Nationwide Care Services (Nottingham) Ltd

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place between 19 to 25 September 2018 and was announced. At the last inspection we rated the service overall as 'Requires improvement' at this inspection we saw the required improvements had been made in safe and effective. Within well led the improvements we required at the last inspection had been made, however other areas of concern were raised in the well led domain.

This service provides care at home to older adults and younger adults living with a range of health conditions and needs to live independently in the community within the Nottingham area. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 140 people were receiving personal care as part of their care package.

Nationwide Care Services Ltd had not got a registered manager, however, the provider had recruited a manager who was due to commence their role in October 2018. During the managers absence the service had been overseen by the regional 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 2008 and associated Regulations about how the service is run.

The out of hours service was not always responsive to meet people's needs in messages being shared or in supporting staff when the office was closed. Communication was not always offered to provide people with information about their weekly calls. Some staffs travel time had an impact on them not being able to meet the required call times.

Staff felt supported by the regional manager and the local office staff. Supervisions and local team meetings provided staff with the support they required for their roles. Partnerships had been developed with health and social care professionals. Complaints had been responded to.

People received support from regular staff or small teams of staff. All staff had received the correct recruitment checks to ensure they were safe to work with people. Staff had received training in how to protect people from harm and how to reduce the risk of infections. Risk assessments had been completed and guidance was provided. Medicine was managed safety and lessons had been learnt when errors had occurred, the changes made had driven improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured they obtained consent before providing care. Staff had received training for their role and additional training was available to reflect individual needs. People were supported with their meals and followed guidance from health care professionals to support people's health care needs.

Staff provided regular support to people which had enabled relationships to be developed. People felt able to continue to have a level of independence supported by the staff. Their dignity was maintained and staff showed respect for people. Information was stored to maintain confidentiality and the information detailed the care agreed to be provided.

Care plans had been developed with the people and or relatives. Reviews provided people with the opportunities to share their views in addition to a quality survey. When people's needs changed the care plans were updated. All information was included which considered people's religious or sexual needs.

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 received care from consistent staff, who had their employment checks completed. Staff knew how to keep people safe from harm and to reduce the risk of infections.

Risk assessments had been completed which covered all aspects of people's environment and care needs. Medicines were managed safety.

Is the service effective?

Good

The service was effective

People were supported to make their own decisions and when required best interest meetings had been completed.

Staff supported people with their dietary requirements and ongoing health care needs. Training was provided to staff to ensure they had the correct skills for their role.

Is the service caring?

Good

The service was caring

People received support from care staff who they had established relationships with them. Individual's independence was promoted. Consideration was made to ensure people's dignity and respect was maintained.

Is the service responsive?

Good

The service was responsive

The care plans contained information and details to enable to staff to provide the care required. These included people's equality needs and communication methods.

Some people were supported to continue to enjoy social

activities and interests. Complaints had been addressed.

Is the service well-led?

Requires Improvement

The service was not always well led

There was no registered manager at the service, however one had been recruited. Out of hours services were not always managed to support people and staff to receive the responsive service they required. People's views had been obtained and any suggestions followed up to drive improvements.

Staff felt supported in their roles. Partnerships had been developed with a range of health and social care professionals.

Nationwide Care Services Ltd (Nottingham)

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 checked 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 was announced and completed by two inspectors and two experts by experience. The provider was given 3 days' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available. The inspection site visit activity started on 19 September and ended on 25 September 2018. It included telephone calls to people using the service and relatives, which were carried out by two experts 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. We visited the office location on 24 September 2018 to speak with the registered manager and office staff; and to review care records and policies and procedures. In addition, the two inspectors visited three people within their own home who received services.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke by telephone with 25 people who used the service and three relatives. We also spoke with four members of care staff, a senior care staff, the care coordinator, compliance officer, the training manager and

the regional manager.

We looked at the care records for nine people to see if they were accurate and up to date. In addition, we looked at audits completed by the service, in relation to reviews and medicine management. We also looked at recruitment folders for three staff. We reviewed some quality audits to ensure the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care relating to consistency of staff and medicines managements which we asked the provider to review. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.
People told us they received care from a consistent group of care staff. One person said, "I mostly get the same staff." Another said, "I get a group of staff which can change sometimes, but the new ones always introduce themselves." Staff we spoke with also felt there were enough staff. One staff member said, "There is enough staff. We pick up extra when staff are off sick or on leave, but we can say no and that's respected." The regional manager told us there was ongoing recruitment for care staff and in addition they had recruited some other roles. For example, two compliance officers, who supported with the care plans and spot checks on the staff. These staff were also able to provide direct care if required. Another role had been introduced to ensure recruitment processes and checks were carried out correctly.

We saw that checks had been carried out to ensure that the staff who worked at the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. When a caution had been identified through the DBS we saw that a risk assessment had been completed. This demonstrated that the provider had safe recruitment practices in place. The provider had introduced a follow-on health declaration form. One staff member told us, "They are really supportive especially around any health needs, I cannot praise them enough." This showed the provider supported staff with any ongoing health issues to ensure they were supported.

Medicine was managed safely One person told us, "The staff support me with medicine and use the blister packs from the pharmacy." Staff had received training in the safe handling of medicines. We saw that staff received regular spot checks to ensure they continued to be competent within their role. When an error had occurred, staff received further training. Within the home there was a medicine administration form (MAR) in place. This was so that staff could sign when the medicine had been given. We saw these were collected and audited in the office to ensure any errors were identified.

We saw how lessons had been learnt and used to drive improvements. For example, the regional manager had introduced a new system of MAR sheets to reduce the numbers of medicine errors. One colour was for medicines, another for medication for anticoagulant (Warfarin) and another for topical creams. This system had reduced the errors and staff felt it was an easier system to use.

People felt safe when they received their care. One person said, "Yes I always feel safe." A relative told us, "[Name] is very safe with all the care staff who come, they are competent and very caring and make them feel at ease." Staff had received training and had a good understanding of their responsibilities to safeguard people and were knowledgeable about reporting concerns to the manager. We saw the training manager had taken a practical approach to support staffs understanding. For example, in the training room they had

a wall of newspaper clippings relating to abuse that had taken place against people around the country. This helped reinforce why safeguarding was so important and the different types of abuse that can occur. We saw when safeguards had been raised they were investigated and any lessons learnt shared with the team of staff.

Risk assessments had been completed which covered all aspects of people's environment and care needs. People told us staff ensured their safety. One person said, "The staff are very good when I go to the shower they make sure the water isn't too hot and that my bath mat is down, so I don't slip". Another person said, "I need a frame to walk and they will walk at my side. They stay with me in the bathroom and that helps make me feel safe." We saw the risk assessments were in place identifying different aspects of people's care needs. For example, some people required equipment to support them to transfer within the home. The risk assessment provided guidance to staff and detailed the equipment to be used.
Other risk assessments reflected on the environment, for example any possible trip hazards or the use of home oxygen within a person's home. Details were also completed to show the power services used in each property in case of an emergency.

Staff were aware of the importance of reducing the risk of infection. One person said, "Staff always wear gloves and aprons". Staff told us they had access to an endless supply of protective items like gloves and aprons. Some people had support with their meals. To ensure staff provided such support safely, all staff had received training at level two in food hygiene. This meant that people were protected in all areas from the risk of infection.

Good

Is the service effective?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care relating to assessments relating to capacity and consent which had not always been completed in enough detail. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

After the last inspection the training manager had tailored the training to ensure this area was covered in detail. They had provided practical examples to support staff understanding. For example, cases which reflected what consent and capacity means to a person. We saw that when people had limited capacity an assessment had been completed and any decisions were supported by best interest meetings. These included the relevant professionals and family members. For some people there were several assessments and best interests to reflect the specific decisions. Staff we spoke with had a good understanding of the MCA and the importance of giving people choices.

People told us they were given a choice how they received their care and the care plans reflected details which were personal to the individual. For example, one care plan noted a person preferred yoghurt to milk on their cereal. Staff members were able to provide us with examples of how they supported people's choices. One staff member said, "I would offer [name] three nightgowns so they could decide what they would like to wear."

Staff members told us when they commenced their role they were supported with training and shadowing with experienced staff. Before staff commenced their role, they had five days of training and then time with experienced staff in a geographical area, which they then continued with, this ensured they knew the people they were supporting. One staff member said, "The training was really good, it was taught in a way which covered everything but in a practical way. It also provided some people skills and how mannerisms can make a difference." All staff completed the Care Certificate. This demonstrates key skills, knowledge, values and behaviours which should enable staff to provide people with safe, effective, compassionate and high-quality care.

Additional training was available to cover specific areas. For example, one staff member had training in the use of how to position legs wraps. The wraps reduce the pressure for people with sore skin and water retention. The staff member said, "It was really interesting and I was able to feel confident when using the wraps." This demonstrated that staff were supported with training for their roles.

Some people had support with their meals. One person said, "I can't manage any of my meals now so the carers do them all, I always have what I want and its usually very nice." Staff told us they gave people choices from the food available within the home. One staff member said, "I usually read the daily logs to see what the person had on the days before, so I can offer other choices." Some people required thickener to be added to their drinks to reduce the risk of choking and this was observed and recorded.
People remained in control of their own health care. We saw that information was recorded in the care plan in case of emergencies. One staff member told us, "All the information I needed was in the folder when I had

to call an ambulance for someone." We saw that health and social care professionals had been involved in people's health and well-being. When they had been involved and provided plans or guidance, these had been included into the care plan. For example, an occupational therapist in relation to equipment.

Good

Is the service caring?

Our findings

People told us they had relationships with the care staff. One person said, "I am very happy with the carers, I really do think they care. Some of them are like friends, they treat me with the utmost respect all the time." Another person said, "On the whole all of the staff are very good. Some that come more regularly have become like friends. They are all helpful though". We observed a good rapport between the staff and the person receiving care when we completed our home visits. Staff we spoke with told us about their relationship with people. One staff member said, "I love the people and enjoy the daily surprises and banter with them." Another said, "I like caring and looking after people."

People had been encouraged to be involved in decision making and their care plans. One person told us, "I like to be independent where possible and be able to wash my own face." People had signed their plans and there were details to reflect people's level of independence. For example, 'To stay happy in my home for as long as possible.' Another noted, 'I like to remain as independent as possible and try to do as much as I can myself.'
The care plans reflected, and people told us, their dignity and choice was respected. For example, it was important for one person to have different coloured towels for separate parts of their body during personal care. One person told us, "They are respectful, if they were not I would have them out the door." Another said, "While I am in the shower I am kept covered, my dignity is maintained at all times by everyone."

People's information was stored securely. All information at the office was stored in locked units and all the computers were password protected. Within people's homes they had a folder which contained details of their care plan, medicines forms when required and daily logs. The daily logs were completed by staff after each call to reflect the person's mood, the support they had received and all tasks that had been completed. The folders also contained the service user guide which outlined the Nationwide standards, how to raise a complaint and the contact numbers when the person needed to contact the office.

Good

Is the service responsive?

Our findings

We saw care plans provided information about the care the person had identified. There was also information which included people's history and preferences. For example, male or female care staff. We saw that care had been grouped into geographical areas and where relevant gender. Some care visits were specifically for male care staff and male recipients. One care staff said, "It makes sense to have all these calls grouped together. I do support some females; however, these are usually with another female care staff as part of a double up call."

People had been involved in the completion of their care plans. Staff told us they felt that the information available in the plans was clear and provided enough information. One staff member said, "I always read them when it's a new person so I can get to know something about them." Staff confirmed that when people's needs changed the care plans had been updated and this information shared with staff.

When people had limited capacity, and were at risk of leaving their home, without support. The provider had completed a detailed section with a photograph which could be used in the case of an emergency if the person was to leave their home and concerns were raised. The regional manager was going to look into the 'Herbert protocol'. The Herbert Protocol is a national scheme which encourages carers and professionals to compile useful information which could be used in the event of a vulnerable person going missing.

Staff received regular spot checks from the office, to ensure they were completing their role in accordance with the providers policies and national guidance in relation to medicines. One person said, "Someone from the office has called to do a spot check on staff at least a couple of times since they started coming."

The regional manager told me the new care plans contained a section asking about sexuality. We did not see any of the new forms in use. However, at the office there was a display board showing information in relation to lesbian, gay, bisexual, and transgender (LGBT). The regional manager told us they encouraged staff to discuss people's sexuality to ensure equality and diversity was respected.

All the people using the service were able to understand the information in the format it was produced. However, the registered manager said they would arrange for it to be in larger print or other formats if this was required. The Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
Some people received support to enable them to go out. Staff we spoke with talked about the support offered which varied from taking people shopping, out to lunch or just for a walk.

All the people we spoke with knew how to raise a concern or make a complaint and told us they would be happy to do so, and they felt confident that the issue would be resolved in an appropriate manner. One relative said, "We have had a few issues not really complaints, but things that merited a phone call and I must admit these have always been dealt with quickly and efficiently by the manager most of these things shouldn't have happened, but they have been sorted very quickly." We saw that when complaints had been

received they were investigated and responded to with an apology and outcome. When the issue involved staff the appropriate action had been taken to address the concerns with the staff member directly. This demonstrated that complaints had been addressed.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. Those people who were able, had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

Nationwide Care Services Ltd had no registered manager, however, the provider had recruited a manager who was due to commence their role in October 2018. Throughout this absence the regional manager had supported the office. 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.

Our last inspection found whilst the provider was not in breach of any regulations there were issues relating to the provider notifying us of events and a lack of robust audits relating to the quality of care. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements to the audits and notifications. However, we identified concerns in relation to the out of hours (OOH) service and the communication to service users in providing information about their care.

People told us that when they called the contact number during office hours they received a responsive approach. However, when they called the OOH the response was not always supportive in meeting people's needs or providing clear information. One person said, "The only problem I have with Nationwide is the office staff no one ever seems to pass on any information to each other. For example. I rang up the other week about a late call and I was told that someone would ring me up to discuss it, would you believe it I am still waiting and this is not the first time this has happened." A relative told us they had spoken about the concerns relating to the transfer of information. They had informed the office about their relative not requiring the calls, however staff still attended the call. They said, "It felt like a real communication breakdown."

Some of the complaints we reviewed referred to the issues with the OOH service. We discussed this with the regional manager who was aware of the concerns. The regional manager and office staff told us the issue is that the OOH service is operated by staff who are based in Birmingham. Staff we spoke with also raised the OOH as an issue. One said, "We need someone to run it from the local office as they know the people and me and are then able to answer my query and sort out the problem much quicker." Another said, "They don't know what to advise us." One of the coordinators told us, "After the weekend we have to follow up the calls which may not have been covered, so it takes time as you have to back track." This meant we could not be sure there were appropriate arrangements in place to support people with a responsive service all of the time.

People also felt that communication could be improved in providing the information about their planned calls. Some people told us they were not informed about who would be calling or the time. In addition, some people also commented that their calls could be late. Some staff told us they had lengthy travel time between calls which had an impact on them arriving at the specified call times. One staff member told us, "I have raised this with the manager and coordinator, however nothing has changed." Other staff told us they had times which were manageable. We discussed the planning with the coordinator, they told us they had

enough staff to support the calls, however travel was in between calls and this did not always reflect the actual travel time.

The regional manager had a clear vison of the service and how the office needed to progress. The provider had revised the mission statement and purpose and this had been shared with the staff. One staff member said, "The regional manager has raised the quality of everything and made people accountable for their own actions." They went on to say they felt confident and safe with them. This was due to staff having felt unsettled over the previous year with no stability in management.

Staff received regular individual supervision and local meetings. One member of staff said, "The regional manager is good, you can raise concerns and have confidence they will act on it." Another staff member said, "I can say what is on my mind and problems get dealt with."

Audits had been completed to reflect on the quality of the care being provided. For example, medicine administration forms had been reviewed and a new system in relation to these had been introduced. One staff member said, "The new system is much easier to use, there are less errors." Other audits were performed in relation to the daily log books. This was done on a 10-20% basis. Any areas identified were discussed with the staff member or they received an additional spot check. The information may also reflect a review of the care plan is required. The provider had introduced new roles to support these audit processes.

People's views were considered. The provider conducted an annual survey and we reviewed the most recent survey. The survey showed that people were happy with the care they received. The surveys also reflected that communication within office had improved. We saw when people had a review any issues were addressed directly at that time.

We checked our records, which showed the provider had notified us of events in the office. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

Partnerships had been developed with a range of health care professionals. For example, liaising with occupational therapist and speech and language therapists. The office staff had also worked with social care professionals when people required a reassessment for their needs.