

Nightowls Home Care Limited

# Nightowls Home Care

## Inspection report

8 Ley Field  
Marks Tey  
Colchester  
Essex  
CO6 1LZ

Tel: 01206521008

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27 April 2018

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### 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

This was the registered provider's first inspection since being registered with the Care Quality Commission on 25 June 2015.

Nightowls Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for older adults living within Colchester and Mersea Island. The domiciliary care agency office is situated in Marks Tey and based within the registered provider's home.

This inspection was undertaken on the 20, 26 and 27 April 2018. At the time of the inspection 33 people were receiving a domiciliary care service from Nightowls Home Care.

The registered provider was also the 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.

Staff recruitment practices required significant strengthening as not all records had been sought. Newly employed staff had not received a comprehensive induction and improvements were required to ensure all staff attained up-to-date refresher training and received practical manual handling training.

Effective and robust governance arrangements were not in place to assess and monitor the quality of the service. Quality assurance systems did not identify the issues we found during our inspection to help drive and make all of the necessary improvements required to achieve compliance with the fundamental standards and the registered provider's own policies and procedures. The fundamental standards are the standards which care provided by the domiciliary care service must not fall below.

Although there was no impact to suggest that people's care and support needs were not being met, not all risks to people's health, welfare and safety had been identified and improvements were required to guide staff in the steps they should take to mitigate risks to ensure people's safety and wellbeing.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. The service was appropriately staffed to meet the needs of people using the service. The management of medicines ensured people's safety and wellbeing.

Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have choice and control of their lives.

People using the service and those acting on their behalf were very complimentary regarding the service provided. People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. There was a positive culture within the service that was person-centred, open and inclusive.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

We have made recommendations about the management of risk and robust inductions for newly appointed staff being in place.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Improvements were required to ensure recruitment checks for staff were robust and in place.

Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

The service ensures there is enough staff so that people receive a consistent, reliable and flexible service.

The arrangements to review and investigate events and incidents and to learn from these were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Improvements were required to ensure all staff newly appointed received a comprehensive induction, particularly where they did not have previous experience within a care setting or had attained a National Vocational Qualification.

Improvements were needed to ensure staff training was up-to-date and in particular staff received practical manual handling training.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

### Is the service caring?

**Good** ●

The service was caring.

People received appropriate support and were treated with care, dignity and respect. People are supported to make decisions about their care and support and their independence is respected and promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs are met through the way the service is organised and delivered. People's care and support needs are identified and staff understands these.

Complaint management arrangements were in place and there was a low incidence of complaints.

### **Is the service well-led?**

The service was not consistently well-led.

The provider's arrangements to check the quality and safety of the service required improvement as current arrangements were not reliable and effective.

**Requires Improvement** 

# Nightowls Home Care

## 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.

This inspection took place on 20, 26 and 27 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff and providing care to people using the service. We needed to be sure the registered manager would be in.

The inspection site visit activity started on 20 April 2018 and ended on the 27 April 2018. We visited the office location on the 20 April 2018 to see the registered manager and to review staff personnel records and care records pertaining to people who used the service; and the service's policies and procedures. On the 26 and 27 April 2018 we spoke with people who used the service, people's relatives and staff employed at the service.

The inspection team consisted of one inspector.

We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with four people who used the domiciliary care service, six people's relatives, three members of staff and the registered manager/provider. We reviewed four people's care files and six staff recruitment and support records. We also looked at the service's quality assurance procedures and processes, medicines management, staff training records, and complaint and compliment records.

# Is the service safe?

## Our findings

Staff recruitment records for six members of staff showed significant improvements were required in relation to the registered provider's recruitment practices to ensure these were safe, in line with their own policies and procedures and with the fundamental standards.

We found that satisfactory evidence of conduct in their previous employment, in the form of written references, had not been received for three out of six members of staff prior to their employment at this service. In addition, only one reference had been sought and received for two members of staff. We found that two members of staff had been employed prior to a Disclosure and Barring Service [DBS] certificate being obtained. Furthermore, a DBS 'Adult First Check' had not been undertaken for either member of staff. This check is undertaken so that an employee is permitted to commence work before a DBS certificate has been obtained. Additionally, there was no evidence to show the above decision to commence employment prior to a DBS certificate being received had been risk assessed by the registered manager.

A written record was not completed or retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. This showed that robust measures had not been undertaken to obtain information to enable the registered manager to make an initial assessment as to the candidates relevant skills, competence and experience for the role and; to narrow down whether or not they were suitable.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where assessments were in place we found these solely related to people's medication, manual handling needs and environmental risks. Other risks relating to people's health and wellbeing had not been considered. For example, no risk assessment was evident for people who required catheter care and the associated risks, such as, catheter blockage, pain and discomfort to the person were not reflected. Risk assessments had not been considered for people who had bedrails and pressure relieving equipment in place. Risk assessments for two out of 10 people had not been assessed and recorded. Although there was no impact to suggest that people's needs were not being met, the above risks had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs. We discussed this with the registered manager and they confirmed this was their oversight. An assurance was provided that risks to people would be assessed and recorded for the future.

We recommend that the service review their processes for identification of risks to people's safety and wellbeing and ensure that all risks are assessed, recorded and mitigated for their safety and wellbeing at all times.

People spoken with told us they were safe and had no concerns about their safety when staff from the domiciliary agency entered their home and provided support. This was also confirmed as accurate by people's relatives. One relative told us, "I feel my relative is totally safe in staff's hands. The domiciliary

service provides a 'sit-in' service for my relative, which enables me to go out. I have no worries and absolute peace of mind they [family member] will be looked after whilst I am out." Staff were verbally able to demonstrate an understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission without hesitation if they felt their concerns were not addressed or taken seriously by the registered manager.

Several people told us and records confirmed they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home, particularly at night. Careline is run by an external organisation and provides a responsive service to people living in their own homes, where they require medical attention or emergency assistance. They also confirmed that key safe arrangements were in place as a means of providing access for staff to enter their home. The registered manager advised that care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

People confirmed there were always sufficient numbers of staff available to provide the care and support required as detailed within their support plan. Where staff were assigned regular visits, they stayed for the time allocated so as to ensure the support required had been completed and to meet the person's needs. People spoken with confirmed there had not been any missed calls and late calls were an uncommon occurrence. One person told us, "There have never been any missed calls. If staff are running late it is never longer than 30 minutes and the manager or supervisor let me know." Another person told us, "Staff has never ever failed to turn up and if staff are running late or are delayed we are contacted." People told us they received a consistent, reliable and flexible service. Care was taken to ensure people were supported by the same staff so they could become familiar with their support needs and routines. Staff confirmed they received their roster in advance by email. Staff confirmed 'on-call' arrangements at the service were satisfactory and supervisors and the registered manager were responsive.

People were protected by the prevention and control of infection. Staff told us they understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance when supporting people in their own homes. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons. Information available showed staff had up-to-date infection control training.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these when things go wrong. For example, the registered manager told us there had been two occasions whereby a member of staff had failed to conduct the bedtime call for one person using the service. The impact on the person using the service meant they had not received their evening medication or been supported to go to bed. Although the registered manager was unable to provide documentary evidence that an appropriate thorough review or investigation relating to the incident had been completed, the registered manager told us immediate measures were put in place to learn from this and to monitor the member of staff's performance to ensure there was no reoccurrence.



## Is the service effective?

### Our findings

The registered manager confirmed online training for staff was provided through an external provider at annual and bi-annual intervals. Although arrangements were in place to ensure staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported, some staff's training had lapsed and 'refresher' up-dated training was required. The registered manager was aware of these shortfalls and evidence showed discussions with staff through formal supervision arrangements had been undertaken.

Though staff had received online training relating to manual handling, staff had not received practical training in this subject. We discussed the latter with the registered manager and immediate action was taken during the inspection to source 'train the trainer' manual handling training. Although there was no impact to suggest that people's needs were not being met, improvements were needed to ensure staff employed had received adequate training to reduce any potential risk of injury and harm to staff and people using the service.

The registered manager confirmed all newly employed staff received an induction. They told us this consisted of mandatory training and staff were given the opportunity to 'shadow' a more experienced member of staff. The staff files for five members of staff employed since the service was registered in 2015 provided no evidence to demonstrate they had received an induction when they commenced employment at the domiciliary care service. This was particularly concerning where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. Staff were not asked to commence the Skills for Care 'Care Certificate' or an equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. There was no evidence to show their competency had been assessed within the core standards following the commencement of their employment. We discussed this with the registered manager and they told us staff had received an induction but it had not been recorded.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. One member of staff told us, "I receive regular supervision. I feel supported and valued by [Name of registered manager]." Records available showed formal supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. However, there was no evidence or information to confirm 'spot visits' by either the registered manager or supervisor had been undertaken and recorded. The latter is where a representative of the organisation calls at a person's home so they can observe staff as they go about their duties and monitor staff's practice.

Where staff were involved in people's nutritional and hydration support they did so as required to meet people's needs. People told us staff, where appropriate provided support with meal preparation and the provision of drinks and snacks at the times they needed them. People confirmed their nutritional and

hydration needs were adequately met to a good standard.

The registered manager told us if staff were concerned about a person's health and wellbeing, information would be relayed to them or the supervisors for escalation and action. People told us and relatives confirmed that people experienced positive outcomes regarding their health and wellbeing. Records showed that appropriate contact to healthcare professionals and services were made when required.

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. We checked whether the service was working within the principles of the MCA.

Each person who used the service had had their capacity to make day-to-day decisions assessed. The majority of staff had received MCA training and staff were able to demonstrate a good knowledge and understanding of MCA, its underlining key principles and how these related to the people they supported. People told us they were supported to make their own decisions and staff sought their consent before undertaking tasks, for example providing assistance with personal care or their moving and handling needs.

## Is the service caring?

### Our findings

People using the service and those acting on their behalf were very complimentary about the care and support provided. People told us they were treated with the utmost care and kindness at all times. One person told us, "The staff are very friendly and I get what I need." A second person told us, "The staff are lovely and do what they have too; I am more than happy with the support I receive." Relatives were also very complimentary about the care and support their member of family received. One relative stated, "I am so happy with Nightowls; they have changed my life. They meet all of my relative's needs, I am so grateful for their support. The care is wonderful and the staff are marvellous. I could not ask for better care for my relative." Another relative told us, "The care and support my relative receives is exemplary and I cannot fault them. I am very happy with the care my relative receives."

Relatives told us their family member received a good level of care and support that met their needs. Relatives spoke highly of individual staff members and confirmed their member of family had a good rapport and relationship with all of the staff who supported them. People confirmed they were treated with respect and dignity at all times, for example, care was taken by staff to preserve a person's dignity when providing personal care and people were spoken to, using their preferred name. Relatives told us people were supported to be as independent as possible and were encouraged to do as much as they could for themselves according to their individual abilities and strengths. For example, one relative told us staff helped their loved one to mobilise despite their medical condition affecting their mobility.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan. People and their relatives had been given the opportunity to provide feedback about the service through the completion of a questionnaire; however, this was last completed in 2015.

## Is the service responsive?

### Our findings

Recommendations and referrals to the service were made through the Local Authority. Referrals and enquiries were also received by the service from people wishing to contract privately with the registered provider. An initial assessment was completed by the registered manager and this was used to inform the person's support plan.

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken by staff. Records also showed assessments relating to moving and handling and the environment were completed. However, as stated previously, improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded for all areas of potential risk. Evidence was available to show the content of the support plan had been agreed with the person who used the service or those acting on their behalf.

Guidance on how to make a complaint was given to people when they first started using the service and recorded within the provider's Statement of Purpose. People using the service and their relatives told us they knew how to make a complaint and who to complain to and felt confident their concerns would be listened to, taken seriously, and acted on. One person told us, "If I was not happy I would talk to [name of registered manager], they'd sort it out." One relative told us, "If I had a concern I would be confident to raise this with the registered manager. I have total confidence any concerns or worries I had would be resolved."

The registered manager confirmed there had been one complaint since the service was registered in 2015. A record was maintained of the complaint raised and this detailed the police were notified following an allegation of theft from a person's home. Although the latter had been completed and a record of the actions taken to protect the person for the future put in place, specific details of the investigation were not available, for example, staff statements undertaken by the registered manager were not completed and retained to provide a clear audit trail of events. Additionally, the registered manager had failed to complete a statutory notification to the Care Quality Commission. This is where registered providers under the Health and Social Care Act 2008 must notify us of all incidents that affect the health, safety and welfare of people who use services.

A record of compliments was not maintained by the service to capture the service's achievements.

One person using the service was receiving end of life care. Nightowls Home Care were not the only domiciliary care agency or external service providing support for this person. The registered manager told us people would be supported to receive good end of life care and support to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and provide relevant support to people's families and staff.

## Is the service well-led?

### Our findings

A registered manager was in post and they were also the registered provider. This was the service's first inspection since being newly registered with the Care Quality Commission in 2015.

The registered manager was not solely based in the office and on a daily basis worked alongside staff to provide 'hands-on' care and support to people using the service. The registered manager was responsible for undertaking initial assessments for prospective people wishing to receive a domiciliary care service by the organisation and for writing people's support plans. The registered manager also liaised with a variety of external agencies when required and sourced training for staff. They were also responsible for monitoring staffs conduct and performance through the service's formal supervision and appraisal arrangements.

This impacted on the service's quality assurance arrangements. We found that these arrangements were not as effective as they should be as no formal systems were in place to audit the quality of the service provided or identify, prioritise and address areas for improvement. The service's Statement of Purpose detailed as part of the organisation's governance procedures, quality assurance visits to monitor staff would be undertaken, reviews relating to people using the service would be completed at periodic intervals and questionnaires about the quality of the service would be forwarded for completion. None of these arrangements were in place at the time of the inspection, for example, reviews relating to people using the service had not been undertaken and questionnaires to seek people's views about the quality of the service were last completed in 2015.

There were no formal arrangements in place to check people's support plans and risk assessments, people's daily reports and medication administration records were satisfactory to ensure these were completed to an appropriate standard and raised no concerns, which required corrective action. The registered manager admitted there was very little time left for the completion of paperwork and documentation because of providing daily 'hands-on' care and a reluctance by the registered manager to delegate tasks to others. The registered manager readily admitted this needed to change so they could achieve compliance with their own quality assurance arrangements and the fundamental standards.

Concerns were raised during the inspection that the registered manager was not compliant in accordance with the Data Protection Act 1998. This referred specifically to personal data and information relating to one member of staff and people using the service were not as secure as they should be and could be accessible to people not authorised to have access. A staff member's personnel file was requested as we wished to assure ourselves they had received supervision following an incident whereby the member of staff had failed to visit a person using the service on two separate occasions. The registered manager was unable to produce the personnel file and stated this was locked in their car; however the car was in the local garage undergoing repair and the staff employed there had the car keys. Additionally the registered manager confirmed invoices relating to people who used the service were also locked within the same car.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Formal meetings with staff were not undertaken. The rationale provided by the registered manager was they worked alongside staff and therefore information was provided and discussed at these times. Additionally, key information was forwarded to individual members of staff by mobile phone text or email. This was confirmed by staff as accurate.

People told us the service was well led and well managed. Staff were very complimentary about the registered manager and told us they liked working at Nightowls Home Care. One member of staff told us, "[Name of registered manager] is the best boss I have ever had. They know people's care and support needs and often work alongside us [staff]. The personal support I get is brilliant. I love working for the agency." Another member of staff told us, "[Name of registered manager] is great. They are very proactive in ensuring people's needs are met and the support I get is excellent." Staff confirmed teamwork and communication at the domiciliary care agency was very good.

As already highlighted within the main text of the report, relatives were also very complimentary regarding the quality of care and support provided by the domiciliary care service. Relatives confirmed there were many occasions whereby staff went over and above their duties to ensure the wellbeing and comfort of the person being supported. For example, one relative told us that because of their relative requiring an additional comfort break, they contacted the domiciliary care agency to enquire if an additional 'impromptu' visit could be undertaken. Although no scheduled staff were available, the supervisor contacted a member of care staff who was on a 'day-off' and who lived close by and asked if they could assist. The relative confirmed the member of staff promptly arrived and assisted their member of family with their comfort needs. Another relative told us the registered manager had helped to obtain a vital item of equipment to enable their family member to mobilise within their home safely. All relatives spoken with confirmed they would recommend the service to others.

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<br><br>Improvements were required in relation to the provider's quality and assurance processes to ensure these are operated effectively to achieve and guarantee compliance. |
| Regulated activity | Regulation   |
| Personal care      | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Improvements are required to ensure effective recruitment and selection procedures for staff are safe and in place.                                    |
| Regulated activity | Regulation   |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered provider must ensure all staff attain up-to-date training and in particular achieve practical manual handling training.  |