

Nationwide Care Services Ltd

Nationwide Care Services Ltd (Wolverhampton)

Inspection report

Regent House
Bath Avenue
Wolverhampton
West Midlands
WV1 4EG

Tel: 01902587121

Website: www.nationwidecare.org

Date of inspection visit:
27 June 2023

Date of publication:
28 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nationwide Care Services Ltd (Wolverhampton) provides personal care to people living in their own homes. There were 106 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Records were not always regularly reviewed or updated when needed, some individual care plans were not always in place. Although there were enough staff, improvements were needed to ensure people received consistent care from staff and their calls were on time.

The systems in place did not always identify areas of improvement so that action could be taken to make changes.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were safeguarding procedures in place that were followed when needed. Medicines were administered to people safely and as prescribed. Infection control procedures were followed. People and relatives were happy with the care they received and spoke positively about the company.

People's care was individual, and their preferences were considered. They were encouraged to remain independent and supported with dignity and respect.

People had access to health professional when needed. They were supported with eating and drinking and to pursue their hobbies and interests. We were notified of significant events within the service and staff felt involved and listened to. The complaints policy was followed when needed.

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

Rating at last inspection

This service was registered with us on 8 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to governance systems at the service. This included how the provider assessed and monitored quality to ensure improvements were consistently made when required.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Nationwide Care Services Ltd (Wolverhampton)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the Wolverhampton area.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 June 2023 and finished on 29 June 2023. We visited the location's office on

27 June 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us and information we had received from the public. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people and 7 relatives. We also spoke with the nominated individual, the registered manager and 5 care staff. We looked at the care records for 14 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and monitored. However, there were not always detailed, individual care plans in place. For example, when people had health conditions or periods of emotional distress. Staff we spoke with told us how they supported people in these circumstances. However, we could not be assured that the support given was safe or appropriate as it was not formally planned for. Following our inspection, the registered manager told us the action they were taken to address this. We will review this as part of our next inspection
- Care plans and risk assessments were not always reviewed to reflect the changes made in response to incidents. For example, 1 person had fallen, the registered manager and staff were able to tell us the action taken to keep the person safe, however the care plan in place was not reflective of this information. The registered manager told us this would have been updated as part of the person's next review.
- People were happy with the care they received and felt safe with the staff that supported them. One person said, "Yes 100%. They make sure I am safe."
- Environmental risks in people's homes were considered, to ensure the safety of themselves and staff.

Staffing and recruitment

- There were enough staff available to support people. However, we received mixed views on the timing of calls. For example, one person told us, "I have to call out of hours. 1 or 2 hours late." Another person told us, "Once or twice not turned up." Other people raised no concerns and were happy with the timing of their calls. Although some people raised concerns about calls being late the provider was aware of this and working to ensure this was resolved. Including discussing this with staff, reviewing people's care and timing of calls and an ongoing recruitment of staff. People had not come to any harm due to this.
- People felt improvements could be made to ensure they received a consistent care team. One person said, "They send carers I don't know." A relative told us, "In the week okay at weekends not. Lots of different carers." We discussed this with the registered manager who told us they tried to offer the same carers where possible, they told us they would review this further to see if they could offer a more consistent approach.
- There was a system in place to ensure there were enough staff employed for the amount of care hours people needed.
- Staff had received the relevant pre-employment checks before they could start working in people's homes, to ensure they were safe to work with people.

Using medicines safely

- People received their regular medicines as prescribed. One person said, "They do my medication. They give me it on time fine." Records we reviewed, including medicine administration records (MAR) confirmed

this.

- Improvements were required to ensure 'as required' medicines were administered safely and consistently. 'As required' medicines did not always have clear guidance for staff to follow to support them to administer these medicines safely. For example, there was no guidance to support staff to identify signs and symptoms that may indicate a person required Paracetamol.
- Staff administering medicines to people confirmed they had completed training. Their competency was regularly checked to ensure they were safe to do so.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse as staff knew how to recognise and report when people may be at risk of harm. One staff member said, "I would raise my concerns with the office who would take appropriate action. I have had training so know the signs I need to be looking out for."
- Staff confirmed they had received training in safeguarding people from abuse.
- There were procedures in place that were followed to ensure people were protected from potential abuse. The registered manager was able to demonstrate when they had acted upon concerns.

Preventing and controlling infection

- Infection control procedures were in place and people were supported in line with these. One person told us, "They wear all the gear."
- Staff told us they had received training and had access to personal protective equipment (PPE) which they used when they were offering support to people in their own homes. One staff member said, "We have gloves and aprons no problems, there is plenty at the office if we need more." People and relatives also confirmed this to us.

Learning lessons when things go wrong

- The registered manager was able to demonstrate when lessons had been learnt. For example, safeguarding incidents were reviewed to see if things could be completed differently, how they could learn from this and if any additional training was required. This information was shared with staff in meetings.

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.

This is the first inspection since this service has been registered with us. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The principles of the MCA were not always followed. People did not always have capacity assessments in place that were specific to the decision being made. For example, 1 person had a capacity assessment in place, but it did not identify the area being assessed. Their care plan also identified they lacked capacity to make decisions around medicines however there was no individual capacity assessment in place for this specific area. The registered manager was aware of this and informed us they were taking action to resolve it. They were able to demonstrate to us they understood the process and how information should be recorded. We will review this as part of our next inspection.
- When capacity assessments had been completed there were best interest decisions in place that had considered the views of people and those that were important to them.
- Staff had received training in this area and were able to demonstrate a verbal understanding of the requirements of the Act, including how they gained consent from people.

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

- People had assessments in place and their care was delivered in line with their assessed needs.
- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, social, mental and health needs were also assessed to ensure their needs could be met. Plans were in place identifying the levels of support people needed, which helped staff to provide effective care.
- Records showed people and those important to them were involved throughout the process.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills and knowledge to support them. One relative told us, "Yes, they are fine. They know what they are doing."
- Staff received training that was relevant to their role. One staff member told us, "We do lots of training, it's very good, some online and some face to face, it helps us when we are out in people's homes."
- An induction process was in place for new staff members, this included classroom-based training and then shadowing more experienced staff members. This gave staff the opportunity to get to know the people they would be supporting.

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

- Where needed staff supported people at mealtimes and with eating and drinking. One staff member said, "We do some lunch calls for people, we ask them what they would like, and we cook it for them, some of their families prepare meals so sometimes we serve those to people."
- People's nutritional and dietary needs had been assessed; when people had specific needs care plans were in place to ensure staff had the necessary guidance to support people. For example, when people preferred culturally specific diets or were vegetarian.

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

- People's health needs were monitored by staff. We saw records where the registered manager had made referrals on behalf of people or families to health professional including occupational therapists. When staff had identified concerns with people's care they had contacted district nurses or GPs for advice.
- People's oral health care was considered, and plans were in place to identify the levels of support they needed.

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.

This is the first inspection since this service has been registered with us. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the staff that supported them. They felt they were caring towards them and knew their needs well. One person said, "It's a very good service I am well looked after." Another person told us, "[Name of care staff] is wonderful does most of the calls." A relative said, "Fantastic, incredible personal skills."
- Staff worked closely with people and their families. For example, staff had decorated a person's home and arranged a cake as part of their birthday celebrations.
- Staff knew people well. This included their preferences and the levels of support they needed.

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

- People's care plans were reflective of their individual needs, preferences and how they made decisions.
- People and those important to them, were involved with their care when this was reviewed.
- Staff told us they offered people choices when offering support. One staff member said, "I always talk to people throughout my call, make sure they are ready to do something, if they want to get up, have a wash or not, what they would like to eat, where they want to sit, everything really."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. One person told us, "They treat me with respect." Staff gave examples of how they supported people. One staff member said, "I like to encourage people I know it can take that extra time but it's important."
- Records we reviewed reflected the levels of support people needed to remain independent.

Is the service responsive?

Our findings

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

This is the first inspection since this service has been registered with us. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those important to them felt they were involved with their care and the reviewing of this. A person told us, "They made an appointment for someone to come and speak to me, it was an assessment. They asked what support I needed I was not sure as never been in this situation." One relative said, "They were fantastic. 40 minutes, me and my relation."
- Care plans in place were reflective of people's likes, dislikes and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was considered. The registered manager and staff were aware of this.
- People's communication needs had been assessed and considered. Plans in place identified how people communicated and staff we spoke with understood the importance of this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged with their hobbies and interests.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain.
- There was a complaints policy in place, we saw when complaints had been made these had been responded to in line with the providers procedures.

End of life care and support

- No one was being supported with end-of-life care at the time of our inspection. There were some references to people's wishes in their records. The registered manager told us how they would support people during these times.

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.

This is the first inspection since this service has been registered with us. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The systems in place were not always effective in identifying concerns and areas of improvement. Audits covered areas such as medicines, calls times and people's care to ensure people were receiving support in line with their assessed needs. However, the audits had not identified all the areas requiring improvement that we identified during our inspection. For example, audits had not identified that care plans were not always in place or updated after incidents had occurred.
- The medicines audit had not identified that 'as required' medicines did not always have clear guidance for staff to follow to support them to administer these medicines safely.
- The audits had not identified capacity assessments were not always individual to the decisions being made.

Systems in place were not robust to ensure people were protected from harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When areas of improvement had been identified, there was evidence to show what action had been taken and how this information had been used to drive improvements.
- Spot checks were carried out on staff to check their competence. Plans were then developed to show any actions they needed to take or follow up on.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported to by the management team. They told us they had the opportunity raise concerns by attending staff meetings and supervisions. One staff member said, "The office staff are always helpful, we have on call if we need support. It's a very good place to work very supportive."
- We had been notified of events that had happened within the service, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the care staff and the service. One person said, "I would recommend them, 100% professional and well mannered. Nothing is too much trouble."
- Staff worked closely with people, their families and professionals to ensure people received the support they needed.

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

characteristics

- People felt listened to and confirmed they were asked for feedback. One person told us, "Yes, a lady came and asked me questions."
- Feedback was sought from people who used the service. A survey was completed in February 2022 and a further one was planned for this year. The information received was collated and a 'branch findings report' was produced. This included plans and actions how they would address any concerns raised. This information was shared with people, relative and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met. When needed staff worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed. This included health professionals and those that were important to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not always effective in identifying areas of improvement.