

Fogarty Care Services Limited

# Nightingales Homecare

## 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

### About the service

Nightingales Homecare is a domiciliary care agency. At the time of our inspection, the service was providing care to 160 people who were 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

There were processes in place to monitor the safety and quality of the service. Medicines were managed in line with good practice guidance. Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.

People received support from a regular team of staff which meant care was consistent. People's calls were usually on time or staff called if they were going to be late. The provider monitored care staff attendance at calls using electronic call monitoring.

People and relatives told us staff were kind and caring in their approach. People told us staff communicated well with them and acted in an open and transparent way.

Care plans needed to be more person-centred to provide staff with the information they needed to provide care and support in a way that met people's needs and preferences. The service arranged to gather this information during the inspection. People felt confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

The management team had the knowledge and experience to operate the service safely and effectively. They demonstrated a good understanding of all aspects of managing the service. There was a positive culture where staff and management took pride in the care and support that they provided. The service had a registered manager in post at the time of our inspection.

The service met the characteristics of good in all areas. More information is in the full report.

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

### Rating at last inspection and update

The last rating for this service was Good (12 July 2018).

### Previous breaches

At the last inspection we identified one breach of the Health and Social Care Act regulations in relation to good governance. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 Homecare

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

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 48 hours' 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 3 July 2019 and ended on 5 July 2019. We visited the office location on 3 July 2019 and gathered feedback by telephone from people and relatives on 4 and 5 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch had no information to share about the service.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with the registered provider, the registered manager, the training coordinator and six members of care staff. We also spoke with three professionals that collaborated with the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "It certainly gives me peace of mind knowing someone reliable is looking after [Name] and checking they are safe."
- The provider had effective safeguarding and whistle-blowing systems and policies in place.
- Staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail. Staff could access information about whistle-blowing in the staff handbook.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "The management team are very responsive and encourage us to report anything we are concerned about."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were detailed within categories for example, nutrition, mobility, the environment and were individualised. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed. People told us their homes were left secured by staff.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough care staff to meet the needs of people and deliver a consistent service.
- All staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from care staff.
- Medicines were stored securely in people's homes when this was necessary.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.

- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed and an electronic system had the oversight of managers daily to help ensure medicines were given safely as prescribed.

#### Preventing and controlling infection

- Staff had completed infection control training.
- Unannounced spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation, medicines administration and moving and handling.
- Staff told us they had access to PPE.

#### Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.



# 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.

Staff working together to provide consistent, effective, timely care

- People, relatives and staff told us that there was continuity of care. People had visits from regular care staff.
- Staff communicated effectively with each other; updating the daily notes with information and checking these at each visit, sharing information at team meetings and via text messages.
- A health and social care professional told us, "We can rely on Nightingales Homecare, they communicate with us effectively and we can always contact them easily." A person that used the service said, "I've had the same carer for a while now and I'm very happy. We get on well and they always let me know if they are going to be off work so I know to expect someone else. [Nightingales Homecare] never send stranger to me it's always someone I know."

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

- People's needs were assessed before the service began to provide support and people confirmed this. This included their physical, social and emotional support needs.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. Care coordinators called people regularly on the telephone to check they were satisfied with the care provided.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received training, support and induction to enable them to meet people's needs. A relative told us, "The staff seem highly competent and well trained."
- One staff member we spoke with told us they felt they had received appropriate training to meet the needs of the people they were supporting, they said, "The induction is thorough I felt prepared for my role."
- People using the service felt staff were competent. One person we spoke with told us they had confidence in all the care staff, they said "All the carers seem to know what to do in any situation I am happy with them."

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

- People told us they were supported appropriately with eating and drinking. One person told us, "Staff always ask me what I would like every day. They don't assume that I always have the same things to eat and drink which is nice because sometimes you fancy a change."
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

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

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information on to relatives and managers. Alternatively, staff assisted the person to call for support themselves.
- Relatives told us staff effectively identified any health concerns and ensured the correct professional was contacted as necessary.

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.

- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us that if they had any concerns about decision making they would pass this on to the management team.

# Is the service caring?

## Our findings

Caring – this means that 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; equality and diversity

- People and relatives told us staff were caring. A person using the service said, "The care staff are very good and do everything I ask of them." A relative told us, "All the staff seem lovely and [Name] is always telling me how fond they are of the morning staff."
- Staff told us they used care plans to find out about people to get to know the person and build positive relations with them. A staff member told us, "I always have a look at the care plan to see if anything has changed so everything is up to date."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Staff actively considered people's cultural or religious preferences.
- Staff had received training in equality and diversity.
- The registered manager told us that staff were carefully matched to meet service users' needs, for example one person preferred female staff only and the service ensured this request was actioned.

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

- People confirmed staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required.
- A relative told us "I have seen the care plan and I see that new staff read them before carrying out care tasks."
- None of the people who used the service at the time of our inspection had an advocate, but the provider explained they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity.
- The service user guide demonstrated how the service considered people's rights to independence, privacy and self-expression.

# Is the service responsive?

## Our findings

Responsive – this means that 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 remained the same.

This meant 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

- The provider developed a care plan for each person, which contained sections about different aspects of their care.
- Staff could describe the care they provided in line with people's preferences. However, some detail was not captured in care plans. We spoke to the registered manager about this who immediately arranged to gather the required information from staff and update the care plans.
- People had individualised lists of care activities and care staff marked these as complete at each visit to ensure each task had been done.
- Staff completed a daily log, which recorded information about people's daily routines, general wellbeing and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. This meant that people received continuity of care.
- People's ability to communicate was being gathered and recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner.
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. Information of how to complain was clearly available in the service user guide. A person using the service told us, "I have no complaints. I would get my son to call the office if I needed to speak to someone."

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.

- The provider was proactive in ensuring that they complied with Accessible Information Standards. The

service adapted information to meet people's needs, for example information about the service could be produced in large print or other languages if required.

#### End of life care and support

- The service provided support to people coming to the end of their lives if they were able to meet their needs and provided specialist training for staff as required.
- Plans contained information about people's wishes where people wished to share this information.

# Is the service well-led?

## Our findings

Well-Led – this means that 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the service did not have effective systems in place to monitor or audit the quality of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- There were systems in place to monitor the quality and safety of the service. For example, care was audited by means of spot checks of care visits and audits of documentation. We saw evidence of action being taken when audits identified areas for improvement.
- The provider had invested in a new electronic care management system and was hoping this would be active by the end of July 2019.
- Staff we spoke with demonstrated a good understanding of the service's values.
- Staff were positive about their workplace and complimentary about the support they received from the management team. A staff member said, "I feel really valued as an employee of Nightingales Homecare. The management team have supported me both professionally and personally."
- The management team ensured that care was tailored to people's individual needs. They monitored this to ensure care provided was of a good quality.

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

- The service had a registered manager in post.
- There was a positive culture where staff and management took pride in the care and support that they provided. A staff member said, "The management team are always available and approachable."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Staffing levels were supported by the management team who were working to support people as staff alongside their managerial role.
- People's confidential information was kept securely at the registered office.
- The registered manager was aware of their responsibility to report events to the CQC by statutory

notifications.

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

- Staff were engaged with the service and with their roles, staff told us "I love helping people every day and making a difference."
- Staff groups met frequently. The management team met with staff regularly to support them in their role.
- The provider told us they have a committed group of staff that work well together and go above and beyond, they told us "We have a good team of staff who work hard to deliver high quality care."
- The provider had arranged a social evening of entertainment for people, relatives and staff to encourage social engagement. People that used services other than Nightingales Homecare were also invited to attend.
- The provider told us, "We prioritise relationships with families and with our new electronic care system families will be able to access more information and communicate with us more effectively where this is appropriate."

Continuous learning and improving care

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- This meant that there were systems in place to ensure there was a culture of continuous learning and people received effective care at all times.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The provider ran a 'cars for carers' scheme which supported staff to access driving lessons free of charge. The service had purchased a range of fleet vehicles that staff could use and supported staff to access a car through subsidised lease deals with local garages.
- A four-wheel drive vehicle was available and used in the winter months to ensure staff could reach people in the snow.
- The service supported 'get Oldham working' a scheme which focused on recruiting young unemployed local residents.