Nationwide Care Services Ltd

Nationwide Care Services (Leicester)

Inspection report

5 Saxby Street
Leicester
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Date of inspection visit:
03 October 2018
09 October 2018
10 October 2018

Date of publication:
21 November 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 October, 9 and 10 October 2018 and was announced. We gave the provider 24 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit.

Nationwide Care Services is registered to provide personal care. The registered location is situated in Leicester and provides care to people who live in their own homes in Leicester city. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, physical disabilities, and sensory impairment. There were 28 people using this service at the time of our inspection.

The registered manager had left but not contacted CQC to deregister. 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. The acting manager had started the process of registration.

The acting manager had identified key areas for improvement such as improvement of people's care plans and staffing. The registered manager was receiving support from the provider to meet the actions required to meet the provider's requirements for compliance with their policies and standards.

People using the service and their relatives were positive about the service they received and of the care staff and management team who supported them daily.

People had been assessed and the risks associated with their care and support had been identified, reviewed and managed. Care staff received training in the prevention and control of infection and the necessary protective personal equipment was readily available.

Although staff knew the care people needed care plans were not always detailed in the way care should be provided. Daily records did not always reflect the care people received.

People received care from staff that had received training and support to carry out their roles. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

Care staff usually arrived within half an hour of their designated time. People received care from a consistent group of staff. Staff were recruited following a safe recruitment process to make sure only suitable people worked at the service.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

People told us the care staff were extremely kind and caring and they were treated with respect. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated when required.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff had a good understanding of people's needs and preferences.

People using the service and their relatives knew how to raise a concern or make a complaint. Although not all complaints were recorded there was a complaints system in place. People were confident that any complaints would be responded to appropriately.

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.

Staff understood their responsibilities to keep people safe from avoidable harm.

Risks were assessed and plans were in place to minimise identified risk.

Sufficient numbers of staff were recruited following the provider's recruitment procedures.

Staff followed safe medicines management and infection control procedures.

People were protected from the risk of cross infection by staff who were trained and have the equipment they needed to protect themselves and others.

Is the service effective?

Good

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received care that met their needs. However care plans were not always detailed.

The provider had a complaints procedure but complaints were not always recognised as being a complaint and not followed up. People knew how to make complaints.

The provider did not have a policy on the accessible information standard (AIS).

Information in care plans was not always consistent regarding end of life needs.

Is the service well-led?

Good

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring systems had identified areas for improvement and realistic action plans had been set.

People were asked for their feedback regularly.

Nationwide Care Services (Leicester)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2018 and was announced. We made telephone contact with staff and people who used the service on 9 and 10 October 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

The inspection was carried out by one inspector.

Before our inspection we reviewed all the information we held about the service. This included notifications which contain details of events and incidents which the provider is required to notify us about by law. We also looked at information provided through the 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 spoke with three people using the service and two relatives and asked them about their experiences. We also spoke with the acting manager, the area manager, the senior carer and three care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff who visited them. One person we spoke with said, "I definitely feel safe with them. The staff are very good. I always know who is coming, which is very good." Relatives said they thought their family members were safe. A relative said, "We always know who is coming each week. The staff who come are good and [person] is safe."

Staff understood their responsibilities to safeguard the people using the service. Staff knew who to report concerns about people's well-being. They also knew how to escalate concerns to outside agencies if they needed to. One staff member told us, "If I was concerned I would tell my manager. If they didn't do anything I would tell the Care Quality Commission."

Staff told us they received training in safeguarding as part of their induction when they began working for the service. Records showed staff received training in recognising abuse and what their responsibilities were. They also received other training that supported them to keep people safe such a first aid, safe moving and handling and infection control. This meant people using the service and their family members could be confident that the welfare and safety of people was understood by staff.

The provider had a safeguarding and whistleblowing policy, which advised staff what they must do if they had concerns about the welfare of any of the people who used the service. We noted that although the polices had been reviewed they still referred to our predecessor organisations. We brought this to the area manager's attention and it was rectified immediately.

Assessments of potential risks were carried out as part of the initial assessment of people's needs and were regularly reviewed which promoted people's safety. Where potential risks were identified care plans were created, these provided staff with guidance as to how to reduce the risk. For example; using equipment to assist people in moving around their home safely, such as the use of a ceiling hoist.

An assessment of a person's home environment was carried out as part of the initial assessment. Assessments identified any potential risks to people or staff. For example, where the care staff could find information about electrical equipment and who has responsibility for its maintenance. Staff had clear information about the security and access to people's homes, which included a key safe. Care plans included information to ensure the person's property was secure when staff departed. This showed the person's safety was promoted whilst enabling staff to enter people's homes. A relative told us, "Staff use the key safe to let themselves in, they always call out to say who it is so we know who it is."

Where people were at risk around the integrity of their skin, records identified what staff needed to do. Staff were told to look out for any changes and report them to the district nurse. Staff we spoke with knew the importance of reporting concerns and ensuring they were followed up.

People told us there were enough staff employed by the service to support them safely. People were provided with the support as identified by their assessment, which included support with personal care and

daily living activities. There were sufficient staff employed who had the appropriate skills to provide safe care. One relative told us, "When Nationwide took over they carried out their assessment and said they did not feel [person] was receiving enough support. They contacted social services and arranged everything. [Person] is much better now, much happier."

The acting manager told us when they first started work at the service not everyone had up to date Disclosure and Barring Service (DBS) checks. They have now ensured that all staff have completed the DBS process. Records showed people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

Where people told us staff supported them to take their medicines, this was done safely. Information about people's medicine was included in their care plan, with clear guidance for staff as to what type of support was required. For example, if the person needed to be prompted to take their medicines or assisted. Staff we spoke with told us they had received training on medicine awareness. One person told us, "They remind me to take my tablets and I take them."

Records showed staff were trained in medicines administration and regularly assessed to help ensure they supported people with their medicines safely, and in line with the provider's policies and procedures.

There were systems in place to monitor incidents and accidents. Staff told us they would report any incident such as a person falling or concerns over missed medicines to the office. They all felt confident that the acting manager would follow up on issues. We discussed this with the acting manager who told us that as part of her action plans for the service she was ensuring all reported incidents and outcomes were recorded. From these they would identify if further training was needed.

People were protected from risks to their health and well-being by the prevention and control of infection. Personal protective equipment (PPE) was readily available and used. This included gloves, aprons, shoe protectors and hand gel. Staff had received training in infection control and were aware of their responsibilities around maintaining good hygiene. One person told us, "Staff always wash their hands when they arrive, they always wear gloves if they are helping me have a wash." A staff member told us, "We have good access to PPE and hand gel. We know we need to wash our hands before and after providing care. There are some people we need to wear shoe protectors when we go into their home and we have those as well."

We found staff to be knowledgeable and have a good understanding of their role and responsibilities in supporting people's safety and welfare. Staff spoke of the support they provided. This ensured people could be confident that their needs and safety were promoted at all times.

Good

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "They seem to be trained. They know my routine and new staff pick things up very quickly." Another person said, "I think they are trained they seem to know what they are doing, such as washing their hands and how they care." Relatives were also satisfied with staff abilities. One relative told us, "They are good, they know [person] has health problems and know what to do if it flares up."

We found the induction and on-going training of staff enabled them to provide effective care as staff implemented the information they had learnt into their day to day care of people. The staff we spoke with understood the needs of people in their care. They told us they thought the training and support they received from the service was very good. One staff member said, "I haven't worked in care before and the induction prepared me for what I had to do. I shadowed, other more experienced staff before I started doing calls on my own." Another staff member told us, "We get enough training, it's quite thorough."

Training records showed staff were supported to undertake 'The Care Certificate', which is a set of standards for care workers that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff received supervision and senior staff carried out competency checks to ensure they were safe to undertake people's care and support. A relative told us that staff had 'spot checks' that were carried out by a senior member of staff. They said, "A senior has been to check they are doing the job properly, wearing gloves that sort of thing. It's really good." Staff we spoke with confirmed that 'spot checks' were carried out by a senior member of staff. They received feedback to help them improve the care they provided. We looked at 'spot checks' reports, which showed they covered a range of areas, such as the how well staff communicated with people and did they follow the care plan. This was important in ensuring that the provider knew about the quality and effectiveness of the service. The acting manager had implemented a more thorough regime of spot checks following her audit of the service.

Staff told us that they completed daily records. We looked at these records and found they did not always reflect the care being provided. For example, the acting manager told us about one person they provided care to who had behaviours that were challenging. This included the person refusing entry to care staff. However, the daily record did not mention this. We discussed this with the acting manager who acknowledged that the daily records did not always reflect the care staff were providing. They told us this was part of the action plan of improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making
particular decisions on behalf of people who may lack the 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 it is in their best interests and legally authorised under the MCA.

Records showed that staff were working within the principles of the MCA. Staff were trained in this legislation during their induction to raise their awareness about the issues involved. Staff had an understanding of people's rights and told us they always sought people's consent before providing care. 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. Any applications must be made to the Court of Protection; we found no applications had been made as applications were not considered warranted.

People were supported to choose the food they liked. One person said, "I usually have soup at lunch and they come in to heat it for me. They bring me a drink if I need one." A relative said, "They keep separate food and fluid records so I can see what [person] has had that day. It means I know what is going on." Care plans identified where people may be at risk of not having their nutritional needs met. Staff we spoke with understood the importance of recording what people ate and drank as well as reporting concerns to either relatives or the acting manager.

Staff supported people to maintain good health and access healthcare services when they needed to. One relative said, "If [person] is not well, they call the GP or in some cases the ambulance. They are very caring and concerned. They always let me know." Staff we spoke with understood the signs to look out for if people were becoming unwell. For example, if they were becoming confused or their behaviour changed from their normal pattern. One staff member told us, "If [person] is unwell we would contact the office and let them know and they would call the GP or let the family know to call the GP."

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans and had clear instructions on what to do if a person's medical condition changed or deteriorated in any way. This meant they could support people to be healthy and alert health care professionals if they had any concerns

Good

Is the service caring?

Our findings

People and relatives told us the care staff who visited were kind and caring. One person told us "The staff are all very kind." One relative said, "They all seem very nice, the carers and the office staff."

People using the service and relatives told us that knowing who would be coming to care for them each week was very important to them. One person said, "They send me out a rota at the start of each week so I know who is coming. It's really good. I like knowing who is coming." A relative said, "We have regular carers who come." Relatives also told us continuity of care helped staff develop positive caring relationships with people using the service.

Staff spoke of their commitment to deliver good quality care. Staff recognised that people's health impacted on their ability to be independent. This meant staff encouraged people to maintain their independence. A staff member told us how they supported people to do this, "I always ask them what they would like me to do. I'll encourage people to do as much as they can for themselves. So, I might just need to wash a person's back as they can't reach or help them get dressed if they can't fasten something."

People using the service and relatives gave us examples of staff being caring. One person told us, "They don't rush me. They always ask me how I am." A relative said. "I needed extra help with [person] and within two days they had arranged it. It made such a difference to us."

People told us they were actively involved in making decisions about their care and support. A relative told us about their first meeting the acting manager of the service, "They involved us in the assessment and they gave us a copy of the care plan." Another relative commented, "They listen to me as I am [person's] main carer. I am fully involved in [person's] care.

Staff told us how they provided care to people. One staff member said, "I always read the care plan before I start caring for someone but I always ask the person what support they need. I never just assume. Sometimes their needs change depending on how they are feeling that day."

People told us the staff always treated them with respect and dignity. One person said, "They know their job extremely well. They are very tactful when they help me wash and dress." Another person told us, "I was given the choice of a male or female carer. I'm not really bothered they all do a good job."

Staff told us their induction covered how to support people's dignity. One staff member explained how they ensured people's dignity was protected when they provided personal care. They told us, "I always ask if they want me to wait outside the bathroom if they are washing." Another staff member commented, "I talk to the person and check they are happy with the care. I cover people up if helping them wash. If they have a preference for a female carer then that's what we stick to."

A confidentiality policy was in place and the management team and staff understood their responsibilities for keeping people's personal information confidential. People's care records were kept secure. People's

personal information was safely stored and held in line with the provider's confidentiality policy.

Requires Improvement

Is the service responsive?

Our findings

Care plans were created following an assessment of the person either in their own home or prior to discharge from hospital. Where possible they involved the person and people important to the person. Care plans provided information to the staff member on how the person wanted their care to be delivered.

Although care plans were written in a person centred way, all the care plans we viewed followed a similar pattern and did not always provide much actual detail for the care staff to follow. We discussed this with the acting manager who showed us the action plan they had created when they took over as manager. They had identified that care plans needed more detail and were working towards reviewing and rewriting all care plans to incorporate more information for staff.

The acting manager and area manager told us during the inspection they were hoping to introduce an electronic care plan system. The system they were looking at would allow care staff to update people's care plans as a person's needs changed this would mean that people's care plans would always be up to date.

Staff told us they always read care plans before they began supporting a person. One staff member said, "I look at the care plan for a new client. I speak to the person and ask them what help they want and how they want it. I find that is often the best way. The care plan is a sort of introduction."

People and their relatives told us they had been involved in developing their care plans. One person told us, "I had an initial consultation. The manager visited and went through what help I needed. She gave me lots of information about the service." A relative told us, "They visited us to carry out the assessment. They sent us a care plan to check we were happy with it. It was all very professional. We have had a review since they started to make sure the care [person] is getting is enough."

Staff had received training on equality and diversity. Care staff understood people's social and cultural diversities and their personal values and beliefs. The things that were important to people were identified and where possible staff assisted people to continue these activities. One staff member told us, "We have a person we provide support to and we know to visit after their prayer time."

People using the service, relatives and staff said calls were usually on time. A relative said, "We have had no missed calls, if they are late there is usually a reason." Another relative told us, "Staff usually turn up within half an hour of the designated time. We've never had a missed call."

All the people using the service and relatives we spoke with said they knew how to make a complaint if they needed to. One person told us when the acting manager visited to carry out the assessment they provided them with a copy of the complaints procedure. They added, "So I know how to complain, but I haven't needed to." A relative told us. "I needed to phone the office once about something and it was sorted out immediately. I have every confidence that if I complained they would be the same."

Records showed that the service had no recorded complaints. However, when we looked at a review of a

person's care plan we saw that a person had commented about the lateness of their calls. We brought this to the area manager's attention. They said they would follow this up immediately and ensure that this was discussed with the person. During the day the area manager confirmed they had arranged for a senior carer to visit the person to discuss this issue. We discussed recording complaints and comments as they appeared not to have received any. The acting manager said they would improve how they captured 'informal' comments that may arise from reviews and surveys to ensure they were responding to people's issues appropriately.

Although the service had a policy on providing a culturally appropriate service it did not have a policy on ensuring people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The area manager told us that, if required, the statement of purpose can be provided in large print or printed on different coloured paper to aid a person in reading it.

People's requirements at the end of their life were identified during the assessment process. We did note that in some instances assessments were contradictory as to whether a person had a do not resuscitate document (DNAR) in place. We brought this to the acting manager's attention who told us they would review care plans to ensure information was correct.

Good

Is the service well-led?

Our findings

Although the service had a registered manager, the area manager told us they had been removed from their post and they had employed a new manager to replace them. 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. We discussed with the area manager the need for the registered manager to deregister as soon as possible. The area manager told us they would ensure this was done.

The new manager who had been in post since 2 July 2018 had carried out an audit of the service and created an action plan where they had identified improvements were needed. The acting manager was working through the plan to make the improvements. This included areas we noted during our inspection such as improving care plans and daily records.

People told us they were satisfied with the quality of the service. One person said, "I would recommend this service." Another person told us, "They are a very good service." Relatives also said they would recommend the service. One relative said, "We have only just started using this service but we feel they are very good."

Staff also felt they would recommended the service to a friend's and family. One staff member said, "I've not worked in care before but I think it is very good, very caring. I would recommend it to people to use as well as work for."

People told us they had been asked for their opinion. The provider had carried out a customer survey finding out what people thought about the service and how it could be improved.

Relatives told us they felt communication was very good between the office and themselves. One relative told us, "If I need to talk to someone at the office I know I can." Another relative told us, "They keep me informed if [person] is ok or they aren't well, it's peace of mind."

Staff told us they felt supported by the acting manager and office staff. They told us they had regular spot-checks, supervision sessions and appraisals which they found helpful. One staff member told us, "The new manager is very helpful. I feel I can phone her anytime for advice." They said someone was available from the senior team to answer any queries they had. This included staff contacting senior staff by telephoning the on-call system, which was available 24 hours' a day.

Staff meeting minutes showed that the acting manager had met with staff to introduce herself and discuss how they all needed to work together to make improvements to the service. For example, the acting manager reminded staff about the on-call system and recording in the daily records.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, surveys, staff supervisions and meetings. This helped to ensure they had

an overview of how well the service was running.

The acting manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.