

Nationwide Care Services Ltd

Nationwide Care Services Limited (Derby)

Inspection report

The Old Maltings
Forman Street
Derby
DE1 1JQ

Tel: 01332913118
Website: www.nationwidecare.org

Date of inspection visit:
17 September 2020

Date of publication:
21 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nationwide Care Services Limited (Derby) provides support to people in their own homes within Derby City and the surrounding area. 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. At the time of our inspection 120 people were using the service and 92 of those were receiving personal care and support.

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

The quality monitoring systems in place had not always identified when improvements were needed. For example, we found improvements were needed to ensure people's call times were spaced out appropriately, that they were happy with the staff who supported them, and that the management of medicines was monitored effectively. All the areas were addressed by the registered manager in a timely way; but these had not been identified or actioned before the inspection. We have made a recommendation about reviewing the length of people's call times, to ensure sufficient time is allocated.

People told us they liked the staff and felt safe with them. Staff had received training and understood the procedure to follow to protect people from abuse. Staff received training to support people with their prescribed medicines. The recruitment practices in place ensured the appropriate checks were completed before staff started work.

Staff understood the importance of reading people's care records before they supported them, and people confirmed this was done. Most people told us they received support from a regular team of staff and told us they had seen some improvements over recent months in getting regular care staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 16 January 2019).

Why we inspected

The inspection was brought forward due to concerns received about staff not staying for the agreed length of time, staff not following care plans, poor medicines management and concerns about pressure care management. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led key question of this full report.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nationwide Care Services Limited (Derby) on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Nationwide Care Services Limited (Derby)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection to check on specific concerns about staff not staying for the agreed length of time at care calls, staff not following care plans, poor medicines management and concerns about pressure care management.

Inspection team

The inspection was carried out by an inspector, an assistant 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced.

Inspection activity started on 9 September 2020 and ended on 23 September 2020. We gave the service one weeks' notice of the inspection. This was because we needed to arrange calls to people, their relatives and staff. Calls were undertaken on the 9 and 10 September 2020. Due to the restrictions of Covid 19, we

reviewed most records electronically off site and visited the office on the 17 September 2020 for a short period of time to check the prevention and infection control measures in place within the office.

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 commission people's care at the service. We used this information to inform our inspection.

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

During the inspection-

We spoke with eight people who used the service, 12 people's family members and 13 members of staff. We also spoke with the registered manager and 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 six people's care records and several medication records. We looked at four staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures and audits 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff. One person said, "The staff make me feel secure. No problem with them at all." A relative told us, "The carers are quite pleasant. They talk and explain to [Name] what they are going to do. [Name] gets to know them and that makes them feel safe."
- Some staff were unfamiliar with the terminology used such as 'safeguarding' but understood the procedure to follow if they had any concerns about abuse. We discussed this with the registered manager to enable them to provide additional guidance and training to staff.
- The providers policies and procedures and local safeguarding protocols were followed.

Assessing risk, safety monitoring and management

- The risk of avoidable harm to people was managed, as risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage any specific mobility needs.
- Covid 19 risk assessments had been completed for each person. This looked at the person's health conditions, whether they were shielding and reviewed the control measures in place for each person. This enabled the registered manager to prioritise the level of support each person needed in the event of an emergency.
- Environmental risks assessments were undertaken within people's homes to ensure people and staff were safe. This considered the effects of any hazards within people's homes.
- People felt safe when they received care and were satisfied with the security arrangements for staff to enter and leave their home. One person told us, "The staff check the door is locked. At one time they didn't, and I reported it to the office, and they sorted it out. Now they do, they double check the door to make sure it is locked." A relative told us, "The staff have access by key safe and they shout hello [Name] it's the carers at the door."

Staffing and recruitment

- At the time of the inspection the registered manager confirmed they had 10 full time vacancies which they were recruiting to, along with part time and bank staff roles. They told us that although they were recruiting there was sufficient staff employed to cover care calls.
- The majority of people confirmed their calls were provided within the agreed time frame and by regular carers. One person said, "Yes, they stay for the agreed time and they arrive within five or ten minutes. I get texts if they are going to be late or the office ring me." A relative told us, "When we have been there, they are on time and seem to get everything sorted."
- Some people told us they didn't know in advance the time of their care calls. We fed this back to the

manager who confirmed she would address this.

- One relative told us, "They can come at 9.30 or 11.30 to do breakfast, then can come at 12.30 for lunch." This person was not supported with any medicines; therefore, their calls were not time critical. However, we fed this back to the registered manager. They contacted this relative and amended the call times to ensure a sufficient break was provided between the two calls.
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely

- All of the people who were supported to take their medicine confirmed this was given at the right time. One person told us, "I get my medicine at the right time, I am totally responsible for it, the staff remind me." A relative said, "Staff do [Name's] medication, they have a blister pack. It is done correctly, and they get it at the right time."
- Information regarding people's prescribed medicines and the support they needed to take them was recorded in their care plan.
- Staff had received medicines training and competency assessments to ensure they understood how to manage medicines safely.
- Medicines management has not always been effective in recent months. We identified that medicines audits were not being completed in a timely way. Completed medicine administration records (MARs) were returned to the office, but due to COVID 19 these were being stored for a period of time before being reviewed. This meant there was a delay in identifying any errors. The registered manager took immediate action and ensured the MARs that had been returned to the office were audited.
- The nominated individual advised us that care and medicine records would be moving to an electronic system within the next month. This would enable the management team to review medicine records at any time and enable auditing to take place on an ongoing basis.

Preventing and controlling infection

- The provider's infection, prevention and control procedures and practices had been updated to include COVID 19 safe working procedures. Information was on display in the office regarding this.
- The provider was meeting self isolating and social distancing rules. The layout of the office ensured office staff were sat at a safe distance to ensure the transmission of any potential COVID 19 was minimised. The registered manager was aware of the guidelines for when staff should self isolate and get a COVID 19 test.
- Office staff had the required PPE and wore face masks during our visit. Hand gel was available at the office entrance and hand washing facilities were in place. Care staff confirmed they were able to collect PPE supplies from the office in a safe, socially distanced way.
- Safe practices were followed by staff who supported people and staff confirmed they had a good supply of PPE. People also confirmed that staff wore PPE such as face masks, aprons and gloves when supporting them. At the time of the inspection none of the people being supported had any symptoms of COVID 19.
- Safe practice was followed when new people started to use the service. All new service commissions came from the local authority, with an assessment of a person's current COVID19 status. This supported the management team to plan appropriate care to keep people and the staff team safe.

Learning lessons when things go wrong

- The registered manager confirmed that lessons had been learnt following recent concerns about people's catheter care. New log books had been introduced to ensure improvements were made to recording. All staff had been retrained in this area, to enhance their understanding and ensure people's continence needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Monitoring was in place that recorded the amount of time staff spent with people. However, this had not always identified when care calls for the same person, were provided close together. Further work is needed to ensure call times are appropriately spaced out for people.
- Medicine administration records were audited but not in a timely way, to ensure any errors were identified and addressed promptly.
- None of the people we spoke with told us they had a rota to show who would be supporting them. Some people told us they would like one. The registered manager has taken action to address this.
- Care records were in place for staff to follow and records were maintained of the support provided. It had been identified by healthcare professionals that these hand-written records were not always legible or clear. The provider was moving to an electronic recording system in the near future that will rectify this.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- Staff were positive about working for the agency and told us the registered manager and office staff were supportive. Some staff told us that some people's call times were not long enough to cover all the support they required. This meant their time ran over, making the next calls late. Staff had been informed to call the office when this happened, who then called the person to advise them, or organise alternative cover.

We recommend the provider reviews people's allocated call times and liaises with their funding body, if additional time is needed to meet their needs.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider's rating for this service was displayed on their website with a link to their report on CQC's website. Their rating was also clearly displayed at their office base.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- Since the onset of the COVID 19 pandemic, telephone reviews had been undertaken with people. We

reviewed some of these and people were happy with the support they received. However, some people told us they had not received a review and would like one. We fed this back to the registered manager.

- The registered manager advised us that satisfaction questionnaires had recently been sent out and the responses would be collated and analysed to drive improvement.
- Staff told us they could contact the office at any time and found them helpful. One member of staff said, "They are very good, they are improving this company they are very nice." Another said, "If it have a concern, I just go the office straight away and I can just have a chat with them."
- Due to the pandemic care staff had not met up as a group. We discussed with the registered manager and nominated individual, the possibility of virtual team meetings. They confirmed they were in the process of arranging these.
- Staff knew how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies as needed.