

Nightingales (Purbeck) Limited

# Nightingales Home Care Service

## Inspection report

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Date of inspection visit:  
03 April 2019  
04 April 2019

Date of publication:  
18 April 2019

## 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

### About the service:

Nightingales Home Care Service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to 27 people.

### People's experience of using this service:

People told us they felt safe with the service they received from Nightingales Home Care. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and their community. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

The service met the characteristics of good in all areas; more information is in the full report

### Rating at the last inspection:

At the last inspection the service was rated good (23 November 2016).

### Why we inspected:

This inspection was scheduled and based on the previous rating.

### Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Nightingales Home Care Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector who visited the service and an expert by experience who made telephone calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person's experience was with older people and those living with dementia.

#### The service type:

Nightingales Home Care Service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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:

This inspection site visit took place on 3 April and continued on 4 April 2019. The provider was given 48 hours' notice. This was so we could be sure a manager or senior person was available when we visited.

#### What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service by telephone. We spoke with the registered manager, owner, administrator, assistant administrator, clerical assistant and four care assistants. We received feedback from one health and social care professional who worked with the service. We reviewed two people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the service they received from Nightingales Home Care. One person said, "I feel safe, absolutely". Another person told us, "I feel very safe in their care". A recent people survey found that 100% of people felt safe when their care was provided.

- Staff has received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member told us, "I would be concerned if I saw changes in a person's behaviour or physical marks. I would report this straight away to my manager and if I couldn't then I would contact safeguarding or CQC".

- The home had effective arrangements in place for reviewing and referring safeguarding concerns. There was guidance with relevant telephone numbers and contacts for the local safeguarding teams displayed in the office. Staff felt confident their concerns would be acted upon. A professional told us, "I have never had any concerns that people cared for by Nightingales are not safe".

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

- Risk assessments were in place for each person for all aspects of their care and support. The risk assessments were reviewed three monthly and earlier if things needed to change.

- Risk assessments included clear instructions for staff on how to minimise the risks for people. An example was where a person needed the support of staff and equipment to move; the plan was detailed about positioning and the staff needed to assist the person's safe transfer.

- Environmental risk assessments were in place to ensure the safety of people and staff in the person's own home. These assessments included: the internal and external hazards, parking, how to enter the property, water safety and electrical appliances.

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends in events. In addition to accident and incident report the service kept an ongoing log of calls and events. This meant they could clearly and quickly identify the most up to date events in the person's life and take action to reduce the risk of reoccurrence. An example was where a person lost balance transferring, the service contacted the physiotherapy team and they were able to make adjustments to their equipment which meant the person was then safe.

- Learning was shared with staff through weekly newsletters and staff meetings. The weekly newsletter included updates on people's condition and care, changes to medicines and changes to practice as a result of learning from events.

### Staffing and recruitment

- The service had enough staff to cover the people they visited. Staff told us they did not feel rushed and had enough time to travel between the people they saw. The administrator adjusted the travel time depending on where the person lived. People told us they were happy with the times of their visits and carers were punctual. Some comments we received were: "They stay for the full time even if they have done their jobs", "Never miss, they are always on time".
- Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

### Using medicines safely

- People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager. All staff had recently undertaken a comprehensive medication training with an external training provider. A staff member told us, "It's very detailed and good to remind you of the correct procedures".
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited. The service was making improvements to their MAR this was in line with best practice guidance.
- Where staff had a concern about a person's medication they called the office or the on call for advice. The log book kept in the office showed concerns raised by staff which were then referred onto the appropriate medical professional for advice. The administrator told us that where people had a change to their medicines staff returned the medicines back to the pharmacy and collected the new ones to ensure the person was receiving the correct medication.

### Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Staff told us they had access to enough supplies of gloves and aprons and collected them from the office as they needed them.
- Staff had received infection control training and the service had not had any concerns or incidents in regards poor infection control. The registered manager checked for compliance with infection control measures during staff observations in the community. These records showed staff were compliant with infection control.

# 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

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

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service did not provide care or support to any person who lacked capacity to make individual decisions about their life. However, the registered manager had clear procedures in place to assess capacity and to ensure people rights were protected. The administrator told us, "If a person lacks capacity we use our assessment process".
- Consent to care was sought for different aspects of people's care, such as to receive support with their care and for medicines. People's records showed that each aspect of their care had been discussed with them prior to them giving their consent. Staff told us they always ask before they do anything for a person.

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

- People had care assessments completed before they had care from the service. These assessments formed the basis of their care plans. The assistant administrator told us, "I complete the assessments with the client and their family. I then provide the care for the client myself before writing up the care plan. This means I get a really good idea of what the person needs".
- People's outcomes were identified and guidance on how staff met them was detailed. Records and staff knowledge demonstrated plans had been created using evidence-based practices. This was in relation to medicines, moving and handling and nutrition.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for



people working in health and social care who have not already had relevant training. Many of the staff held a national diploma in health and social care.

- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A health professional said, "In my opinion the staff are knowledgeable, skilful and adaptable to most situations". Staff received training on subjects such as safeguarding, dementia, infection control and medication administration. A staff member told us, "We have practical training in moving people, the registered manager [name] does that and we have refreshers". The administrator told us, "We have training and then we are able to pass that onto the carers and support them better". A health professional said, "In my opinion the staff are knowledgeable, skilful and adaptable to most situations".
- Staff told us they had regular supervisions and appraisals. The registered manager gave the staff a form which gave them an opportunity to plan for the meeting and reflect on their practice. Staff told us that supervision was regular and a two-way process and they felt supported and appreciated. Staff were able to discuss the areas they found most challenging and there were actions on how to resolve them, such as extra training.

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

- People were supported to have enough to eat and drink. We received positive comments where people were supported with food and drinks. One person said, "She always makes me a hot drink, we sit and chat".
- Records showed input from dieticians and speech and language therapists (SALT) where required. People's likes and dislikes were recorded in the plan. Daily care records showed that where people needed specialist input the service sought it. An example was where a person was not drinking enough, the doctor was contacted by the service and they were able to prescribe medication. Staff were instructed to encourage the person to drink to help them recover.

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

- People were supported to receive health care services when they needed them. A person told us, "If I was having trouble, like if I needed a dentist they would locate one for me, nothing is too much trouble". The daily log book showed referrals made from the service to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists. The administrator said they worked well with medical professionals and were comfortable seeking their input when needed.
- Records showed that instructions from health professionals were carried out. A health professional told us, "The agency seek input from our services in a timely manner. They follow our care plans". This information was communicated to staff which meant the person was receiving the most up to date care and support.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in their care. Reviews happened three monthly or as things changed. The assistant administrator completed the assessment with the person and then provided the person's care themselves. This gave them a good understanding of the person's needs. They said, "I like to do it with the person through conversations". A person told us, "Any new staff are aware of my care package and they have the information to help them, that's really good". Another person said, "They [staff] discuss my care".

- Staff told us it was important for them to support people with choices. One staff member said, "I support a client to make choices, such as choosing their clothes and what they want to do during the visit". A person told us, "They always ask what I need".

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. Some comments we received were: "They [staff] are very good and friendly", "They are excellent, I can't fault them", "They're marvellous they really are", "They [staff] are polite and caring", and, "They [staff] are pleasant and friendly".

- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. People were escorted to places of worship as required. The administrator told us they would try to accommodate any needs.

- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs. One staff member told us, "We will care for everyone".

- The service had received many compliments about the care it provided. Some of the comments were: "Fantastic help and support from each and every one of the Nightingales staff over the years, we are truly grateful", "With all your care they were able to fulfil their greatest wish and that was to stay at home", and "We had peace of mind on a daily basis". The owner told us they were committed to providing an excellent service and said, "It's a way of life".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A recent people survey showed that 100% rated the service

'good' or 'very good' at treating them with dignity and respect. One staff member said, "I always check how they wished to be addressed and how they want things done". Some comments from people were, "Everybody is respectful", "They [staff] respect you", "They treat me with dignity and respect".

- People were supported to be as independent as they could be. People told us that they were happy to stay in their own homes. A staff member told us, "Independence is an important part of respect". Another staff member said, "I encourage them to do as much as they want".

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were in place and reviewed three monthly or as things changed. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Where a person had a specific health condition there was a plan in place for staff to follow giving guidance.
- Care plans and information was available to staff in people's homes. This included people's life histories, to help staff understand them better as people. Staff told us the information they had about people's needs was of a good standard.
- Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction.
- People were confident that their concerns would be dealt with. Some comments we received about this from people were: "If I had any complaints I would take them to the office", "I've never had any complaints or worries", and, "I know who to ring if anything was wrong or I had a problem".

End of life care and support

- At the time of inspection, the service was not providing end of life care to anyone. The administrator told us they worked with the district nurses and GP when a person requires end of life support. The service creates an additional care plan at this time which clearly states who will be providing care.
- The home had received many compliments about its end of life care. These included: "Thank you for all your valuable help it made our lives much easier and happier", and, "Thank you all for your care and

kindness to our loved one, you made a huge difference in their life and they were very fond of you all".

- People had end of life care plans. The assistant administrator told us that they ask about end of life and future plans during the assessment. Plans contained information about their final wishes, funeral arrangements and who to contact.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt proud to work at Nightingales Home Care Service. They were complimentary about their colleagues. Some of their comments included: "I enjoy working for them, I love the team", "We are a team, we are making a difference", "We are well supported", and, "Nightingales is lovely, small and we have lovely colleagues".
- Staff and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] is hands on and knowledgeable", "I can't fault them, they are very good", and, "The registered manager [name] is down to earth". A health professional told us, "I believe Nightingales is a well led agency".
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records and guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. 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 management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. They told us, "They are a great bunch". All management and senior staff provided care for people; they told us this enabled them to know what people needed. The administrator said, "It's easier to allocate staff to visits and understand what people need".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits,

such as medication and care records. In addition, the registered manager completed additional checks by observing staff providing care to people.

- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback through surveys and results of those surveys were positive. Staff told us people were encouraged to comment on the service. Records showed that people regularly called the office with feedback.
- Staff meetings were held regularly, at which staff were asked for their input and ideas. Staff told us because they were a smaller service they really felt involved.
- The service had good links to the local community. The owner told us they wanted to increase these links in the future. The administrator told us, "We have a very good reputation in the local community". Some examples of supporting people to link with their community were: escorting people to Christmas events, churches and signposting to befriending services.
- Learning and development was important to the registered manager. They attended regular provider meetings, had membership to domiciliary care associations and had used online guidance and publications to keep updated. The registered manager told us, "We are always looking for ways to improve".
- The service had good working partnerships with health and social care professionals. A health professional told us, "The standard of partnership working between my team and Nightingales is good. My overall opinion is that they are a trustworthy and reliable agency that I am happy to work alongside".