

# Nightingales Services Limited







## 39 Wick Farm Road

### Inspection report

39 Wick Farm Road  
Southminster  
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#### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

#### Overall summary

The inspection took place on 22 June 2015 and was announced.

39 Wick Farm Road is a small domiciliary care agency, providing personal care support to people in their own homes around the Southminster area. At the time of our visit the service was supporting 30 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in July 2014, we asked the provider to make improvements to the management of medicines, assessing and monitoring the quality of service provision and record keeping. At this inspection we saw that the service had made improvements, however there were areas where the implementation of improvements was ongoing.

People were not always safe because the service could not monitor whether staff had safely dispensed and administered medicines. Risk assessments were carried out and measures put in place to manage and minimise any risk identified. Staff were recruited safely and there were sufficient staff to meet people's needs.

# Summary of findings

People received support from trained staff who were well supervised. There were sufficient staff to meet people's needs and people received support from a consistent team of staff.

The manager was aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their

freedom and liberty these are assessed and decided by appropriately trained professionals. Care staff understood the need to obtain consent when providing care.

People were supported with meals and to make choices about the food and drink they received. Staff at the service worked alongside health professionals to support people to meet health care needs.

Assessments had been carried out and care plans were developed which reflected individual's needs and preferences. People knew how to complain and the service responded well when concerns were raised.

The service had a visible and approachable manager and staff were happy to work for the service. The manager knew the service well and people and their families felt able to contact the manager on an on-going basis. However the implementation of additional, more formal systems to monitor and audit the service remained in the infancy stages and needed further development.

# Summary of findings

## 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.

Staff ensured people were safeguarded from abuse.

There were enough staff to keep people safe.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The manager was not able to fully monitor whether people were receiving their medicines as prescribed

Requires improvement



### Is the service effective?

The service was effective.

People's needs were met by staff with the right skills and knowledge.

Staff sought consent prior to providing care.

People are supported to eat and drink.

People were supported to maintain good health and access health services.

Good



### Is the service caring?

The service was caring

People felt staff always had time to treat them with compassion

People were consulted about their care needs.

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive

People had their needs assessed and reviewed.

People knew how to complain and the concerns were responded appropriately

Good



### Is the service well-led?

The service was not always well led.

The service took people's views into account.

There was a visible and approachable manager

The systems to measure quality and drive improvement were in the early stages of implementation and not yet fully developed.

Requires improvement



# 39 Wick Farm Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place between 22 and 29 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding information. A notification is information

about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We visited two people in their homes, and spoke on the telephone to ten other people who used the service and their families. We met with the manager and deputy manager and spoke with six care staff. We telephoned three health and social care professionals and spoke with them about their views of the care provided by the agency.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed, complaints records, accident and incident records. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in July 2014, we told the provider to take action as staff were not fully aware of their responsibilities when supporting people with their medicines, and the manager was not monitoring the administration of medication.

At this inspection we saw that improvements had been made since our last visit and improvements were ongoing. Staff had completed medication training, and there was an additional medication course due imminently. The manager and deputy manager were knowledgeable about the management of medicines and the manager now carried out medication audits which were comprehensive and addressed any concerns which were found.

There was a revised medication policy in place and Medicine Administration Records (MAR) sheets were now present in people's homes. Staff confirmed that the service had introduced MAR sheets however not all staff knew that the service's medication policy required them to use the sheets when providing any level of assistance with medication, including dispensing. For example a member of staff told us they were not recording when they were taking medicines out of containers and placing in an egg cup for someone to take independently. In addition the sheets did not require staff to adequately detail which individual medicines they had administered. As a result, it was not possible for the manager or other health professionals to fully monitor whether people were taking their medication as required. We raised this with the manager who responded positively to our concerns and immediately implemented the necessary changes to the MAR sheets and medication policy.

People told us they felt safe and we observed a high level of trust between staff and people and their families. One person told us, "I feel safe with all three of the carers who visit me." Staff understood the need to protect people, and were aware of the different types of abuse. Some staff confirmed that they had received training in this area and were clear on the actions that they should take to protect people. They were aware of the need to report any concerns to managers, though they were less clear about who they should notify outside of the organisation. However, the manager had a training session planned in the near future where staff would receive further guidance in this area. The manager was clear regarding their

responsibilities to report safeguarding concerns to the Care Quality Commission (CQC). The manager and staff worked effectively with other professionals to safeguard people and the manager told us about a recent safeguarding meeting they had attended to resolve an ongoing area of concern.

Risks to people were well managed. Individuals had risk assessments for example to minimise the risk of falls, however further work was required to incorporate the risk assessment information into people's overall care plan. Staff were provided with the necessary equipment to minimise risks within the home. A member of staff gave an example where the deputy manager had gone through all the potential risks, such as trip hazards from rugs, making recommendations where appropriate. People were involved in this process, for example the deputy manager had discussed the risk from the person lifting a full kettle and discussed with them about how this could be minimised. A health professional told us that the staff managed risk well, they had observed someone with complex needs being supported on the hoist and staff were skilled and knowledgeable at managing the risks related to this.

There were sufficient staff to meet people's needs, and throughout our inspection we were told that staff had sufficient time to complete their duties at each individual visit. We looked at rotas which did not set out staff's exact timings, however when we examined the detail it was clear staff had generous allocation of time. People told us that staff stayed their allotted time when they visited. One relative said, "At least the half hour, usually more because they stay chatting." When there were staff shortages the manager and deputy manager stepped into fill any gaps.

The service completed a thorough recruitment and selection process before employing staff to make sure that they had the necessary skills and experience to meet people's needs. We looked at three recruitment files and found that all appropriate checks had taken place before staff were employed. Staff confirmed that they had attended an interview prior to starting work. The manager gave examples of where they had dealt effectively with unsafe or poor practice. They told us they would not have anyone working in the organisation who did not meet their expected standards, and staff confirmed that new workers were expected to meet these standards to continue working at the service.

# Is the service effective?

## Our findings

Staff had the skills and knowledge to meet people's needs. A person told us that all the carers they had were, "Absolutely brilliant." A family member told us that they had struggled to find a service which could care for their relative and were, "Very impressed with how skilled the staff were, and how they coped with someone with complex needs."

Newly appointed staff completed initial induction training which covered areas such as health and safety, safeguarding and moving and handling. The induction process was tailored flexibly to staff's specific skills and a member of staff would only be sent out unsupervised once the manager was assured they were competent and had the necessary skills. This was assessed through an observation process.

A member of staff told us that they had limited experience of care work prior to being appointed. They had received five weeks of induction, which had included attending training, shadowing a colleague and shadowing with the manager. We were also shown a programme of training which staff could access on an ongoing basis. Staff could also ask for additional training, for example a member of staff had requested training in dementia and this was being arranged. The deputy manager had carried out a number of courses which equipped them to shadow staff and provide practical hands on training, for example putting the moving and handling training into practice in people's homes.

Staff were well supported and the service put measures in place to limit isolation, as much of their time was spent working alone. For example staff were in regular phone contact with the manager and told us they felt welcome to visit the head office at any time. Staff meetings and support were both formal and informal, with a summer barbecue planned for all staff. The manager met with each individual

worker regularly and recently taken them every member of staff out for a coffee and a chat. During this meeting staff had discussed training needs and any issues which needed resolving.

People told us that they were involved in their care and listened to by the staff that supported them. The manager was aware of their responsibilities regarding the Mental Capacity Act (MCA). Some staff had attended training around MCA, and whilst others were still due to attend the course they were aware of the need to raise any issues with the manager. However, they had a good awareness of people's right to consent to care and to make their own decisions, for example to choose not to have a bath. They were also committed to encouraging people to make informed decisions. They gave an example of where a person had chosen not to eat at a lunchtime visit and staff worked with the rest of the team to encourage them to eat at tea time.

Where needed, people were supported to have enough to eat and drink and had their nutritional needs met by staff. People told us that staff supported them with meal preparation, provision of drinks and snacks and in some cases assisted them to eat and drink. We observed a member of staff assisting with meal preparation and saw that the person was offered choice and the staff member involved them throughout the process. A family member told us that their relative needed a great deal of encouragement to eat and that they were impressed by the skills of the members of staff in providing this support.

Staff and local health professionals had positive, on-going relationships and they worked well together to support people to maintain good health. A district nurse told us that that the agency was very appropriate in contacting them and took advice very well, for example they had supported a person with a specific health issue and staff had been very good at identifying signs of deteriorating health. We noted that much of the detailed information on people's health needs was relayed verbally to staff however, staff had a good knowledge of individual health conditions affecting the people they were working with.

# Is the service caring?

## Our findings

People told us that they had specifically selected the service because they felt that staff were very caring. One person told us that they had, "Picked the service because it still had a caring side, staff can still have a chat with people." A family member told us that, "Carers get to spend quality time with people, and they can give more compassion because there is more time."

We noted that managers and staff were proud of their reputation for being caring and they felt that this was largely because they were not rushed in their interactions with people. Staff told us that they had decided to work for the service because they felt they would be given enough time to spend with people. A member of staff told us they knew the importance of the daily visits, especially to lonely people and wanted to feel they had time for a chat.

We observed staff were kind and friendly towards people and their families. Staff knew people well and developed positive relationships with them. A health professional told us that, "Patients like the service because they build up a good rapport by using the same carers." We heard from professionals, people and their families that staff, "Go

above and beyond their duties". Staff were there for people when they needed them, for example, staff sat with an elderly person for hours one evening until an ambulance arrived and then stayed on and supported the family.

The service supported people to be involved and make decisions about their care. The service listened to them and acted on their views, for example one relative said that when their family member had been discharged from hospital the manager had communicated on a regular basis, adjusting care based on changing circumstances. We observed that staff always spoke directly to people and involved them throughout, even when family members were co-ordinating the support being provided.

People were supported to maintain their privacy and dignity and staff spoke passionately about how important this was. For example they explained how they would maintain a person's dignity when providing personal care. They spoke about people as individuals and understood the need for confidentiality, for example where two members of the same family were both cared for by the service each person was allocated an individual member of staff.

# Is the service responsive?

## Our findings

People received a personal service which was tailored to their individual needs. We were told that carers were, “Very flexible with their time, even when something wasn’t planned,” and that, “Carers had a personal touch.”

At our last inspection in July 2014 we found that records relating to care planning were not being maintained as required. At this inspection we found that the service had made improvements and care records were kept up to date. Some staff members said that they felt records outlining people’s needs could be more detailed, however they were given comprehensive guidance from the manager and deputy manager on an on-going basis. Family members and health professionals told us staff knew the people they were caring for very well and were always well informed regarding specific needs. Personal folders were kept in every house in which staff, family and other visiting health professionals kept updated. Family members and staff told us they found this was a useful way to keep up to date and to support on-going communication.

People were assessed prior to receiving a service and a care plan was built up based on their individual needs. The manager had a personal commitment to ensuring every person received a service which was personal and that staff knew how to provide the necessary support. A family member told us that when an emergency package had been set up, the manager personally stepped in at the last minute and spent the first week building up a care plan around the person’s needs. This was done through assessment and discussion with the person, family and other professionals.

People received support which was flexible and personalised. A family member told us that staff concentrated on encouraging their family member to take their medicine and to eat, whilst another person was supported to keep mobile after discharge from hospital. People told us that they were supported to maintain relationships and to follow their interests as the staff were interested in them as a person and were not merely focused on the task being carried out.

People’s needs were reviewed on an on-going basis and when needs changed, and we saw records which showed that reviews had taken place. Reviews were meaningful and very person focussed but due to the informal nature of the contact people and their families were not always aware reviews had happened. One family member told us that they would appreciate a more formal review structure however other people told us they appreciated the relaxed style of the service.

Concerns and complaints were responded to and used to improve the quality of the service. There was a complaints policy in place and although the service rarely received formal complaints it responded to people’s concerns in a proactive and personalised way. People and their families told us that they felt confident in raising concerns and we noted that concerns were resolved rapidly and effectively due to positive existing relationships. For example the manager had been contacted by a family member following a late visit and had responded by visiting in person, discussing the concerns and agreeing how this could be avoided in the future. We spoke with the person involved and they felt this had been a positive response.

# Is the service well-led?

## Our findings

At the last inspection we found the service did not have effective systems in place to monitor the quality of care people received. At this inspection we found that although some improvements had been made this remained work in progress. In particular the manager did not always clearly record whether support to staff, people and their families was consistent, therefore there was a risk that any gaps across the service would be missed.

The service was a small family run organisation with an emphasis on developing positive lasting relationships between managers, staff, families and the people they cared for. One member of staff told us the managers, “Make you feel like you are one happy family, you pop in for something and end up staying a couple of hours chatting.” Another member of staff told us, “They [managers] don’t make you feel frightened to approach them.” The model of service worked best at a local level where people were visible and staff could visit the office easily. Staff that worked outside the immediate local area were less visible and received less direct support as they did not see the manager or drop into the office as frequently. However they all told us they felt supported.

The service was situated in a rural setting and was a central resource within that area. The manager had developed excellent links with the local community, knowing many other stakeholders by name and meeting them at local hub meetings. Many referrals resulted from word of mouth recommendations, and local networks were key to the success of the service.

Although some professionals and families told us the office was not always staffed, the manager and deputy manager were extremely visible at all levels of the service. They frequently provided direct care, giving practical guidance to new staff and concentrating on people with more complex needs. We were told by people and their families that this hands-on and personal management approach was what had attracted them to the service. However, we noted that the office was not well organised which impacted on how smoothly the service run.

During our inspection the manager could not always find paperwork and staff told us that sometimes records and

other documentation were misplaced. Much of the information on the daily management of the service was not written down and this resulted in some gaps, for example a lack of a timetable for staff appraisals meant that these were not done consistently. In addition the informal approach adopted by the organisation did not suit all concerned. For example some family members said they would prefer more formal transfer of information or reviews.

The deputy manager was undergoing training and preparation to apply to become the registered manager and during this period of transition there was some duplication and a lack of clarity relating to new systems and forms that were being introduced. Despite this staff knew what was expected from them and worked positively with both the manager and deputy manager.

The manager and deputy manager knew the service well. They showed us records of feedback they had received and explained that the process of improving how they formally monitored the service was still on-going. They spoke individually to staff, people and their families and feedback was on-going and dealt with immediately. A member of staff told us, “I appreciate that [the manager] is open so you can say what you want to say.” A family member told us that the manager and deputy manager were, “On top of their game, they really know what’s going on.” The manager was skilled in ensuring the service provided their expected standards of care. A member of staff told us the manager, “Checks-up on you without you even knowing.” At our last inspection, we found that the service had not carried out formal competency checks for example of medication. At this inspection we found that improvements had been made. Staff now received formal competency checks and changes happened as a result. For example the manager had challenged the use of mobile phones during visits. We noted however that the improvements which had been introduced since our last meeting were still on-going. Additional measures were being introduced to formally monitor and manage spot checks and supervision meetings, and to formally capture themes from feedback received to drive improvements more effectively. The deputy manager was undergoing training which they felt would provide them with the knowledge to support the service to continue this process.