

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Nationwide Care Services Ltd (Oxford)

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Date of Inspection: 19 March 2013

Date of Publication: April
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Nationwide Care Services Limited
Registered Manager	Ms. Bianca Janet Griffiths
Overview of the service	Nationwide Care Services Ltd (Oxford) is a social care organisation which is owned by Nationwide Care Services Limited and is registered to provide personal care. The location is based in the Cowley area of Oxford.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Requirements relating to workers	8
Staffing	10
Assessing and monitoring the quality of service provision	11
Complaints	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During our inspection we spoke with four people using the service and one relative. People told us that they thought that the agency provided a good service. One person said "I am very happy with the care, they are very nice people".

We also looked at records and spoke with five staff. One member of staff told us "I enjoy it, I find it rewarding, we have a good team"

We saw that the provider had a detailed and robust recruitment process which ensured that the needs of people who used the service were met by staff who were appropriately qualified and able to do the job.

People told us that in general they felt that staff had enough time to spend with them, one person said "they work hard." The manager told us that they allowed enough space in the rotas to allow for sickness and annual leave.

We saw that the provider had a quality assurance process in place. One member of staff told us "I work as hard as I can to maintain the quality of care."

People told us that they knew how to make a complaint. The provider had an effective system in place to address any complaints that were made.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with four people and one relative over the telephone. When we asked people if they were happy with their care they told us they thought the agency provided a good service. One person told us "they always ask me what I want." Another person said "I get on all right with all of them."

When we spoke to staff they told us that they were involved in ensuring that care plans were kept up to date. One member of staff said "I observe new things that can be introduced in to the care plan, I will then go away and write these up." They added "I go through the carers and do spot checks, I will read the care plan and make notes then I'll watch another carer perform the tasks." Another member of staff told us "I always read the care plan out to the client." One staff member said "we always make sure that people's wishes are know, it is important not to take independence away from people." Staff told us that they asked open questions rather than give people commands. One person we spoke with told us "they got me to work on the care plan with them."

The registered manager told us the development of a new care plan involved an initial assessment at the persons home when a bullet point care plan was drawn up in order to provide care straight away. This was followed up by a second visit ten days to two weeks later by a senior carer who created a detailed care plan. They told us "I call it dummy proof, I tell them to write down everything." Six months later another review would be carried out to ensure that the care plan was still meeting the persons' needs, we saw evidence of this. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at six care plans, these contained a copy of the contract which had been signed by the person receiving the care. They also included information about the individual, their life history, medication details, communication needs, likes and dislikes, nutrition sheets and a signed care plan agreement. Risk assessments were in place, these identified the risks to people who used the service and the care staff who supported them. This meant staff had the information to minimise the risks involved when providing

personal care and support.

We saw that care plans were reviewed on a regular basis and that these reviews were also signed by the person receiving the care. This meant that if peoples changed they were identified and included in their care plans.

We also saw daily report sheets completed by staff. These were kept in people's homes and returned to the office on a monthly basis.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke to people using the service but their feedback did not relate to this standard.

The registered manager explained the recruitment process to us. A phone interview was carried out with a new applicant, then they were sent an application form to complete. This was returned with details of two referees which were taken up. The applicant was invited in for an interview and successful applicants were sent on a five day induction training programme. Criminal Record Bureau checks (CRB) had been carried out. There was an effective recruitment and selection processes in place.

The registered manager gave us an example of when some staff from another agency had been the subject of a Transfer of Undertakings Protection of Employment (TUPE). They carried out checks on all of these staff and found that one person had supplied incorrect information, this person was dismissed. Appropriate checks were undertaken before staff began work.

We looked at five staff files, these had all been audited to confirm that everything required was there. They included CRB checks, proof of identity, references, medical history and training certificates. They had all been signed by the staff member.

The registered manager told us that if they thought that a member of staff was not performing their duties correctly they would speak to them and explain their concerns. The probation period would be extended if this was applicable, and the staff member in question would be performance managed and offered more training. They ensured that staff were able to perform their jobs by a combination of feedback from their training, shadowing staff, making spot checks and feedback from people who received care.

We saw the recruitment and selection policy which was clear and up to date. We also looked at four job descriptions, for a care support worker, Registered Manager, senior care support worker and a care co-ordinator. These all contained a clear explanation of the duties required in each role.

Staff told us that they had up to date and clear job descriptions. They also told us that they received a lot of support from the care co-ordinators and registered manager, one said "The manager is always there on the end of the phone to help us." Another member of staff told us "You are not thrown in at the deep end."

Staff had a clear understanding of their roles, adding that they had details of the staff structure which showed what other staff members roles were.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we spoke with people they told us in general the carers arrived on time and that they let them know if they were running late. People said that lateness was usually due to traffic problems. One relative told us "they are really good, the only problem is that sometimes they are a bit late but they will always call."

People told us that they usually had the same carers, one person said "I like them all." Another person said "they work hard to fit it all in", they told us that they did not feel rushed. One relative said "generally they are pretty good and take time for a chat." Another person told us "I had one carer that was with me all of the time and she was excellent and knew what I liked."

Staff told us that on the whole they thought that they had enough time to provide the care required, if they did not they would report this to the office. One staff member said "we could do with more but we're not completely stretched, we have some new carers starting in a few weeks." Another member of staff said "I now have four senior care workers instead of two, this takes the pressure off the others."

Staff also told us that when they had informed the office that not enough time had been allowed for travel between visits that the rotas had been changed.

The registered manager told us that they decided on the levels of staffing required by working alongside the care co-ordinators. They looked at the daily runs and decided the numbers of staff needed and then produced the weekly rota. The manager told us "there are always sessions free to allow for sickness cover", they also told us "I always play it safe and keep gaps in the runs."

We looked at three duty rotas, these showed that visits were planned for people and allowed the amount of time that had been specified in their care plans, we also saw that travel time had been allowed for. We also looked at an individual carer's rota, these were collected from the office every week by the carers. People were sent a schedule every week so that they knew which carer was visiting them and at what time.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

We spoke to people using the service but their feedback did not relate to this standard.

The registered manager told us that they sent out surveys to people every six months. If anything was highlighted in these surveys then they would visit the client to discuss this, they would then make a note in the person's care plan of any changes that had been made as a result of the visit. We looked at seven completed surveys and saw that in general people were happy with their care and the service provided.

There was no report or summary made of the survey results. The provider may like to note that it would be useful to both staff and service users to produce a summary report so that feedback can be given.

Staff told us that if an incident or accident happened, they would first ensure that the person was safe and call an ambulance if necessary. They would then ring the office and speak to the manager, they also told us that they would make a record on an incident sheet.

Staff told us that they received feedback about incidents they reported, they gave an example of how an occupational therapy assessment had been arranged for someone that had been reported with concerns about their mobility. They also told us that they had monthly team meetings during which they were told of any changes needed as a result of any incidents. One member of staff told us "we have good communication with our staff so they are aware of updates."

We saw that the care plans contained a copy of the quality assurance process. We also saw that each care plan had a completed risk assessment. The provider had an effective system in place to identify, assess and manage the risks to health, safety and welfare of the people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with four people over the phone. They all told us that they would know how to complain. One person said "I would just phone the office." Another person told us that they had called the office a few times with informal complaints and that these had been dealt with. One person told us that they had not been happy with the times of their evening visits as these were too early, they said "I told them what time I wanted my evening visit and they do this now."

One relative told us that they had complained about a missed visit, they thought that this had been addressed as it had not happened again. People had their comments and complaints listened to and acted on.

Staff told us that if someone wanted to make a complaint that "I'd record it, I'd write it down word for word what had happened and then bring it to the office." Another member of staff said "we have quite a few people with communication difficulties, I would use a paper and pen if that helped." They gave us an example of one person who had told them that they were not happy with the times of their visits, they had passed this on to the office who had changed the times.

Another senior member of staff told us "I would make an appointment with the person and a family member to iron out the problem and get it right." They told us that they would also document and fully investigate it. If a complaint related to another member of staff, depending on the seriousness they would suspend them if necessary.

We saw that a copy of the complaints procedure was included in the care plan. This gave details of who should be contacted if people had a complaint and if they were not happy with the outcome who to contact next. We also saw details of the complaints process and timescales in the service users guide.

We looked at the complaints and compliments folder. This contained a letter of compliment from a relative and several emails from Oxfordshire County Council which contained positive feedback. It also contained one recent complaint, we saw details of the action that had been taken to resolve it and copies of emails that had been sent to other agencies.

We also saw that the service users survey, which was sent out every six months contains specific questions regarding the complaints procedure such as; 'Do you know how to

complain?' and 'Do you feel confident in making a complaint without fear?' We looked at seven completed surveys and people had all responded positively to these questions.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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