

Nationwide Care Services Ltd

Nationwide Care Services (Erdington)

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 (Erdington) provides personal care to adults living in their own homes. At the time of the inspection, 113 people were using the service who needed assistance with their personal care.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure in place, and people were aware of how to make a complaint. One family member raised some concerns with us. The registered manager was aware of the concerns and they were being dealt with via the complaints process.

An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Nationwide Care Services (Erdington)

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Service and service type: Nationwide Care Services (Erdington) is a domiciliary care agency. It provides personal care to adults living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started and ended on 11 February 2019. We visited the office location on this date to speak with the manager and office staff; and to review care records and policies and procedures. Phone calls to people and their family members also took place on this date.

What we did: Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social

care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We 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.

During the inspection: We spoke with five people who used the service and seven family members. We spoke with the registered manager, office manager and five care staff. We looked at the care records of four people who used the service and the personnel files for four members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.
- People said they felt safe. Comments included, "Yes, [relative] is safe and I feel safe as well", "I am safe and have no worries; they [staff] put me at ease" and "I think [relative] is safe."
- One family member did raise some concerns about their relative's safety. We discussed these with the registered manager and office manager, and saw they were being dealt with via the complaints procedure.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Accidents and incidents were appropriately recorded and risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.
- Lessons were learnt from incidents. These were documented and shared with staff via memos, supervisions and staff meetings.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were sufficient numbers of staff on duty to meet the needs of people. Call visits and timeliness was monitored. Staff were required to call or send a text message to the office when they arrived at and left a person's house, so the provider could be sure people received their planned call visits.
- Most people and family members were happy with the timeliness and duration of the call visits. They told us they were usually visited by the same regular staff. Comments included, "We have the same staff in the mornings", "They [staff] stay as long as they should and sometimes a little bit longer", "They pretty well let me know who is coming", "[Relative] has the same staff the majority of the time" and "They [staff] are on time within 10 minutes and stay as long as they should."

Using medicines safely

- Appropriate arrangements were in place for the safe administration of medicines.
- Records described the support people required with medicines and risk assessments were in place.
- Medicine administration records (MAR) were audited monthly and staff competency checks were carried out regularly.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's policies and procedures correctly. This included wearing the correct uniform and protective clothing whilst carrying out personal care to

people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "They [staff] are skilled and very good at their job", "They [staff] all seem very competent" and "They [staff] do have the skills and know what they are doing."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date and staff told us they had received sufficient training for their role.
- New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people to prepare meals and records described the support people required with their dietary needs.
- Appropriate guidance was in place for staff to support one person who was diabetic. This included details of the action to take if they had any concerns.
- Guidance from healthcare specialists, such as dietitians and speech and language therapists (SALT), was documented and followed by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary.
- The service worked with health and social care professionals such as GPs, pharmacists and community nursing teams.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Some of the people we spoke with could not remember providing consent to their care and support. However, records showed consent was obtained at the assessment stage and people signed to say they agreed with the content of the assessment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "They [staff] sit and talk to [relative] and ask them if they are worried about anything", "They ask me if I want anything extra doing", "Some staff do go out of their way [to help]" and "They have time to chat if I want them to."
- None of the people using the service at the time of the inspection had specific religious or spiritual needs. However, one person was supported to get ready so they could attend church with their family every Sunday.

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

- People's preferences and choices were clearly documented in their care records. For example, preferred name, how they wanted staff to enter the property and introduce themselves, and meal preferences.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff respected privacy and dignity. Comments included, "They [staff] treat [relative] with respect and dignity. They will knock on the toilet door before entering", "They [staff] close the curtains before they help them to dress/undress" and "They treat me with respect and dignity, they all do that."
- Care records described how staff were to respect people's privacy and dignity, and how people were supported to remain independent. For example, "Carers are to assist me out of bed and into the bathroom using my zimmer frame", "Please allow me time to fulfil my toileting needs" and "Assist me out of my nightwear and encourage me to wash my face, arms and hands if I can manage." A family member told us, "They [staff] encourage [relative] to do what they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as how they would like to be addressed, next of kin contact details, medical information and details of any allergies, and contact details for healthcare professionals.
- People's individual aims and goals were recorded. These described what the person wanted from their care and support. For example, to continue to live at home, to maintain personal hygiene and to ensure medicines were safely administered.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. For example, one person could understand English when spoken slowly and clearly. Staff were directed to look for gestures and signals that the person used to communicate.
- Companionship was included in some people's visits and included support to help people to get ready to go out.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Most people and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.
- We saw the concerns raised by one family member we spoke with had been documented. The registered manager and office manager were aware of the concerns and were carrying out an investigation.

End of life care and support

- The provider had an end of life policy. None of the people using the service at time of our inspection were receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "If we have any problems we can ring the office. There is always someone available, out of hours as well", "Personally I have a good working relationship with [office manager]. They have taken the time to sit and listen" and "I get plenty of support from [management team]. They are very supportive."
- People and family members told us staff appeared happy in their work and the service was well-led. Comments included, "The staff seem happy when they arrive and are very pleasant", "I can't think of anything I would change to make it better", "I rate it as five out of five", "There's not a lot I would change", "I give them [two named care staff] five out of five with gold stars" and "It's well managed and it's working for my [relative]." One family member told us the service was well managed but communication with the office could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The management team carried out audits to monitor the quality of the service. These included; support plans, daily records and medicines. These were up to date.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual questionnaires were sent to people and family members so they could feed back on the quality of the service. These were analysed and actions put in place for any identified issues. Not everyone we spoke with could remember receiving questionnaires to complete. However, we saw 75 questionnaires had been returned in 2018.
- People and family members were also able to feed back as part of the review process.

Continuous learning and improving care

- Staff meetings took place regularly. One staff member told us, "We have staff meetings to update us on what we should be doing, particularly if there have been any issues. They are quite good with things like that."

Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority, clinical commissioning group, the Careline emergency contact service and the local reablement service.