

Nationwide Community Care Limited

# Nationwide Community Care Limited

## Inspection report

37 Hamlet Drive  
Greenstead  
Colchester  
CO4 3SR  
Tel: 01206 868904  
Website: [www.nationwidecommunitycare.co.uk](http://www.nationwidecommunitycare.co.uk)

Date of inspection visit: 14 January 2016  
Date of publication: 07/03/2016

### 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?

Good 

### Overall summary

The inspection took place on 14 January 2016 and was unannounced. This was the service first inspection since its registration.

The service provides residential care and support to two people with a learning disability. There was one person living at the service at the time of our visit.

There was a registered manager in post. 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 registered manager also manages two services which operate in a similar way to Hamlet Drive and located nearby.

# Summary of findings

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. There were sufficient numbers of staff available to keep the individual living in the service, safe and meet their needs. Environmental risks were identified and there were systems in place to promote safety and reduce the likelihood of injury. Medication was safely managed. Staff had received training and induction for their role. They had a good understanding of healthy eating and sought advice appropriately from health professionals.

Staff had been provided with training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS) and understood the principles of consent and best interests. The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process

Relationships were good and the staff promoted the principles of independence and control. Care plans were in place which were the subject of regular review. There were systems in place to ensure effective communication and staff were well motivated and supported. Audits were undertaken to identify shortfalls and drive improvement.

# 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.

There were systems in place to protect people from abuse.

Risks at the location were identified and steps taken to reduce the likelihood of harm.

There were sufficient numbers of staff available.

People medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff received induction and additional training to provide them with the skills they needed for their role.

The principles of consent were well understood

Support to access a healthy diet and access healthcare services were available and utilised.

Good



### Is the service caring?

The service was caring.

Care was individualised and support was provided to encourage decision making.

Dignity and respect were promoted.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place which were subject of regular review.

Support was provided to enable individuals to follow their interests and promote their wellbeing

Good



### Is the service well-led?

The service was well led.

There was a registered manager in post who was visible and accessible

Staff were supported and well-motivated.

There were systems in place to audit the quality of care and drive improvement.

Good



# Nationwide Community Care Limited

## 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.

The inspection took place on 14 January 2016 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service.

We spoke with one individual who used the service, two care staff, the deputy manager and the registered manager.

We reviewed one care plan, medication records, two staff recruitment files and staffing rotas covering four weeks. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

# Is the service safe?

## Our findings

There were systems in place to reduce the risk of abuse and to ensure that staff knew how to identify the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. They expressed confidence that matters of concern would be taken seriously by the manager and provider. Financial procedures and audit systems were in place and these were designed to protect people from financial abuse and cash balances were regularly checked. We checked the amounts against the records and found that they tallied.

The building was in a good state of repair and staff told us that repairs were completed quickly. We saw records to demonstrate that environmental risks were managed effectively. Records were available to evidence that checks had been undertaken on the water temperatures, first aid equipment, gas safety, and portable electrical appliances.

The service had a small but stable staff team and was fully staffed. There was one member of staff on duty each night and one member of staff available during the day. Staff told us that the staffing levels were sufficient to support the individual living in the service and enable them to lead a full and interesting life. Shortfalls in staffing due to sickness and holidays were covered by the existing staff team and some staff worked across another of the provider's services. Agency staff were not used and the manager told us that it

was important that the people living in the service were supported by staff who knew them well. A lone working policy was in place and it was agreed with the manager that this would benefit from further detail. However there were clear arrangements for on call and emergencies and staff told us that these worked well.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment. Only character references were in place for one individual although the manager confirmed that they had seen the professional reference. The manager immediately spoke to the other service who agreed to forward a further copy.

People's medicines were managed safely. Staff who handled medicines had been provided with training and their practice had been observed to check that they were competent to administer it. We looked at the records of medication and saw that staff maintained appropriate records. We checked a sample of stock against the records and this tallied. Medications such as eye drops were dated when opened and were within the recommended dates. Medication was appropriately stored in a lockable cupboard and temperatures were taken and recorded on a daily basis. It was agreed that the manager would monitor and review the temperature as it was close to the recommended levels.

# Is the service effective?

## Our findings

Staff demonstrated that they knew the individual living in the service well and had a good understanding of best practice. Staff told us how they helped to support individuals to make their own decisions were committed to encouraging people's independence.

When staff first started working at the service they received a comprehensive induction which covered all aspects of delivering care and support. One new member of staff told us they felt supported and had met with the manager throughout their induction.

Staff told us they felt they had the training they needed to carry out their roles. One member of staff told us that they had recently completed food hygiene and safeguarding. Training records confirmed that staff received a varied training programme and that the training was updated appropriately.

One member of staff told us that, "It is a nice service, and it works well, the manager comes and checks on us or phones to see if we are ok." A record was maintained of staff supervisions. Staff meetings had not taken place and the manager told us that it was difficult to organise given the size and number of staff, but told us that they met the staff individually. Staff reported that the levels of support were good and the manager and deputy manager were accessible.

We noted records to show that the individual using the service had been asked and had given consent, such as for staff to administer medication.

Management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of liberty (DOLS). Staff told us that they had undertaken training and they were aware that people's capacity could fluctuate according to people's mental health conditions. Staff supported people's decision making, and we saw that they had respected an individual's decision to decline a health appointment.

The individual living in the service told us that they enjoyed the food and had a choice about what they wanted to eat. We saw that they went shopping and were able to purchase items as well as eating out. Records were maintained of the meals provided and we saw that these reflected the individual's preferences. We saw that the fridge and freezer were both well stocked with a good variety of fresh items as well as prepared meals. Staff demonstrated a good knowledge of the individual's likes and dislikes and fresh fruit and healthy snacks were available. Weights were regularly monitored.

Support plans included details how to maintain health and an annual health care check and medication review were undertaken. Records were maintained of when individuals had been supported to access healthcare professionals and attend appointments. For example, with their GP and dentist. Records were maintained of the outcome and when follow up was required.

# Is the service caring?

## Our findings

The atmosphere in the service was comfortable and relaxed. Communication was respectful and appropriate and the individual who lived in the service was given time to respond at their own pace. We observed interactions and saw there was a good rapport with laughter and good humour. The individual who lived in the service told us that, “They liked living there” and “Got on well with staff.”

Personal histories and life stories were documented within the support plans. Individuals were supported and encouraged to maintain links with their family, friends and the local community. We saw that staff had supported the individual to meet up with a close relative.

Care was person centred and staff demonstrated they knew the individual using the service and their preferences well. They were able to outline how they supported the

individual on a daily basis and how best to communicate. One member of staff had supported the individual for many years and celebrated their strengths and proudly told us about what the individual was good at.

People were involved in planning their own care and care plans included what was important to people and this included what activities they chose to be involved in. Independence was promoted and we saw that the individual was supported to go out independently. The individual who lived in the service told us that, “I can go out and do what I want to do.”

Privacy was promoted by staff and we observed staff knocking on doors and respecting people’s preferences. Personal spaces were highly personalised and comfortable. Bathroom facilities were ensuite. The individual living in the service told us that they sometimes liked to watch television their room rather than in the communal area and this was respected by staff.

# Is the service responsive?

## Our findings

People received care that met their needs and took into account their individual choices and preferences. The individual living in the service told us that they liked living in there and looked happy and relaxed. They had seen their care plan and had signed it agreeing its contents.

Staff knew the individual they were supporting and caring for well. Care plans documented choices and preferences and made clear what people's skills were as well as the areas they needed support with. The importance of diversity was acknowledged in the care plan and we saw that a trip to London was planned to watch the Chinese new year celebrations

Care plans were subject to ongoing review and we saw that they were regularly updated.

Staff told us that communication was good and information was handed over about people's needs when shifts changed. This was supplemented by a correspondence book where staff recorded appointments and other messages.

People were supported to follow their own interests and hobbies. Staff involved and supported the individual with developing their independent living skills. For example, with food preparation, choosing their meals and accessing work. The individual told us that they had a job and they enjoyed the responsibility of the role. They also went to college two days each week. They had their own car but also used public transport, depending on where they wanted to go and the time of travel. They had a number of animals which they looked after. They proudly showed us how they cared for them. There were two chickens and two guinea pigs and both had a care plan which set out their needs and requirements.

A complaints procedure was in place which was in different formats. No complaints had been made although the individual we spoke with told us that they knew how to raise a concern.



# Is the service well-led?

## Our findings

There was a positive and open culture which was centred on the individual who used the service. Staff were clear about their responsibilities

The registered manager and the deputy manager worked occasional shifts at the service and were well known to staff and the individual living there. Staff told us that they appreciated that the management team were hands on and that they were very supportive providing advice and guidance when they needed it. One person said, “They are easy to talk to.” The manager was aware of the need to drive improvement and reflect on the quality of the service provided. They told us about a recent development where a new senior staff member had been appointed to work alongside care staff. Leadership training was planned and the provision of additional responsibilities aimed to provide staff with more career progression to reflect their skills and knowledge.

There was a clear management structure in place, with the registered manager in day to day charge and supported by

a deputy manager and senior staff. The manager told us that they spent time in each of the three services they managed each week as they were all located close to each other. The registered manager told us they felt well supported by the provider who was actively involved in the service and visited regularly. Staff and the individual living in the service knew the provider and staff told us that their work were valued. A member of staff told us, “The manager is brilliant, comes and does shifts, which we appreciate 100%.”

There were systems in place to monitor the quality of the service. The provider held monthly meeting with the manager and deputy manager which were documented and reviewed the care, and areas such as staff, training and the maintenance of the service. Documents such as a training matrix and supervision gave an overview of the staffing support at the service. Regular audits were carried out by the manager to monitor the quality and safety of the service which included checks on areas such as cleanliness, activities and medication.