

Nationwide Care Services Ltd

Nationwide Care Services Limited (Derby)

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?

Good ●

Summary of findings

Overall summary

About the service:

Nationwide Care Services Limited (Derby) provides personal care and support to people in their own homes in Derby and the surrounding areas. At the time of this inspection 102 people received personal care from the service.

Our last inspection report for this service was published on 05 December 2017 and the rating was 'Requires Improvement' with no breaches.

This was a scheduled inspection based on the service's previous rating.

What life is like for people using this service:

People felt safe using the service. Care workers knew where people were at risk and what to do to keep them safe. Improvement had been made to care plans and risk assessments and the service's staff recruitment procedure.

Improvements had been made to the way people's mental capacity was assessed and the service was working within the principles of the Mental Capacity Act (MCA).

People's cultural needs were identified during their assessments and care plans put in place to show how these were to be met.

Care workers were well-trained and competent. They treated people kindness, respect and compassion.

People were encouraged to make decision about their care and support and had access to their care plans.

People received personalised care that was responsive to their needs. They said care workers were mostly on time and stayed for the duration of their calls.

People knew what to do if they had a complaint about the service and staff listened to them and made improvement where necessary.

The office has been re-designed to create a welcoming and informative place for people, relatives and care workers to visit. A display celebrating equality and diversity emphasised staff member's commitment to providing an equal and non-judgemental service to all.

There was a new registered manager in post who people and staff said was helpful and supportive.

People were involved in how the service was run and their views sought at review meetings and through

regular quality assurance questionnaires.

The service's audit system covered all aspects of people's care and support and people were involved in through review meetings and quality assurance questionnaires.

For more information please see the Detailed Findings below.

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	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

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 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.

Inspection team: The inspection was carried out by an 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. Our expert by experience's area of expertise was the care of older people.

Service and service type: Nationwide Care Services Limited (Derby) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults.

Notice of inspection: This inspection took place on 23 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us.

What we did: We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information provided by other agencies including commissioners who contract with the service. We used this information to plan our inspection.

Prior to the inspection visit we spoke by telephone with sixteen people using the service and one relative.

At the inspection visit we spoke with the registered manager, the finance manager, a senior care worker, and three care workers. We looked at records relating to all aspects of the service including staffing, medicines,

accidents and incidents, and quality assurance. We also looked at three people's care records.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection one person's care plans and risk assessments needed improvement. This was because the person sometimes refused care and support but there were no written guidance or instructions telling care workers what to do if this happened.
- At this inspection records showed that people's care records had been reviewed and improved and, where necessary, additional care plans and risk assessments put in place. This meant the potential risks to each person's health, safety and welfare were identified and care workers knew how to address these.
- People told us care workers protected them from harm. One person said, "They [care workers] know that I tend to fall over quite often, so they make me take my time and support me."
- Care workers knew how to keep people safe. They listed the areas where people were at risk and told us what they did to minimise accidents and incidents. For example, one care worker told us, "[Person] has a walking frame and when he walks we walk either side of him so we can remind him to take his time and have a rest when he needs one."
- One person's care plan and risk assessment for challenging behaviour needed more detail to ensure care workers could support them as safely as possible. We discussed this with the registered manager who ensured an improved care plan and risk assessment was promptly put in place and sent us a copy to show this had been done.
- Records showed staff risk assessed the environment in which people lived. This helped to ensure it was safe for the people themselves and the care workers supporting them.

Supporting people to stay safe from harm and abuse

- People told us they felt safe using the service. One person said, "I do feel safe as I wouldn't be able to have a shower without someone here to support me." Another person told us, "All the carers know to make sure the door is locked properly before they leave."
- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of any of the people using the service. One care worker told us, "If I found anything wrong with a client, for example bruising, I'd report it straight away to the management and they would tell social services."

- The provider's safeguarding and whistleblowing policies and procedures were available at the office and were discussed at staff meetings and supervisions to ensure staff understood their safeguarding responsibilities.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken to ensure people's safety.

Staffing levels

- At our last inspection improvements were needed to the service's recruitment procedure to ensure the suitability of staff. This was because risk assessments hadn't always been carried out or approved by a registered person or a person with delegated responsibility for the service. We discussed this with the management team who agreed to make improvements to the provider's staff risk assessment procedure to ensure it was fit for purpose.
- At this inspection we found that where a risk assessment was necessary this had been carried out or approved by a registered person or a person with delegated responsibility for the service. Consequently, decisions about potential staff member's suitability were only being made at a senior level which meant the level of risk involved was being appropriately addressed.
- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services.
- Some people told us they thought the service didn't have enough care workers. They said they had observed some care workers appearing 'stressed' and 'rushed' due to the number of hours they did. However, no-one reported a problem with their calls being missed or late.
- The registered manager said the service was not short staffed although care workers were busy if they were covering each other's sickness and leave. He said the service had an ongoing recruitment drive and three new care workers were due to start work once their criminal records clearance documents had been received.
- All the care workers we spoke with said their work was manageable. One care worker told us, "The only time I feel rushed is if I'm held up at a call. That does happen sometimes but it's rare and we tell the office and they let the next client know and apologise to them." Another care worker said, "If we get more referrals we will need more staff but [the registered manager] is on top of that and recruiting. Some days are busier than other but we're never flustered and the quality of care remains the same."
- The registered manager told all care workers on shift get a text every morning to check they were available. This meant managers could provide prompt cover if a care worker was unavailable for work.
- Some people using the service needed two care workers to support them safely with certain activities. Records showed this was recognised and two care workers allocated to each call where relevant. Care workers told us they would only proceed with a person's care if the right number of care workers were present to ensure people were safely supported.

Using medicines safely

- People told us care workers supported them with their medicines. One person said, "The carers give me my tablets out of the box that comes from the pharmacist and then once I've got a glass of water I can take them. As far as I'm aware it always gets written up in the records as soon as I've taken them." Another person told us, "Because my carers always get here on time I always get my tablets at the same time each morning. I have never had any problem with that."
- There were safe systems in place for ordering, administering and monitoring medicines. Care workers were trained and assessed as competent before they administered medicines. One care worker told, "When I did my medicines training I got 25 out to 25 in the test! The managers also come out and watch us do the medicines to make sure we're doing it right."
- Care workers knew what to do if there was an issue with a person's medicines. One care worker told us a person had arrived home from hospital with a bag full of medicines and no MARs (medicines administration records). They called the office who sent out a senior carer to put the appropriate records in place and write a risk assessment. This was an example of staff keeping a person safe with regard to their medicines.
- Records showed there had only been two medicines errors since the last inspection. The registered manager said this was because care workers had been re-trained and because the service had introduced a competency procedure to support and retrain care workers following medicines errors.

Preventing and controlling infection

- People told us care workers had a good understanding of infection control. One person said, "The carers always arrive neatly dressed in their clean uniforms and always have plenty of gloves with them. I never have to remind them to clean their hands and they always take the rubbish out with them when they go." Another person told us, "I'm just glad I don't have to wash my hands as many times as they do! They are very good and always change their gloves between tasks."
- Since our last inspection the service has introduced new and improved infection control policies and procedures. All care workers were trained in infection control. One care worker told us, "There is never a shortage of PPE [personal protective equipment] and we have plenty of gloves and aprons with us all the time." The office was well stocked with PPE and care workers told us they could help themselves to whatever they needed.

Learning lessons when things go wrong

- Positive steps were taken if mistakes were made. For example, the registered manager told us that audits had shown care workers weren't completing log books (people's daily records) correctly so it was not clear if they were always being safely supported.
- To address this care workers were retrained on how to write clear and personalised records. This meant they could record how they had met people's needs. The importance of good record keeping was also emphasised by posters on the office wall reminding care workers on what good quality records should look like.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- At our last inspection it was not always clear from care records if people could consent to all aspects of their care. This was because some people's mental capacity assessments were unfit for purpose and did not include the information care workers needed to understand people's ability to consent.
- At this inspection records showed people's mental capacity assessments had been reviewed and improved. All the people using the service had had their mental capacity assessed. The assessments we sampled contained clear information about people's ability to consent and what aspects of their care and support they could consent to. This meant the service was working within the principles of the Mental Capacity Act (MCA).
- Staff had a good understanding of the MCA and encouraged people to make decisions for themselves. One person told us, "No carer has ever forced me to do anything I wasn't happy with and they check with me to make sure I'm ready to start [receiving personal care] when they've sorted everything out." A care worker said, "We would never just go in and start washing someone without asking them first. We always get people's consent before we do anything to support them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they came to the service to ensure their needs could be met. Assessments covered people's health and social care needs.
- Assessments included a one-page profile containing personalised information about the person, for example their life histories, and how they wanted their needs met. This helped to ensure care workers could provide people with a personalised service.
- People's cultural needs were identified during their assessments and care plans put in place to show how these were to be met. For example, if a person wanted only male or only female carers this was made clear.

Staff skills, knowledge and experience

- People said the care workers were skilled and competent. One person told us they had observed that when new care workers had the opportunity to shadow experienced workers so they knew how the person wanted their needs met.

- The service's training matrix showed that staff completed a wide range training courses including dementia care, health and safety, moving and handling, the Mental Capacity Act 2005, equality and diversity, and end of life care.
- If care workers needed additional training to meet the needs of people this was provided. For example, some staff had been trained in catheter and stoma care.
- Care workers said they were satisfied with the training they'd had and felt it had given them the skills they needed to provide good quality care and support. One care worker said, "The induction training gave me the basics and the ongoing training increased my knowledge. They [the managers] are really supportive and if we feel we need more training they will provide it."
- Records showed care workers were well-supervised. For example, one care worker, who had been at the service for three months, had already had two spot checks and two supervision sessions to ensure they were working effectively and understood their role. They told us they felt well-supported by the managers.

Supporting people to eat and drink enough with choice in a balanced diet

- Most people said they were happy with how care workers supported them with their meals and drinks. One person told us, "All the carers will let me know what I've got in so that I can choose what it is I fancy to eat. Mostly it's frozen ready meals but they will heat me up some soup or make me a sandwich if that's all I want. They are usually very good at tidying up after themselves in the kitchen as well which saves me having to struggle." Another person said, "My [family member] sorts out my food shopping for me, so my carer will tell me what I've got to choose from and then I'll decide what it is I fancy eating."
- People told us care workers supported them to drink fluids and remain hydrated. One person said, "I'm not a great drinker, but my carers will encourage me to at least have a hot drink while they're there with me." Another person told us, "[Care worker] always leaves me with some water to last me until lunchtime when the next carer comes along."
- One person said they thought some of care workers needed cookery lessons as they had been served a menu item that had been grilled rather than baked resulting in it being spoiled. We discussed this with the registered manager who said care workers were trained in food hygiene but did not have cookery lessons. He said they did know how to prepare snacks and ready meals and he would remind them to always follow instructions on the packaging when preparing ready meals.
- People had nutritional assessments and care plans to ensure care workers knew how to meet their nutrition and hydration needs. Care plans included information about any physical difficulty people might have with eating and drinking and equipment they needed to make eating and drinking easier. Nutritional assessments also included personalised information on how people liked their food presented, what types of food they liked to eat, and any ethnic, religious or cultural dietary requirements they had.

Supporting people to live healthier lives, access healthcare services and support

- People said they were supported to maintain good health and referred to health professionals when required. They had care plans for their healthcare needs which included their medical history and any medical conditions they had.

- People told us care workers referred them to their GP and/or alerted their relatives members if they appeared unwell. One person said, "Yes, they always tell me that they're going to have a word with my [family member] because they're concerned about something to do with my health."
- Care workers gave us examples of how they intervened if a person needed medical assistance. For example, one care worker said a person's family had arranged for the GP to come and see them about a medical matter. However, the person deteriorated so the care worker called emergency services to ensure the person was seen promptly and had the urgent healthcare they needed.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us their care workers treated them with kindness, respect and compassion and made many positive comments about their caring nature. One person said, "My carers are lovely. At this time of year, the first thing they do when they come in the late afternoon is to close my curtains and put me some lights on and they check that I've got enough heating on so I'm not going to get cold overnight." Another person told us, "They always make sure I'm comfortable and have everything I need before they go and that includes doing extra jobs as well."
- People said care workers knew their likes and dislikes and always found the time to talk with them. One person told us, "I can make my own drinks, but I must admit it is nice when my carer comes in because she'll put the kettle on and make me a cup of tea which always seems to taste a bit nicer when I haven't made it myself." Another person said, "The carer and I are chatting most of the time she's here." And a further person told us, "To be honest, I don't think I'd get through the day if I didn't see the carers so I can have a chat with somebody rather than just talking to the television or the radio all day."
- People said their care workers respected their homes and often did little extras for them. One person told us, "I've never had carers coming in to my home before I was concerned everywhere would be a mess when they left. However, I have been pleasantly surprised as they always make my bed and put all the dirty linen into the basket for me and although it's not on my care plan, they always insist on tidying up in the kitchen for me after they've sorted my breakfast and tablets out."
- Care workers told us they enjoyed building relationships with the people they supported. One care worker said, "We chat to people while we're working and the first thing I do with [person] is make him laugh. He loves that." Another care worker told us how they responded when a person they supported was distressed. They said they asked the person about a family photo they had on display and this distracted the person and made them feel happy. The care worker told us, "We learnt to do that in training and we learn from the clients themselves. They all teach us something."
- Another care worker said they enjoyed getting to know the people they cared for. They told us about one person they supported, "We talk about everything together. We talk about life. We talk about his late wife. We talk about a TV show he likes. We have a great time and I get the jobs done at the same time."
- People said they mostly had regular care workers which they appreciated as it meant they had continuity of care and could get to know the care workers who supported them. Records showed that staff turnover was low. The care workers we spoke with said they wanted to stay with the service because they felt well-supported and appreciated by the management and they enjoyed working with the people using the

service.

Supporting people to express their views and be involved in making decisions about their care

- People told us care workers involved them in their care and support and they had access to their care plans. One person said, "I have a care plan, and I know it's in my folder on the table."
- Another person told us that before they began using the service a staff member visited them to discuss their care needs. They said, "We talked about what my health needs were and how they could help me. We were asked what time of day we would like the calls and how I wanted the day to be organised – I like to have a shower in the evening rather than the morning. Our chat formed the care plan which was sent to us to look at before it went into my file." This was an example of a person being fully involved in their own care package.
- People also said that, where appropriate and with their permission, their relatives were involved in their care. One person told us, "My daughter will often ring me to say she's had a call from the agency about something or other that they're worried about."

Respecting and promoting people's privacy, dignity and independence

- Care workers knew how to treat people with dignity and respect. They gave us examples of how they would do this, closing doors and curtains where necessary, and covering people with towels while they were receiving personal care. The care plans we saw stressed the importance of always providing people with dignified and respectful care and support.
- One person said, "I'm always telling the carers that there's only me in my flat and they don't really need to keep closing the bathroom or the bedroom door each time we start doing something. However, they insist that it is part of ensuring that if somebody ever did come to the front door, who had a key, they would at least not be able to see my state of undress without us having time to do something about it."
- People were asked during their assessment whether they preferred male or female care workers to support them with their personal care. One person told us, "I was asked if I had a preference for carers and I simply said that as long as they knew what they were doing I didn't mind whether they were male or female."
- One person said they had specified male care workers but it wasn't always possible for the service to supply them. They told us, "I would love to have male carers all the time but I know they are in short supply. The one male carer I do have at present is lovely and I keep telling him that if he's got a twin somewhere, it would be very useful if he could work here as well because he is so kind hearted and always wants to make sure that I'm comfortable before he leaves." We discussed this with the registered manager who said the service was continually striving to recruit both male and female care workers so people could always have a choice as to who provided their care and support.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care

- People said they received personalised care that was responsive to their needs. For example, one person told us, "Yes, my carer will ask me if I'm ready to have my wash in the morning and if I'm not, she'll go and prepare my breakfast for me while I just get myself together."
- Care plans set out how care workers were to provide responsive care and included specific instructions for them. For example, one person's care plan stated, "I would like you to knock and enter [...] put on gloves an apron [...] you will need two flannels and two towels." Another person's stated, "I wear glasses please make sure they are clean and I am wearing them as well as my life line." This meant care workers knew how people wanted their care provided.
- At the time of our inspection care plans were being improved and updated. We saw the new-style care plans were clear and well-organised with key information highlighted. A care worker told us, "The new care plans are better because it's easier to find what you need to know about a client."
- People told us that care workers were mostly on time and stayed for the duration of their call. One person said, "I've never had a problem with them trying to disappear before the time was up or before everything has been done." Another person told us, "They aren't bad at timekeeping and usually arrive within 20 minutes of their time. If they've been held up in an emergency, someone from the office will usually call." This meant people received their care and support when they needed it.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- Managers and staff ensured information was provided to people in an accessible format. They told us they could make the service user guide and other information about the service available in large print or in different languages on request. If people preferred, staff read people's care plans and risk assessments to them to ensure they understood.

Improving care quality in response to complaints or concerns

- People said they knew what to do if they had a complaint about the service. One person said, "I do know how to complain because there is a leaflet that I was given which lives in my folder." Another person told us

they 'phoned the office' if they had any concerns.

- Records showed that complaints and concerns were logged and action taken to make improvements where necessary. Complainants were involved when their complaints were investigated. For example, when one person raised concerns staff reviewed their care, meeting with the person and the local authority to see what could be done to better meet their needs. Complainants were kept informed of the progress of their complaints and of the outcome.

End of life care and support

- People's wishes regarding end of life care were in their care plans. This meant care workers had the information they needed to support people at the end of their lives.
- The registered manager said this was an area of the service that was being developed and care workers were booked to attend a palliative care course following our inspection visit.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- At our last inspection the service did not have a registered manager. This 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. At this inspection a registered manager was in post.
- Most people we spoke with knew who the registered manager was and some had met him when they were assessed prior to using the service. People said the registered manager and office staff were helpful. One person told us, "I do have to phone the office sometimes if I need to change the timing of a visit. I can't think of a time when my call wasn't answered and the people in the office are very nice and friendly and they haven't made any bother about changing the times for me."
- Care workers told us they were well-supported by the registered manager and other senior staff. One care worker said, "[The registered manager] is excellent, he listens, he helps out, and you can go to him with anything." Another care worker told us, "If I'm every unsure about anything I call up [the registered manager] and he tells me what to do. He is very knowledgeable."
- Care workers said they felt safe working for the service as senior staff phoned them to check on their well-being if they were working alone and supplied them with personal alarms.
- Care workers had regular supervisions and staff meetings where they discussed good practice and any issues or concerns they might have. One care worker told us, "This is a happy place to work. We are always welcomed at the office and given the support we need." Another care worker said, "The managers are great, the carers are great, and the service users are best of all. I love working here."

Continuous learning and improving care

- Since our last inspection the office has been re-designed to create a welcoming and informative place for people, relatives and care workers to visit. There were large attractive learning displays on the walls featuring good practice guidance, for example 'the characteristics of good care'.
- A display celebrating equality and diversity emphasised staff member's commitment to providing an equal and non-judgemental service to all. Information on care legislation, the local area, and training

opportunities was also available and easy to access. This interactive learning environment was evidence of the service's positive and open culture.

Engaging and involving people using the service, the public and staff

- People were involved in how the service was run and their views sought at review meetings and through regular quality assurance questionnaires. People told us they had been sent surveys so they could comment on the service and make suggestions for improvement.
- The results of the latest survey, carried out in April 2018, showed that 100% of respondents said they felt safe and happy with service and wanted to continue using in. Some people said they would like their care packages reviewed more frequently. In response the registered manager identified this as a required action and addressed it. This showed people were listened to when they shared their views about the service and improvements made where necessary.
- Compliments about care workers from people using the service were logged and printed in the monthly staff newsletter so care workers could see that people appreciated the work that they did. The newsletter also contained advice for care workers on taking care of themselves, for example an article on 'keeping warm this winter', and guidance on good record keeping.
- Some people told us they would like a weekly rota so they knew who was coming to provide their care. We discussed this with the registered manager who said he had already considered this but had decided it was not feasible. He said this was because the service could not guarantee the rota of care workers would remain unchanged, due to other factors, and he did not want people to feel let down if the care workers they expected did not turn up.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- A senior member of staff was on call 24 hours a day so care workers always had someone to speak with if they needed advice or support.
- The service had systems in place to help ensure people had the care and support they needed. For example, if a care worker was running more than 10 minutes late they phoned the office so the person they were supporting could be notified. The registered manager kept a log of incidences of lateness so he could identify the cause and put extra resources in place where necessary.
- Staff notified CQC and other agencies of any accidents and incidents that took place within the service and acted to put things right. The registered manager had created a notifications poster to made it clear to staff what they needed to report to CQC.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service's audit system covered all aspects of the service and helped to ensure people received good quality care and support. The registered manager followed the provider's audit policy. This included a series

of internal and external audits culminating in regular action plans. Areas for ongoing audit included staff recruitment and performance, people's records, care reviews, accidents and incidents, and people's views of the service.

- The latest action plan, dated November 2018, identified any work required to ensure ongoing compliance. For example, it stated that archived records must be removed from the office to another location. When we inspected this action had already been carried out.
- The service is required to display their latest CQC inspection report so that people, visitors and those seeking information about the service can be informed of our judgments. We found the service had displayed their rating as required in the office and on their website.

Working in partnership with others

- Records showed staff worked closely with other health and social care professionals to ensure the people using the service had the care and support they needed.
- Care workers were given information on local health and social care and community services so they knew what was available for the people they supported and could tell them about the services they could access.