and change their gloves after they [staff] have washed me and before preparing my food and drinks." A relative said, "They [staff] always wear their PPE and they [staff] will clear away everything afterwards."

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise any concerns and report incidents when things go wrong.
- There were processes in place to review incidents and accidents for identifying lessons which could be learnt following any incidents. The manager and staff team reflected on where things could have been



improved and used this as a learning opportunity to improve the service for people and staff.

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

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

- The current manager had applied to register with the Care Quality Commission (CQC). Their application is currently being assessed.
- The manager was supported by office staff to help manage the service. They carried out regular spot checks and observations on staff performance and practice to ensure they continued to provide safe and compassionate care.
- The manager maintained good oversight of the service. There were a range of audits in place to monitor the quality of the service and to drive through improvements.
- Staff understood their roles and responsibilities. Staff received supervisions and attended staff meetings. This gave staff the opportunity to discuss any concerns and make any suggestions for improvements.

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

- People and their relatives spoke positively about the management of the service. One person said, "The manager is like a mother hen to me, very kind and loving, and comes to see me a lot. I would give them 20 out of 10 as I am so pleased with the care I receive."
- People were supported by staff who were committed to provide person centred support. One person told us, "I call them all [staff] my sisters, as they are like family to me. We have a wonderful relationship." A relative told us, "[Family member] has been using the service for several years and cannot praise the carers and company enough." Another relative said, "The carers are kind and very sociable and [family member] enjoys seeing them."
- People and their relatives, where appropriate, were involved in the planning and review of their care and support needs. One relative told us, "The manager is very responsive to [family member] changing health and care needs, [manager name] is very approachable and easy to talk to and will take the appropriate action to make any changes when necessary to [family member] care plan to ensure [family member] needs are met. The company could not do more they are absolutely marvellous, and I highly recommend them."
- The manager was available and accessible to people and staff. Staff told us the manager was approachable and supportive. One staff member said, "[Manager name] and office staff are fantastic, they listen, they're like a little family." Another staff member said, "[Manager name] is very good, good at their job, can speak to them and they will give support where 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 manager understood their responsibility to be open and honest and to apologise to people, and those important to them, when things went wrong.
- The manager was aware of their responsibilities to notify the CQC and other relevant agencies of any significant events which had happened in the service.

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

- People and those important to them were encouraged to provide feedback to develop the service. This was in the form of conversations with people, surveys and reviews. One person told us, "The manager has been out a couple of times recently to check on my care plan and discuss with me how things are going and if there is anything more that they can do for me." A relative said, "The manager is constantly reviewing [family member] and their care, calling in to see [family member], and in touch with me."
- One person told us, "Social interaction with all of the carers is very good. I really rate the care I receive." Another person said, "All the carers are kind and very friendly we have a good chat and laugh."
- Staff had access to an out of hours on call system for support. We received mixed feedback from staff on this support system. Staff told us this was not a reflection on the support they received from Nationwide Care Services. One staff said, "Its brilliant here, we can approach manager and office staff and our [carers] voices are heard, and we are listened to." Another staff member said, "[Managers name] is always accessible even at weekends when they are meant to be off, we [staff] can call. They will always answer, listen, and provided us [staff] with advice."

Continuous learning and improving care; Working in partnership with others

- The provider and manager had effective systems in place to monitor the quality and safety of the service. This included, audits, checks on staff training, competencies and practice, reviews of people's care and support and regular contact with people using the service.
- The manager and staff team worked in partnership with external health and social care professionals involved in people's care. For example, district nurses and social workers. This helped to ensure people received appropriate care and support to meet their needs.