

Nationwide Care Services (Worcester) Ltd

Nationwide Care Services Ltd (Worcester)

Inspection report

Blackpole Business Centre
Blackpole
Worcester
WR3 8SQ

Tel: 01905458792

Date of inspection visit:
31 May 2017

Date of publication:
02 August 2017

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 ● |

Summary of findings

Overall summary

The inspection took place on 31 May 2017 and was unannounced.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 100 people used the service and a manager was in post. The manager had recently applied to become the registered manager. 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 and associated Regulations about how the service is run.

People told us they felt safe around care staff who understood how to keep people safe. Care staff had received training and understood how to share their concerns. Care staff understood the risks to their health that some people lived with. They also understood how people needed support with their medicines. The manager also undertook their own checks to ensure people received the support they needed with their medicines.

People felt confident that care staff understood how to support them. Care staff received regular training and supervision so that they received the guidance they needed to support people. People's consent was appropriately obtained by staff. Staff understood what is meant to explain how they supporting people and to respect a person's decision if they declined support.

People received care from care staff who they knew and felt understood their care needs. People saw the same care staff regularly which enabled care staff to develop an understanding of people's needs. People were offered choices in the meals care staff prepared for them. Care staff also understood the need to obtain further help if they became concerned for a person's health.

People understood how to make a complaint. They understood they could speak to care staff or the administrative staff from the office. There was a system in place for responding to complaints and people felt assured that their complaint would be responded to.

People's care and the quality of their care was being monitored. People's experience of care was also being checked so that it met people's day to day needs. Systems were being improved so that it met the registered provider's expectations for how care should be delivered at the service.

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.

People felt safe around care staff who understood how to keep them safe and protect them from harm. Background checks were completed on care staff and people were supported to take their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by care staff that has access to training and supervision. Care staff understood the importance of obtaining a person's consent and ensured they were offered choices in the meals staff prepared for them.

Is the service caring?

Good ●

The service was caring.

People knew and liked the staff supporting them. Care staff included them in discussions about their day to day care.

Is the service responsive?

Good ●

The service was responsive.

People received support that was in line with their needs. People could make changes were needed and understood how to complain if necessary.

Is the service well-led?

Good ●

The service was well led.

Processes were in place to improve care for the benefit of people using the service. People understood they could call the office and discuss their care needs. Care staff knew and liked the new manager and felt able to access support.

Nationwide Care Services Ltd (Worcester)

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 31 May 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to eight people and two relatives. We also spoke with three care staff, the care co-ordinator, the manager and the area manager.

We reviewed the care records held at the office for eight people and viewed three staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks, questionnaires, comments and complaints as well as minutes of staff meetings.

Is the service safe?

Our findings

People told us they felt with safe around care staff and with care staff in their home. One person told us, "Yes I feel very safe."

Care staff that we spoke with, were able to explain how they ensured people were safe from harm. Care staff told us about their training and about how this helped them recognise the signs of abuse. They told us that if they had any concerns, these were shared with the line manager in the first instance. The manager understood their obligations with respect to recording and notifying the appropriate bodies, such as the local authority and the Care Quality Commission.

Care staff understood the health conditions that people lived with and how they needed to manage the risks to their health. One person told us they lived with diabetes. Care staff we spoke with could tell us about how they supported people living with diabetes by ensuring they always had access to a drink and a snack and monitored their symptoms. Care staff told us if they were ever unsure about a person's health they would speak with the family or a member of the office staff for further advice.

People's access to support from care staff was monitored through an electronic call monitoring system. The manager explained that the system recorded the times staff arrived and left. The management team were alerted if care staff failed to attend a call so that action could be taken. People told us that care staff usually stayed the duration of the call they were supposed to and care staff were largely on time.

People's homes were reviewed to ensure it was safe for care staff to attend calls. The manager undertook a risk assessment to ensure care staff, were aware of any circumstances that might make it difficult for staff to complete their work.

We reviewed the registered provider's process for recruiting care staff to work at the service. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. Three staff files we reviewed contained confirmation of pre-employment checks. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Care staff we spoke with told us they undertook all the checks before commencing working at the service and they did not commence work until these were completed.

Not everyone who used the service received support with their medicines. However, people who were supported told us they were happy with the support they received. The manager reviewed medicine charts for people to ensure care staff were accurately recording the medicines people received. Where anomalies were identified, care staff were contacted and guidance and training offered on completing the records accurately.

Is the service effective?

Our findings

Care staff told us they were had regular supervision meetings that allowed them to discuss to discuss issues that were important to them. One staff member told us they used is to check whether they were doing things correctly.

Care staff told us they had access to training and that they could access further training if they requested it. Care staff told us they had received a variety of training and there were lots of opportunities to attend training.

Care staff and the manager described regular spot checks to ensure care staff continued to perform as the manager expected once the induction period had ended. Care staff told us they had regular supervisions and received feedback on how they were performing their role.

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 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 this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us care staff ensured they were happy to have help with their care, before care staff began supporting them. For example, one person told us their family worried about them but they liked to do as much for themselves as possible and staff respected this and they could ask care staff to help if they thought they were struggling.

Care staff explained to us the importance of obtaining someone's consent when caring for them. Care staff described how they would offer to support people but if someone refused they would accept this. Care staff also told us they would speak to a senior member of staff if they were unsure of any aspect of people's care. Care staff told us they would speak to a senior staff member if they were ever unsure. We spoke with the manager about what they would do if they felt a person was no longer able to make certain decisions for themselves. The manager told us they would involve the person's social worker to help determine the person's capacity to help make decisions in the person's best interests if needed.

People were offered choices in the meals staff prepared for them. They told us care staff always asked them about what they would like. One person told us they regularly chose the same meal but care staff would always ask. Care staff could describe preferences people had. One care staff member told us they always left a snack and a drink for people even if they did not want their meal immediately so that they could have it later if they preferred.

People told us they were confident care staff would seek additional help if they needed medical help. One person told us staff had arranged for a doctor's appointment that morning. Care staff understood the need to speak with other healthcare professionals if they were concerned for someone's health and/or welfare. Care staff told us they would either call the office or speak with the family. We reviewed care records which demonstrated if they had concerns for a person's health the office was alerted so that care staff could seek further advice.

Is the service caring?

Our findings

People liked and valued the care staff supporting them. One person told us, "They're brilliant. Very, very good." Another person told us, "They are quite caring."

People spoke about care staff positively and described having regular care staff that supported them. One person told us, "It's usually about the same three girls who come and help me." Another person told us, "I got on well with them." People described a relationship with care staff that meant staff understood their care needs and how they preferred support. One person told us, "They just come in and get on with things." One relative described how their family member sometimes had difficulty accepting help but said, "Sometimes she responds better to care staff than if I ask her." People felt able to discuss day to day care needs with care staff and felt able to make their care needs known. One person told us, "They always ask what I need help with."

Care staff we spoke with also confirmed that they felt able to support people in a way that reflected people's day to day choices. Care staff told us they regularly saw the same people and this helped them support people appropriately. One staff member told us, "If I'm not sure about helping someone I just ask them or I speak with the family." Care staff told us they always checked people were happy with the support given by asking the person before they left, if there was anything else they needed help with."

People felt supported by care staff in a way that helped them maintain their independence and dignity. One person told us, "They come in and get me up so that I can start the day." People told us care staff also respected their home and their belongings. One person told us, "They always wash up the dishes and put everything back."

Care staff told us about how they supported people to maintain their independence. They gave us practical examples of how they supported people such as ensuring curtains were closed and people had access to the clothes they needed, when being supported with personal care. Care staff told us they were also given training so that they could better understand how to support people appropriately.

Is the service responsive?

Our findings

People told us they discussed their care needs with care staff from the service before they commenced receiving care. They told us they explained the things they needed help with and about important information they thought care staff needed to know. People told us they continued to provide information about their current care needs. One relative told us they had very specific care needs for their family member and required knowledge of their condition. Another relative told us their family member had long standing care needs and that they had requested specific staff to support them as they had the best understanding of their care needs. They told us this had been agreed and had given them the confidence they needed.

People described to us how their needs had sometimes changed and that when they asked for changes, these had been implemented. One person told us they had asked for a later call in the evening to help the person into bed as they wanted to go to bed later and that staff had helped with this. We saw that people's changing needs was documented in care plans for care staff to refer to. We saw risk assessments and the tasks people needed help with had been updated as and when needed.

People shared with us information about the ways in which the management team contacted them to ensure they were happy with the care they received. One person told us, "The office people call us to check they're on time and sometimes they come out with the staff." The manager explained to us how they conducted review meetings as well as spot checks on care staff. This enabled the management team to speak with people and check they were happy that their care needs were being met and continued to be appropriate to their needs.

People were also offered opportunities to comment on the service they received through completing questionnaires. We reviewed questionnaires people had completed and we saw people were happy with the service they received.

People we spoke with understood they could complain if needed. One person told us, "I've never complained so far." Another person told us, "They've always been good. I've no complaints." We saw there was a complaints process in place which detailed how complaints needed to be responded to. The manager explained to us in the time they had been a manager at the service they had not received any complaints, but they would always ensure any learning from complaints was shared with staff to prevent any re-occurrence.

Is the service well-led?

Our findings

The registered manager of the service had recently left and another manager had been appointed who had applied to become the registered manager. The manager told us they had taken over and had begun to familiarise themselves with people's care needs and staff.

Care staff we spoke with told us they had met with the new manager. Care staff told us they liked the manager and felt able to speak with them and discuss any concerns they had. Care staff told us that felt the change in management had been positive and there was more day to day involvement from the current manager. One care staff member described the manager as "Supportive". One care staff member told us they had arranged to speak with them and discuss issues about their day to day work demands and that the meetings had been easy to arrange.

The manager explained to us how they were working towards improving care at the service. We saw that in the eight care plans we reviewed, body maps were being introduced so that it was easy to direct staff about the support people needed. We also saw that care plans also contained consent forms which had been signed by people, although it was not clear what people had consented to. However when we spoke with the manager they agreed that whilst some improvements had been made, further work was necessary to embed systems of good practice. The area manager told us they had already recognised that there were areas of improvement from reviewing care at the service and were working towards them.

The manager also told us they had improved systems for recording how staff completed the medications people had taken. They told us care staff had already undertaken medication training and some improvements had been noted. The manager told us they were closely monitoring records staff completed to ensure the standards they wanted to maintain did not slip.

The area manager acknowledged there had been issues with governance in the past and since taking over the post they had been made aware of issues with quality assurance. However, they told us they were working more closely with manager and reporting had improved. It was easier to monitor how each manager managed each service.

People told us the staff from administrative office called or visited them to check they were satisfied with the care they received. People told us they were happy to have this assurance. We reviewed how information on the service delivered was collated by the manager in order to understand any issues at the service. We saw questionnaires people had completed showed people were largely satisfied with the care and support they received. The manager told us the questionnaires were sent out regularly to try and identify problems before they escalated. This showed they had a commitment to continually improve the services people received.