

Nightingale Homecare East Sussex Limited

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Inspection report

26-28 Church Street
Old Town
Eastbourne
East Sussex
BN21 1HS

Tel: 01323730020
Website: www.eshh.co.uk

Date of inspection visit:
17 June 2019
18 June 2019

Date of publication:
02 August 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nightingale Homecare East Sussex Ltd is a domiciliary care agency in Eastbourne. It provides support with personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Improvements were needed to ensure risks to people in relation to some aspects of medicines management and risk assessments were managed safely.

People's care plans were task-based and did not reflect the person-centred support people received. Improvements were needed to ensure staff had all the information they needed in provide end of life care.

There was a quality assurance system, but this had not identified the shortfalls we found.

People received the care and support they needed because staff knew them really well and understood their needs. They were able to tell us about people as individuals, their choices and preferences as to how they liked their care delivered. People were treated with kindness, respect and understanding. They were enabled to make their own decisions and choices about what they did each day.

Staff had a good understanding of safeguarding and how to protect people from the risk of harm or abuse. There were enough staff who had been safely recruited to look after people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training that enabled them to deliver the care that people needed. Staff received support from the registered manager and their colleagues. People's health needs were met, they were supported to have access to healthcare services when they needed them.

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

Rating at last inspection

The last rating for this service was Good (Report published 19 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to risks to people, including medicines. We also found a breach of regulation in relation to people's records and the quality assurance system.

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

Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nightingale Homecare East Sussex Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Notice of inspection

We gave the service a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2019 and ended on 18 June 2019. We visited the office location on 17 and 18 June 2019.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

During the inspection process we spoke with nine staff, this included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further staff member. We spoke with 11 people by telephone to gather their views about the support received. We visited three people in their own homes and spoke with them and their relatives about the support they received. This also helped us to observe interactions between people and staff. During the office site visit we looked at records, which included six people's care and medicines records. We checked training records and looked at a range of records about how the service was managed.

After the inspection

The provider sent us an action plan to show how they would address the concerns we identified.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed to ensure medicines were managed safely and consistently.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There was no guidance in place for why or when people may need PRN medicines. There was no information about the maximum amount of these medicines people could take each day, or what the time should be between doses. There was no information about whether people were able to tell staff if they needed their PRN medicines.
- One person's prescribed medicine had been recorded on the medicine administration record (MAR) as not being given as it was no longer required. Staff told us this had been stopped by the person's GP and would only need to be given, on instruction from the GP, if the person was unwell. This information had not been recorded within the care plan or on the MAR. Staff told us the medicine was still stored at the person's home. We were told staff had been made aware of this change. However, there was a risk not all staff were aware of this information and the person may receive medicine they no longer required.
- There was a list of medicines in people's care plans. However, there was no information for staff to know what the medicine was for or what the potential side effects may be.

The concerns above meant there was a risk of people not receiving their medicines consistently or as prescribed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- MAR were generally well completed, and these were analysed by the registered manager to identify if they had been fully completed. If there were missing signatures this was highlighted with staff and where needed extra training was provided.
- All staff received medicine training and had been assessed as competent before they were able to give people their medicines.
- People told us they received their medicines when they needed them. One person said, "They ensure I take them and write it down."

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

- Improvements were needed to risk management systems. There were a range of individual and

environmental risk assessments. Although risks had been identified the risk assessment did not include all the information staff may need to keep people safe.

- In one person's care plan there was a list of equipment they used. This included a pressure relieving mattress and cushion. There was no guidance about how to ensure the mattress and cushion were properly inflated to prevent the person developing pressure damage. There was no evidence of when people's pressure areas had been checked or whether they were intact.

- Through discussions with staff we identified this person needed their bed to be kept low to the floor to the floor to keep them safe. This information had not been included in the person's risk assessment or care plan.

Staff told us about how they kept people safe. However, the lack of guidance meant we could not be assured that all risks were being managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe when being supported by staff. One person said, "They keep an eye on me when I am moving about."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

- People told us they felt safe using the service. One person said, "I feel safe with them, they are gentle." Another person told us, "I feel safe with my carers, I'd say if I didn't."

- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the registered manager or most senior person on duty.

- Where concerns were identified these had been referred to the appropriate authority. The manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Staffing and recruitment

- There were enough staff working at the service to ensure people received the care and support they needed at times of their choosing. The registered manager told us they would only agree to provide care to people if they had enough staff to do so.

- People's visits were planned, and this included people's preferred time for the care visit and how many staff were needed. Staff told us if a care visit was taking longer than planned, they could speak to the office staff and they would let the next person know they may be late or make arrangements for the rest of their planned visits.

- The recruitment process ensured staff were suitable to work in the care environment. This included criminal record checks and references.

Preventing and controlling infection

- Risks around the prevention and control of infection were well managed. Staff had received infection control training, and food hygiene training. These were regularly updated.

- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The assessment included people's care needs, what they wanted from their care visits, individual preferences such as what time they would like their visits.
- One person told us the registered manager had completed their first assessment. They said, "She asked lots of questions about me and my medical history."
- Assessment records showed the person and where appropriate their relatives or representatives were involved.
- The assessments were regularly reviewed to ensure people received the right support.

Staff support: induction, training, skills and experience

- People told us they were happy with the skills and training of the care staff. One person said, "They are well trained, for example I was complaining how I had so many tablets and was struggling, they told me that I can get liquid paracetamol, my son got this and it's much better."
- Staff new to the service were supported with an induction. This included training and shadowing experienced staff. The induction training included infection control, mental capacity, safeguarding, dementia, medicines and moving and handling. Staff competencies were checked to ensure they had understood the training and had the appropriate knowledge and skills to support people.
- One staff member told us, following their induction and shadowing the registered manager regularly asked them if they needed further support or training. The staff member told us, "If I had needed anything I know it would have been provided."
- Staff received regular training and updates. They were also encouraged to complete further training, this included diplomas in health and social care.
- Staff were supported with regular supervisions and annual appraisal. This included one to one meetings, spot checks and field supervision. The spot checks and field supervision included observation of the staff member in practice and included reviews of their skills, interactions with people and time keeping. Further training and support were provided as necessary.
- Staff told us they felt supported in their roles and could contact the office or on-call staff for guidance and advice.

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

- Where required, staff supported some people to have enough to eat and drink throughout the day. At the time of the inspection no-one required support to eat their meals. One person told us they received support with all their meals.
- Staff told us they helped people to choose their own meals. They told us they would offer people a selection of what was available and let the person decide what they would like to eat.
- There were reminders in care plans for staff to ensure people were left with a drink nearby or to complete food and fluid charts if necessary.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Records showed, and people and staff told us people were supported to access health care professionals when their needs changed. Staff contacted relevant healthcare professionals, for example the GP or district nurse, to ensure people received the appropriate care and support.
- People told us they were able to contact their GP in they needed to but were confident staff would do so on their behalf if they became unwell.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff told us people using the service were able to make their own decisions about what they done each day. One staff member told us. "I always offer people choices. If they can't make a decision I still ask but in a different way."
- Staff understood mental capacity and that people had the right to make their own decisions. They received mental capacity training, and this was updated each year.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and caring. They knew people who they looked after very well. Staff told us before they met people for the first time they were told about the support they needed. They were also given a copy of the care plan to help inform them.
- People spoke highly of the care staff. One person said, "They are kind, they are just there for you if you need them, it's reassuring knowing someone is coming." Another person told us, "They are worth their weight in gold, I do not know what I would do without them, I'd be in a care home if it was not for them." This person went on to tell us about one of their regular staff. "She is lovely, she's bright and cheerful in the mornings, she is kind, she's super, she does not rush me to get ready."
- One person gave us an example of staff kindness. They said, "They often do little extra jobs I've not asked them to do, for example they empty my little kitchen bin outside to save me going out to the garden, they fill it with a new bin liner and leave it as I like it."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said they really loved their job, "We help people stay in their own homes. We make sure they're eating properly. We make sure people are safe and comfortable, you can't beat it."
- People received support from staff who they wanted to look after them. If people did not get on with a staff member, for any reason, there were systems in place to make sure that staff member was not allocated to the call.

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

- People told us they were involved in making decisions about their care and support. One person said, "Most carers will ask if there is anything I need before they leave."
- Staff told us although they followed the care plan they asked people about the care they wished to receive. During the visits to people's homes we heard staff discussing people's support needs and being led by people's wishes. Before staff left, they asked people if there was anything else they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and helped them maintain their privacy and dignity. One person said

they had, "No concerns about that." Another person gave us an example. They told us, "When I am getting out the shower she (staff) holds the towel up wraps it round me." A further person said, "They are respectful of my home."

- People were given a rota, so they knew who was due to visit them. People told us staff arrived on time and they did not feel rushed. This showed people were respected as they knew who was coming into their home. One person said. "They are there, just if you need them."
- Care plans guided staff about what people could do for themselves and where they needed support. This helped to ensure people maintained their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support

- There was limited information in people's care plans about any wishes they may have for their end of life care. The registered manager and nominated individual told us that paperwork had recently been changed. People new to the service had an updated care and support needs assessment in place. Where people had the older style paperwork in place there was no information about whether they had had a 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) order. This is a decision made in advance that attempted CPR would not be likely to be appropriate for a person in the event of cardiac arrest. This had been addressed in the newer paperwork. A director contacted us after the inspection and told us this information would be updated in all care plans by the end of July 2019.

- There was no information about people's end of life wishes. After the inspection we were sent an updated version of the care and support needs assessment. This now asked if people had an end of life care plan in place, or whether people would like to be referred to a third party to develop one. However, there was no guidance for staff to identify what people's end of life wishes may be if their health should decline.

This is an area that needs to be improved.

- At the time of the inspection nobody was receiving end of life care and support. The registered manager told us as far as possible people would be enabled to remain with the service during their last days. Where necessary staff would work with appropriate professionals to ensure people received the appropriate support.

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

- Care and plans and risk assessments were not person-centred or detailed. They did not include information about people's personal histories, their hobbies, interests likes or dislikes. This had been identified by the provider as an area that needed to be improved. New paperwork had been introduced and the service had started using this in March 2019.
- Despite the concerns above staff knew people well. They were able to tell us about people they supported, their care and support needs, choices and interests. Before supporting people, they had not met before staff were given information about the person, their care and support needs and background information. This

helped to ensure people received care and support that met their individual needs.

- During visits to people's home we saw staff engaging and talking with people's visitors and families.
- Visit times were agreed with people as part of the assessment process. These reflected people's individual needs and their preferences. Each person, who wished to, received a weekly rota to tell them what time their calls would be, and which staff member would be visiting. If changes were necessary, then people were informed. One person said, "Sometimes the rota alters if a problem arises, but someone will always come." Another person told us they got a phone call from the office if there is a change to the rota. Someone else said, they did not have a need for a rota as they knew, "It's going to be my main carer most days."
- Staff told us if there were any changes to people's care and support needs they were updated before they visited. People told us that staff knew what they were doing, and this helped ensure they received the support they needed. One person told us, "My situation has changed recently where I have been unwell, and they've been accommodating with the changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and there was information about these in people's assessments and care plans. One person's assessment stated they were hard of hearing and needed to wear a hearing aid.
- Another person, who was hearing impaired, used a communication board on which staff could write messages. Staff told us, and we saw, they did not often need to use this as they were able to communicate well with the person. They told us their communication had improved as they got to know the person and they knew staff.

Improving care quality in response to complaints or concerns

- There was a complaint's policy, there were no recent complaints, but records showed complaints previously raised had been responded to and addressed appropriately.
- The registered manager and staff told us that any concerns raised with them were addressed immediately. This prevented them becoming official complaints.
- People told us they did not have any complaints but knew what steps to take if they did. One person said, they had not had reason to complain in the past but would phone the office number if they needed to. Another told us they had no complaints but would tell the staff if they did. One relative told us that any concerns they had discussed with the office staff had been addressed immediately.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- Some aspects of record keeping needed to be improved. Care plans and risk assessments did not contain all the information staff may need.
- Some people needed support with their personal care. Care plans did not contain information about how people liked their support, or for example, what they could do for themselves.
- One person needed support with their catheter care. The care plan informed staff to change the catheter bag but did not include any details of how this should be done, for example, to prevent the risk of infection. Staff had received training and were able to tell us about how they provided support but this had not been recorded.
- Some people smoked at home. This was identified in the risk assessment. However, there was no information about what staff should do to help the person remain safe when smoking.
- People's care plans were not person-centred, they were task based and did not reflect the person at all. This had been identified by the provider and new paperwork had been introduced and this had been used since March 2019. However, for one person this had not been completed as the person had declined. Staff were able to tell us about the person but had not used the information to complete the paperwork where possible.
- Although the new paperwork was in use, we were told at the inspection there was no timescales to update existing documentation.
- There was limited information about people's mental capacity and how they were able to make decisions and choices. One person's assessment stated they had short term memory loss, another person's stated they could become confused with medicines. Staff supported this person with their medicines. However, there was no information about how this affected people and how they were able to make decisions and when they may need support.
- Some people had a lasting power of attorney (LPA) in place. These are people who can legally help them make decisions if they lacked mental capacity to do so themselves. Not all care plans informed staff there was an LPA. Where it was recorded the service did not have a copy of the document. The registered manager started to address this during the inspection.
- One person had a number of falls which staff were aware of. There was no overview of these falls, for example time of day that falls occurred. Although appropriate measures were in place, this information may

identify a pattern to the falls

- Although there was a quality assurance system in place. This had not identified the shortfalls we found in relation to medicines and mental capacity. Although the provider had identified people's care plans were not person-centred they had not identified the potential risks associated with the lack of information, for example in relation to risk assessments.

This meant the provider had failed to ensure there were effective quality assurance systems in place. The lack of detailed records meant people were at risk of receiving support that was inconsistent or inappropriate.

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

- The registered manager had started to address some issues during the inspection. After the inspection the provider sent us an action plan to show us how they were taking action to address these issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted an inclusive and positive culture in the service. They were visible and accessible to people and staff. Staff were able to approach her directly at any time.
- People spoke well of the registered manager. Most people we spoke with told us they had met her when she had completed assessments or reviews.
- People felt well supported by the registered manager, care staff and office staff. One person told us, "I know them all now (office staff), I've not met them all but know them by phone, and they come every so often to check I am happy with everything."
- Staff spoke well of the registered manager. They told us she was supportive, they could contact her at any time and any concerns would be addressed.
- The manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.
- The registered manager was aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC.

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

- People were given regular opportunities to provide feedback about the service. Annual surveys had just been sent out for people to tell the provider about their experience of the service. People told us they received these.
- There were regular spot checks and observed supervision for staff. During these supervisions people and relatives were asked for their feedback, both about the staff providing care and the service they received in general. They were also able to communicate any changes that they would recommend.
- The registered manager regularly visited people to provide care and support. She told us people also used this time to discuss any concerns they had with her.
- One person told us, "The manager came to visit to ensure I'm happy."
- There were regular staff meetings where staff were informed about changes at the service and reminded of their roles and responsibilities. If staff were unable to attend they were given copies of the minutes to

ensure they were aware of discussions that had taken place.

Working in partnership with others

- The registered manager and nominated individual worked with other organisations to improve services for people. They attended provider forums, where information is shared to support joint working, services and other providers.
- The registered manager and nominated individual also met with the local authority each quarter to discuss the service and identify the services capacity to support more people and general issues regarding the industry locally.
- The registered manager and staff worked in partnership with other services, for example their GP, district nurses and social workers to ensure people's needs were met in a timely way.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured all risks to people had been assessed. Medicines were not always managed safely. 12(1)(2)(a)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(c)