Nightingales UK Limited

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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

The inspection took place on 1, 2 and 7 February 2017. This was an announced inspection and the provider was given 48 hours' notice of our visit. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. When we last visited the service in October 2015 it was identified that the service needed to improve with medication management. We saw that this had been addressed within a month of the last inspection.

The head office is in the Padgate area of Warrington and is accessed via the ground floor.

Nightingales provides care and support to people in their own homes. They work with people who are elderly, disabled or have additional needs to help them remain independent at home. At the time of the inspection there were 129 people using the service. .

The service had 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. The registered manager is also the owner and director of the company.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs. However care plans were inconsistent. Whilst they all held basic details of the persons needs some were detailed and included people's preferences and choices, whilst others would benefit from more person centred information.

Staff recruitment processes were robust, however information on staff files was sometimes difficult to find. They would benefit from a more structured format to include a referencing index.

People told us they were safe. Medicines were managed safely. Risk assessments identified the risks to people and how these could be minimised. Sufficient numbers of staff were available to meet people's needs.

People were involved in decisions about their care and how their needs would be met. Managers and staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff had access to on-going training. They were knowledgeable about their roles and responsibilities.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Where necessary people's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support.

Care was planned and delivered in ways that enhanced people's safety and welfare. However home visits were not always provided in a timely manner.

People were supported to maintain good health and had access to healthcare services. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People had access to the complaints procedure and told us that they knew how to make a complaint should they need to. We found that the management team had regular contact with people and dealt with any issues and concerns as they arose.

The service regularly requested feedback from people who use the service. People, relatives and staff said the management were approachable and supportive.

Systems were in place to monitor the quality of the service. People felt confident to express any concerns and these were addressed by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to safeguard people from the risk of harm.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were well trained and motivated and understood how to protect people's rights and enable them to make decisions for themselves.

Staff were skilled in meeting people's needs and received on-going support from the registered manager through regular supervision and training.

People were supported to attend appointments, see their GP or other health care professionals.

Is the service caring?

Good

The service was caring

People gave a very positive reflection of the care they received.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Is the service responsive?

Good

The service was responsive.

Changes in people's needs were quickly recognised and

appropriate action taken, including the involvement of external professionals were necessary.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to improve the service.

Is the service well-led?

Good

The service was well led.

There were robust systems to ensure quality and identify any potential improvements to the service.

There was an open and honest culture within the service.

Staff worked as a team and the provider had clear values which they passed on to staff

Nightingales UK Limited

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 was 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 was announced and took place on 1, 2 and 7 February 2017. We gave the provider 48 hours notice before the inspection to make sure appropriate staff and managers would be available to assist us with our inspection.

The inspection was undertaken by an adult social care inspector and a specialist advisor who had extensive knowledge of home care services.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team, safeguarding staff and health and social care workers to seek their views and we used this information to help us plan our inspection.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used different methods to help us understand the experience of people who used the service. By invitation we visited four people who used the service in their own homes. We spoke with people over the telephone, including thirty one people who used the service and four relatives. During the inspection we spoke with a number of staff including the registered manager, the office manager, the staff coordinator, staff trainer and fourteen care staff. We looked at a number of records during the inspection and reviewed six care records of people supported by the service. Other records reviewed included records relating to the management of the service such as policies and procedures, work schedules, complaints information and training records. We also inspected six staff files.

Good

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Nightingales to be safe. People told us that they felt safe and well cared for. Comments included "I know they will keep me safe because they know what they are doing", "The girls are very good with me. They won't move me without using the equipment, even when they are a bit rushed" and "They always check everything to make sure the gas and electricity are alright and they lock my door to keep me safe".

We found that people were protected from abuse and avoidable harm. Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults. We saw that the training content was based around current practice. We saw however that the Policy for Vulnerable Adults and Safeguarding referred back to 2004. This legislation has now been superseded by The Care Act 2014. We recommended that all policies and training literature be checked to ensure correct references. "No Secrets" for example is now contained within The Care Act 2014. Policies and procedures as well as training modules / components need to be current and up to date. Further discussion on the third day of the inspection with the training officer identified that the updated policy and procedures were in place. He advised that Nightingales also adhered to Warrington Local Authority safeguarding policy as part of their commissioning contract.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate abuse was taking place. The registered manager was very clear about processes and when to report concerns to the local authority, police and CQC. Records showed that the registered manager had identified some external issues such as self-neglect or actions from families which may indicate abuse was occurring and had immediately referred these concerns to the relevant local authority.

We saw the service had a business continuity plan in place which identified persons to contact in emergency, designated places of safety and requirements to continue to provide a service.

The service had sufficient numbers of suitable staff. The registered manager told us that they were in the process of recruiting new staff, but that there were sufficient staff to meet the needs of people currently supported by the service.

The duty rotas showed sufficient numbers of staff were always planned to support people safely. One person told us they were supported by regular staff, adding, "We generally know the people who come here. Staff know that I like to know who is coming here so they tell me this at the start of each week". Staff told us they always had sufficient numbers to support people safely because the service only agreed to provide care when they had the staff and resources to manage this. Staff said "Alison (registered manager) prides herself

on providing consistent care. She will not take on extra packages if we do not have the staff to provide consistent services. Sometimes the local authority will ask us to do a call at a certain time and if there are no staff available at that time, Alison will refuse. She will offer a different time if she can". Feedback from health and social care professionals was positive about the staff and services provided. Comments included "They are realistic with regards to take up of referrals and will give valid reasons if the service cannot be provided. We do not get many complaints about the service".

However one person who used the service told us "Some carers do more than others. I do not always have the same carers". We checked the daily monitoring record which showed the previous week this person received care from seven different carers. The registered manager told us that this had occurred because this was a new client and the services had been commissioned by the local authority. As this was an emergency the agency could only utilise staff who had 'free available time'. We were told that new rotas were in place for this person who would be provided with consistency and continuity of care.

People who used the service told us that staff were not always able to visit them at the agreed time. They said that if this happened generally office staff rang them to say the call would be late. Comments from people who used the service included "The staff are very good but the traffic here is awful and sometimes the girls cannot get here on time" and "They (staff) do their best but sometimes they have to stay longer at people's homes if they are poorly or something. Someone usually rings to tell me that the call will be late or sometimes they send another staff member. We have an agreement with Nightingales that the times of calls allow a quarter of an hour either way so they usually are fine".

We saw documentation to show that the agency collated all information about late calls through their electronic monitoring system. The records we viewed identified that calls were generally made within the allocated timescales.

The registered manager gave an overview of the Scheduling software (Care For IT). The software is GPS enabled and used as an App on smartphones. This system allows staff to log in and out of people's homes to show the times of their arrival and departure. We saw that this was monitored by office staff via a computer and administrative staff were able to quickly follow this up if a missed call was identified.

Bearing in mind the complexity of the scheduling software and its portability and distribution amongst staff in terms of smartphones, there is a need to be particularly careful with regard to Information Governance and Business Continuity. We saw this policy included detailed contingency plans for IT and system failure and how the service could be maintained for vulnerable service users.

The registered manager told us that all new employees were appropriately checked through recruitment processes. We inspected six staff files and saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. The staff files we inspected confirmed that checks had been completed before they had commenced working at the service. However we noted that the interview format did not hold consistent details of interview questions and answers. Whilst the staff files held the necessary information they would benefit from being more structured to enable information to be quickly accessed. This was discussed during the inspection and the office manager commenced the process of indexing staff files to simplify the storage and access of information. We also discussed the staff files with the registered manager and recommended that she re-design the interview record to include questions asked with room made to record answers and also a section to explore gaps in employment

We saw that risk assessments were in place to identify how staff would support people with daily life activities to minimise risk. A social care professional told us Nightingales were always willing to use positive risk taking when dealing with complex care packages to ensure people could take positive steps forward in their lives. Environmental assessments of people's homes and equipment used were also undertaken. We saw that a home safety checklist was undertaken for each person using the service. The care plans included action to manage risks as safely as possible.

We saw records were kept of incidents and accidents. These had been reviewed in order to identify ways of reducing the likelihood of them happening again.

Some people were being supported to take their medicines and we saw this had been managed safely by trained staff. People we spoke with had no concerns with how their medicines were being given to them. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. This showed that people were being given their medicines as prescribed by their GPs. Staff told us they counted and checked the medicine administration records at every handover and if any discrepancy was found this would be reported and investigated by the registered manager without delay.

Staff understood the need to wear gloves and aprons, to help to protect individuals from the risk of infection. We saw that staff collected this equipment on their visits to the office. One staff member told us "We always have plenty of equipment to make sure both we and the people we care for are protected from the risk of infection".

Good

Is the service effective?

Our findings

People told us that they felt the staff provided a good service and that they were effective in their role. Comments included "I don't know what I would do without them, they have helped me to regain my confidence and I can now do some little things for myself", "They (staff) all know what they are doing. Although I don't have the same people all the time they all do the same things and look after me well" and "They provide good consistent care. They send the same group of people who provide me with the service I want".

We found that staff received training to enable them to carry out their roles effectively. People spoken with told us that carers were knowledgeable and were well trained. All staff were required to complete induction training before starting work at the service. All staff members spoken with confirmed that they had undergone this training, followed by the shadowing of other staff members to gain experience. One staff member said "I had three days training in the office and one weeks shadowing." We saw on staff files that induction training included topics such as manual handling, fire safety, health and safety, hand hygiene, first aid and medication. The trainer explained that staff observations were undertaken during their probation period before they were signed off as competent. We discussed the Care Certificate with the registered manager; the Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The management were aware of the requirements of the Care Certificate and an induction in line with this was being developed.

We observed a training session during our visit. The training room looked well equipped and the trainer was using a touch screen laptop to present his PowerPoint training, which seemed to work well in terms of interaction with the new starters. The group consisted of only three new members of staff and the content for the session was quite generic, considering core needs, principles of care, etc. Although a small group, the trainer included the group and encouraged their participation. The session covered a number of points in this training module including Duty of Care, injury through act or omission, choice, medication and safety. He was able to use good examples, including the use of the hoist and how these should be considerations, not just the physical act of moving and handling. There was a change needed to the PowerPoint however, involving the change from the previous title of CSCI (Commission for Social Care Inspection) to CQC (Care Quality Commission).

The staff training matrix identified that all training was up to date and staff told us they received good quality training on a regular basis. One staff member said "I feel great about the training I have been given. We are asked if we want to do extra training in areas such as end of life. I love the training as it helps me to do my job better".

We saw from records that staff one to one supervisions took place on a regular basis. Staff told us that they felt supported by these meetings in which they could discuss their progress and future development. Comments included "Alison (registered manager) is very approachable and when we have our meetings we can talk to her about anything. We catch up with training plans and discuss any areas of concern with the

people we visit. I feel very comfortable and can say anything I like without fear of being told off".

Observations undertaken during our home visits identified that staff gained consent from people before carrying out any care tasks. People spoken with told us that staff always asked their permission before carrying out their tasks and if they did not want them to do anything staff respected their wishes. However we saw that the office copy of care files varied with some having signed consent to show that they gave permission for staff to carry out their care and support whilst others did not have any consent information on file. We were told that the local authority competed consent forms with the people they funded. We saw that these were in place within the four care plans we looked at in peoples own homes. We also clarified with the local authority that this process occurred at the onset of any care provision. Discussions with the registered manager and staff identified that they understood the need to seek consent to care and followed this in practice

Where a formal assessment of capacity was required we were told that this would be provided by the local authority. Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. 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. Records showed that the registered manager had attended best interests meetings which had been arranged by the local authority.

We checked whether the service was working within the principles of the MCA. We found that staff had received training about the MCA and staff we spoke with had an understanding of the principles of the MCA, they told us "You ask people what they want and respect their wishes".

We saw that there was a care record file in each person's home. We saw that staff entered information about what had occurred at each visit to ensure that information was passed between staff to promote continuity of care. Staff spoken with demonstrated their knowledge and understanding of the needs, choices and capabilities of the people who used the service. We saw that detailed information about each person was provided on the smart phones of the staff who were providing individual care and support to ensure that if a staff member had to make an emergency call to a property they would know how to gain entry and provide the exact services required.

People were confident that care staff would arrange the appropriate support for them from a health professional such as a doctor if they required this. People told us that staff contacted the doctor if they were unwell. We saw that records contained details of where carers had referred people to a health or social care professional to meet a person's needs. For example requesting a GP or district nurse or contacting a social worker to discuss a person's change of needs.

Good

Is the service caring?

Our findings

People told us they felt well cared for by staff who were kind and caring. Comments included "I am so happy with the care I get. The girls are so good and so are the boys. Everyone tries hard to make me comfortable and chat to me to make me less lonely" and "All the carers are very good at their jobs. They are nice people, always chatty and have a smile on their faces. I have my favourites but they are all good".

We were able to view how staff communicated with people during four home visits and observe their interactions. They were respectful, encouraging and sought out consent before carrying out any tasks and checking whether each person was happy with everything throughout the visit as well as chatting generally about how the person was feeling that day. Our observations were that the relationships between people receiving the service and the staff supporting them were warm, respectful and dignified. They looked relaxed and comfortable in each other's company.

People were encouraged to manage their own personal care and staff told us they only helped with aspects the person could not manage. They said that this assisted people to retain their dignity and maximise their independence. One person told us that they had improved a lot since the service began because staff had assisted them to gain confidence. They said "They (staff) have helped me a lot. I have a great relationship with them; they are all kind and friendly. Every one of them goes above and beyond to make me feel happy".

Staff communicated effectively with people who used the service. Any specific communication needs and people's individual methods of communication were addressed in their care plans. Staff told us that because of the consistency and continuity of care they were able to develop understanding of the people who used the service and quickly recognise and respond to non- verbal communication.

Staff were able to tell us how they supported people such as people living with dementia, people who may be confused and people who had difficulty hearing. Staff told us they were mindful of peoples wishes and anxieties in respect of the timing of their calls and always tried to ensure that if they were running late for whatever reason they would ensure that a telephone call was made to let the people know they would be late or try to have another staff member cover the call.

Staff spoke about people positively and focused on their strengths and the importance of people being able to stay in their own homes for as long as they wished and it was safe to do so. Staff also recognised that support could also impact upon the family and friends of people who used the service. One relative of a person who used the service said "The staff of Nightingales have worked with us as a family to ensure that (name) is well cared for and supported to be comfortable and happy. Nothing is too much trouble for them. We do not know how we would have coped without them".

Staff showed awareness of people who had no relatives or friends to visit and were in need of toiletries, shampoo etc. We saw that the agency ensured that these items were provided.

With their permission we visited four people in their homes. We saw that staff knocked on people's doors and waited for permission before entering the premises. We observed staff interacting with people who used the service in a friendly and caring manner. Staff identified in discussion that they knew the care needs of each individual and had clear knowledge of their likes, dislikes and capacity. Staff told us that they had worked with people for quite a long time and were therefore able to get to know them and be consistent with their care. There was good humoured and acceptable banter between people who used the service and the carers and we noted a genuine affection and respect from carers.

Staff were aware of the need to remember they were working in people's own homes and were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

Good

Is the service responsive?

Our findings

People told us that they received care and support that met their needs, choices and preferences. Comments included "We know what the girls are here for. They give us good care and if anything changes they know about it" and "I get consistent care from very good staff. If I have any complaints I can tell Alison (registered manager) and she will deal with it quickly but overall I don't have much to complain about".

Care staff understood the support that people needed and were allocated sufficient time to provide it. Staff told us that if an emergency arose and a person needed extra care or attention there were always extra staff who could be called upon to respond and provide assistance.

Staff said that when people's needs changed, this was quickly identified and prompt appropriate action was taken to ensure people's wellbeing was protected.

Records showed that a care plan was written from the information gathered at the commencement of the service. We looked at six care plans in detail and saw that they had been written to give guidance to staff to enable them to support people in their care. Care plan reviews were in place so staff would know if any changes were needed. However we saw that not all the plans were fully person centred as they were not written from the point of view of the person concerned and did not hold detailed information about their choices, aspirations and capabilities.

Four of the care plans viewed were very clinical, and not hold much information about the persons background as would be expected in a person centred approach. The care plans gave details of what would be carried out and what would be expected at visits. They did not contain any personal history or indication of likes, dislikes, preferences, hobbies, etc.

Two care plans were detailed, one gave a very detailed description of the person who used the service and would be considered as an 'ideal' template and one which could be aspired to.

We discussed the care plans with the registered manager and whilst there was sufficient information to enable staff to undertake the required level of care and support they would benefit from being written to reflect the views of the people who used the service and written from their perspective. We saw that a care plan update had been commenced during our inspection using the 'ideal' care plan as a template.

We looked at four apps on staff smartphones and saw that they held very detailed up to date information about the care and support requested for individuals who used the service. Staff told us that this enabled them to know exactly what the person wanted on each visit.

Staff spoken with evidenced sound knowledge and understanding of peoples care needs. They told us that they always asked the person what they wanted and identified any changing needs on a day to day basis. Staff told us that the registered manager and office manager were very supportive and were proactive in their approach to changing need. We saw records which showed an urgent request for updated equipment

had been made to the occupation therapy department in response to a person's changing mobility. We also noted that requests for changing times of visits to support people attending day centres or hospital appointments were quickly agreed and dealt with.

We saw that staff were provided with details of the person using the service, together with risk assessments and access details within their smart phone app. We looked at a number of these apps and noted that there were clear details of the care and support required. However we noted that although there were details on the care plans themselves there was no 'Red Flag' provision, on the app to highlight and alert staff to crucial information, such as do not resuscitate (DNACPR) Diabetes, Allergies, etc. The app would benefit from the inclusion of this information to alert staff as an urgent notice. The registered manager appreciated our concerns and said she had considered this with the program designers and would pursue this with some urgency.

We asked people if they had met recently with someone from the service to review their care needs. People told us that the manager or senior staff visited them on a regular basis to check that the care and support provided was suitable. One person said "Alison (registered manager) called here to ask how things were going. I asked if my times could be changed. She sorted it out with my social worker and set up another care plan. I get more help now thanks to them". People and their relatives told us that they were consulted and updated about the care and support provided and were encouraged to have their say. They told us they felt listened to and said that the registered manager was always quick to respond to any issues raised in a prompt and positive way. Although this information evidenced that people were included in discussions about the nature and purpose of their care and support, some office held care plans did not include a 'this is me' form to detail a person centred approach. However the care plans we looked at in people's homes included full details about the individual to include their wishes and they addressed any changing needs.

People could make complaints or comments about the service. We saw that there was a service user guide that explained about the service and of how and who to complain to if a person was unhappy with the staff or services provided. This included named people within the service as well as the Care Quality Commission (CQC). We noted that complaints and compliments were recorded. We saw that actions had been taken by the service in line with their complaints policy. We noted also that the service had taken actions to improve the service as a result of information contained in some complaints. No complaints had been received by CQC and only one of the people we spoke with said that they had any complaints about the service. People told us that the service was fine and if there was an issue it was dealt with straight away. One person said "I know how to complain and to who but I have never needed to do it so far".

Good

Is the service well-led?

Our findings

People told us that the service was well run and provided an effective and efficient service. Comments included "We have the same group of staff at the same time each day. They have never let us down, perhaps they will be a bit late but they are fine". "People visit us to see if everything is working well and if we need anything changing" and "This service is excellent. We know who is calling, when they are calling and what they will do".

People told us and records viewed showed that the staff turnover was very low. One person said "Most of the carers have been here for a long time as they like working for Nightingales. I get a good service and if I need to speak about anything Alison (registered manager) is always there for me".

People told us that staff were always pleasant and they seemed very happy working for Nightingales. They said staff never moaned or groaned about the job and appeared to work well as a team.

The registered manager was very clear about their vision for the service, how it operated and the levels of care and support provided. They were very knowledgeable about the people who used the service, their needs and personal circumstances. A health and social care professional with experience of the service and some of the people it supports told us "My experience of Nightingales is that it is well led and well organised. They are willing to be flexible and responsive to urgent packages of care".

We saw records to show that the registered manager attended regular one to one meetings with local authority commissioning officers to discuss the service provision. She said this enabled her to obtain feedback to ensure the services provided were as required.

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager and administrative staff supported each other and care staff told us they also felt supported. On-call management cover was available out of hours and enabled staff and people who used the service to obtain immediate support and advice throughout evenings and weekends.

We saw and were told by staff that the management team had an open door policy where all staff were encouraged to contact them at any time. Staff said there was an open and honest culture where learning and sharing of knowledge was encouraged amongst staff.

Staff told us that daily visits were flagged up on the electronic monitoring system and this alerted the registered manager or administrative staff who were able to quickly identify any late or missed calls and take appropriate action. Staff told us that they checked the daily records when they visited people's homes so they had information about changes or actions taken. They said that if the record had not been updated by the previous staff who had visited they would contact the office to let them know. The registered manager told us that this daily audit ensured that any shortfalls in the recording of information would be quickly dealt with.

People told us their experiences of having regular care reviews. They said that they were asked if they were happy with their care and support and the staff who visited their homes. They told us that they were also asked if they wished any changes to be made to the care package. People said it made them feel valued that they had been asked for their opinions and could give them knowing that changes would be made if they were requested. People told us that sometimes the agency could not provide them with visits at the time of their choice. However they said that their requests were always noted and when Nightingales had availability to change the times of visits it was done.

The registered manager had sent questionnaires to the people who used the service to gain their perception of the staff and services provided. We looked at the 39 questionnaires that had been returned in 2016 and saw they held positive comments and people were generally happy with the timing and quality of services they received.

Whilst we noted that a training slide held an out of date logo and some staff files were not indexed or filed in order, we found the policies and procedures were clear and accessible. Staff spoken with were able to demonstrate that they were clear about the policies and practices used by Nightingales.

Information gathered in relation to accidents and incidents that had occurred in people's homes was personally reviewed by the registered manager and used to develop plans to reduce the risks or likelihood of reoccurrence. Staff forged positive and effective working relationships with health and social care professionals to improve and enhance the quality of care and support provided. Comments from health and social care professionals were positive and included "We are happy with Nightingales staff retention which enables them to provide consistency of care".