

Mr Shane McClelland

# Nightingales Home Care

## Inspection report

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Date of inspection visit:  
08 March 2016  
09 March 2016

Date of publication:  
11 April 2016

## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

This was an announced inspection which took place on 8 and 9 March 2016. We had previously carried out an inspection in January 2014. We found the service to be meeting the regulations we reviewed at that time.

Nightingales Home Care is a domiciliary care agency which at the time of our inspection was providing personal care to 20 people who lived in their own homes.

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. 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 was supported in the day to day running of the service by an office manager.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the recruitment processes in place were not sufficiently robust. You can see what action we have told the provider to take at the back of the full version of the report.

On the first day of the inspection we found the provider's recruitment policy needed to be updated to ensure it met the requirements of our current regulations. On the second day of the inspection we saw that this policy had been updated as required. One of the staff personnel files we reviewed did not contain any evidence that references had been sought for the person concerned. This meant people who used the service might not be protected against the risk of unsuitable staff.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the registered manager.

People who used the service told us staff always visited at the time agreed and stayed for the correct amount of time. They told us that staff did not appear rushed during their visits and always took the time to complete any tasks they asked of them. One staff member told us, "It's the little things that matter and make a big difference to people. It's respecting people in their own homes. You treat people how you would like to be cared for."

People told us they received the support they needed to take their medicines as prescribed. Staff had received training in the safe handling of medicines. Regular medication audits were completed but these needed to be more robust to ensure any errors on medication administration record (MAR) charts were promptly identified.

Risk assessments for physical health needs and environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the prevention and control of infection.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. Records we reviewed showed staff had contacted health and social care professionals as appropriate if they had any concerns regarding a person they supported.

Staff told us they received the induction, training and supervision they needed to be able to deliver effective care. We noted that staff were supported to continue their professional development through gaining additional qualifications.

All the people we spoke with gave positive feedback regarding the kind and caring nature of staff. People who used the service told us they were able to make choices about the care they received and staff enabled them to maintain their independence as much as possible.

People told us they had been involved in agreeing their plans of care. They told us staff always provided the care they wanted. We saw that staff had responded appropriately to ensure people's needs were met when any emergency situations had arisen.

People were asked to comment on the service during spot checks conducted by the managers in the service and in the surveys distributed by the provider. We noted that 100% of people who had responded to the most recent survey in September 2015 stated they received the right kind of help, were involved in planning their care and felt their diverse needs were taken into account by the service.

We noted that there was a complaints procedure in place for people to use if they wanted to raise any concerns about the care and support they received. All the people we spoke with told us they considered their views would be listened to and any complaints taken seriously.

There were a number of quality assurance systems in place to help drive forward improvements in the service. Staff told us they enjoyed working in the service and considered they provided a high quality of care. The local authority quality assurance team told us that their most recent quality assurance visit had found that the care provided by Nightingales Home Care was of a good standard.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements needed to be made to the recruitment process to ensure people were protected from the risk of unsuitable staff. People who used the service told us staff always visited promptly and remained for the correct amount of time.

People told us they had no concerns regarding their safety when staff provided them with care and support.

People told us they were supported by staff to take their medicines as prescribed. However one of the MAR charts we reviewed contained inaccurate information.

### Is the service effective?

Good 

The service was effective.

Staff received the supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff told us how they supported people to make their own decisions and choices.

Where necessary people received the support they required to help ensure their health and nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

People who used the service told us staff were always kind and caring. They told us that staff would support them to be as independent as possible.

We saw that people who used the service had been involved in agreeing their plans of care. Their wishes and preferences were taken into account.

### Is the service responsive?

Good 

The service was responsive.

People told us they had control over the service they received. Record showed that staff had responded appropriately to any emergency situations which had arisen.

There was a complaints procedure in place to enable people to raise any concerns. People were confident that they would be listened to and action taken to resolve any problems they had.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were asked their opinions in surveys and spot checks. This gave people the opportunity to say how they wanted their care and support to be provided.

There were systems in place to monitor the quality of care and service provision at this care agency.

# Nightingales Home Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

In accordance with our guidance we gave the provider 24 hours' notice that we were undertaking this inspection; this was to ensure someone was in the office to meet us. This announced inspection took place on the 8 and 9 March 2016 and was carried out by one adult social care inspector.

Before this inspection we reviewed previous inspection reports and notifications the provider had made to us. We also contacted the local authority contract monitoring team to request information they held about the service.

During the inspection we spoke by telephone with three people who used the service and two relatives. We also spoke with the registered manager, the office manager who had responsibility for the day to day running of the service and three members of care staff.

We looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included recruitment and training records, quality assurance audits, and policies and procedures.

# Is the service safe?

## Our findings

People we spoke with who used the service told us they always felt safe when staff visited them. One person commented, "Staff really look after me." Another person told us, "I definitely feel safe with the girls who support me." Both of the relatives we spoke with told us they had no concerns regarding the safety of their family member when they received care from the service.

We looked at the systems in place to ensure staff were safely recruited. When we reviewed the provider's recruitment policy we noted it did not include the requirements of our current regulations to ensure individuals recruited were suitable to work with vulnerable people. This was because it did not make clear that additional checks were required when prospective staff had worked previously with vulnerable adults or children; these checks should include why a person's employment with these vulnerable groups had ended. This meant the provider had not taken the necessary action to complete these required checks. On the second day of the inspection the registered manager showed us a copy of the recruitment policy which had been updated to reflect the requirements of the current regulations.

We reviewed the personnel files for the six care staff employed in the service. We noted that five of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity. However, we found there were no references on one of the personnel files. The registered manager told us they had taken up references for the person concerned but they were unable to show us evidence of these during the inspection.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including the out of hours on call manager, to discuss any safeguarding concerns. Staff told us they would feel confident to report any poor practice they observed using the whistle blowing policy. However, on the first day of the inspection we noted this policy did not advise staff that they could contact the Care Quality Commission if their concerns were not taken seriously or acted upon by the provider. On the second day of the inspection the provider showed us an updated copy of the policy which included this information.

We noted that the service operated a 'concerns book'. This was used by staff to record any concerns they might have about a person and to ensure appropriate action was taken to address these concerns, including undertaking additional visits where a person was reported to be unwell or experiencing pain.

People who used the service told us care staff always arrived at the agreed time and remained with them for the correct amount of time. They told us staff did not appear rushed and were always willing to complete

any tasks they requested of them. People told us they always knew which member of staff would be supporting them on each visit.

We reviewed the care records for four people who used the service. We saw that these records included risk assessments which covered nutrition, moving and handling and environmental risks. We noted that all risk assessments had been regularly reviewed.

The registered manager told us that people who used the service were always introduced to staff before they provided personal care to them. We were told that the compatibility of the person who used the service and staff was also considered before they were introduced to ensure they had the best chance of getting along well together.

The registered manager told us that there was a settled staff team in place. We saw on the weekly rotas that we reviewed that each person had a consistent team of staff supporting them. We were told that if one staff member was absent, for example they were going on holiday, then other staff who knew the person well would provide the required cover if at all possible. All the people we spoke with who used the service confirmed that this was the case.

We saw that there was always a member of senior staff on call to respond in the case of an emergency. The service also had a business continuity plan in place to advise staff how to respond if there was an emergency at the service; this included how the service would respond in the event of an IT failure or if bad weather hindered staff's ability to reach people. The registered manager told us that the service had functioned well during a recent heavy snowfall and had managed to ensure all people they supported received the care they needed.

Records we reviewed showed that all staff had completed training in infection control. Personal protective equipment (PPE) was available for staff to wear such as disposable gloves and aprons to carry out personal care tasks. This should help to prevent the spread of infection.

There was a policy and procedure for the administration of medicines which staff were required to follow in order to ensure safe practice. Records we reviewed showed that all staff had received training in the safe administration of medicines. The office manager told us they sometimes observed staff administering medicines during the spot checks they carried out in people's homes, although these observations were not formally recorded. They told us they would amend the spot check form to include this information.

Care records we reviewed included information about the level of support the service provided, if any, to ensure people received their medicines as prescribed. People we spoke with told us, where necessary staff would remind them to take their medicines. One person commented, "They [staff] make sure I take my tablets as I have been known to forget." A relative also told us, "Staff always check to ensure [family member] has taken their medication."

We looked at the medication administration record (MAR) charts for seven people who used the service. We saw that these included administration instructions for staff to follow and all the MAR charts were fully completed. We noted that the written instructions on one of the MAR charts had not been updated to reflect a change in the dose of one medicine a person was prescribed. However, we were able to confirm with staff that the person had received the correct dosage of this medicine as staff told us they always referred to the person's anti-coagulant therapy book before they administered the medicine. We noted that, although senior staff completed regular audits of all MAR charts these had not been sufficiently robust to identify the error we found. The audits were also not completed until MAR charts were returned to the office by staff



which could be at intervals of several weeks. This meant there was a risk it could be some time before any errors on MAR charts were identified and action taken to rectify matters.

We were shown a body map chart which was in the process of being introduced in the service. This provided visual information for staff about where they should apply any creams prescribed for an individual.

## Is the service effective?

### Our findings

People who used the service told us staff knew them well and always provided the care and support they wanted. One person commented, "They [staff] do any little thing I ask them too; nothing is too much trouble." A relative also told us, "Staff know [my family member] well and always provide the support they need."

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.

We checked whether the service was working within the principles of the MCA. We noted that care needs assessments included a capacity assessment. However we discussed with the managers that this did not detail the decision to which it related. The office manager told us it was in relation to people's capacity to consent to their care needs being met by the service and would update the assessment form to make this clear.

Although people in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS), we noted that staff received training in the MCA and DoLS to ensure they were aware of the principles of this legislation. Staff we spoke with were able to tell us how they supported people who used the service to make their own decisions and choices. One staff member told us, "Just because a person has a disability or illness it does not mean they cannot make their own decisions." Another staff member commented, "We always have to adhere to people's wishes." Managers in the service demonstrated an understanding of the action to take to ensure, where individuals were unable to make a particular decision, any action taken was in their best interests.

We looked at the results of the most recent survey distributed by the provider to people who used the service. We saw that 100% of the people who had responded stated that they had choice and control over the service they received.

We noted that there was a stable staff team with most staff members having been employed in the service for a number of years. We spoke with a new staff member. They told us their induction had included information about health and safety, infection control, medication procedures and the process for reporting accidents or incidents. They told us they had also completed several days shadowing more experienced staff before they were asked to work independently. They informed us they considered this had prepared them well for their role in the service.

All the staff we spoke with told us they were able to access relevant training for their role. Records we reviewed showed staff had completed training in safeguarding adults, infection control, food hygiene,

moving and handling and first aid. We saw that staff received regular supervision and an annual appraisal. We noted that during these sessions staff were encouraged to complete training and qualifications to further their learning and development. One staff member told us, "I enjoy going on training and [the office manager] always supports us to do additional courses." Another staff member commented, "They are brilliant in the training they offer." We saw that supervision sessions were also used to remind staff about important policies and procedures including safeguarding and infection control.

People supported by the service lived in their own homes and could therefore eat what they wanted. All the staff were trained in food hygiene and assistance was given to help people shop for food as appropriate. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. We saw evidence that staff had made a referral to a dietician when they had concerns regarding a person's nutritional intake. The records we reviewed showed staff had followed the advice of the dietician who had been very pleased with the progress the person had made.

People told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. A relative told us that staff had taken the time to speak with the district nursing service regarding their family member's needs to ensure that they were offering appropriate support.

## Is the service caring?

### Our findings

All the people we spoke with provided positive feedback about staff in the service. Comments people made to us included, "Staff are kind and treat me with respect", "The girls [staff] are terrific and we get on well" and "I love the staff. They really look after me. They are very kind and have become friends." A relative also commented, "I cannot fault the service. Staff are really good; they are always happy and friendly."

Staff we spoke with demonstrated a commitment to providing high quality care and to promoting people's independence as much as possible. One staff member told us, "I always talk to people as I would like to be spoken to. I always let people do as much as they are able for themselves whilst managing the risks." Another staff member commented, "We provide care which is all about the person and what they want us to do for them."

All the staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. A staff member told us, "It's the little things that matter and make a big difference to people. It's respecting people in their own homes. You treat people how you would like to be cared for." This was confirmed by a person who used the service who told us, "[Staff] do little bits of things for me; they are spot on."

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. We also saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

We saw that the service had received two recent 'thank you' cards from relatives of people who had used the service. One family had commented, "We are most grateful for the many days of kindness that you and your staff have shown to [our relative] for almost three years."

We looked at the results of the most recent satisfaction survey distributed in September 2015 by the provider to people who used the service. We noted that replies had been received from 24 of the 27 people to whom the survey was distributed. We saw that 100% of the people who had responded stated that staff always treated them with dignity and respect.

All of the people we spoke with told us they would recommend the service to other people without any hesitation.

## Is the service responsive?

### Our findings

The care records we reviewed showed that when a referral was received the office manager completed a needs assessment and care plan with the person concerned. We saw that people had signed their care plan to indicate their agreement to its contents. The local authority also supplied details about a person's assessed needs where appropriate. This assessment process helped to ensure the service was able to meet people's needs.

Staff told us that whenever a new referral was accepted by the service the office manager would discuss the care plan with all the staff who would be supporting the person concerned. Staff told us they would regularly refer to care plans and the communication books kept in people's homes to ensure they were up to date with any changes in a person's needs. They also told us that the office manager or senior carer would always phone them in advance of any changes in a person's care plan.

Care records we reviewed contained information about people's health and social care needs. We saw that a system was in place to review and update people's care plans should any changes occur.

All the people we spoke with told us they were aware of their care plan and were able to make any changes they wanted to the support they received. Comments people made to us included, "I agreed my care plan and know I can make any changes I want", "I'm always involved in deciding the care I receive", "I know I can ring up and make changes to the times staff come to see me" and "I tell the girls [staff] what I want them to do for me."

Records we reviewed showed the staff team had been responsive to any emergency situations which had arisen; this included providing emergency overnight care to a person whose usual care arrangements had broken down.

We reviewed the responses to the most recent survey the provider had distributed to people who used the service. We noted that 100% of people who had responded stated they received the right kind of help, were involved in planning their care and felt their diverse needs were taken into account by the service.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints log and saw evidence that, where a complaint had been received, the registered manager had conducted an investigation and reported the outcome to the complainant. We noted there had not been any complaints received at the service since 2014.

All the people we spoke with who used the service told us they would be happy to raise any complaints or concerns they might have with the care staff or office manager. They told us they were sure any concerns would be listened to and taken seriously. A relative also commented, "If there are ever any problems the staff ring me right away. I would speak to the manager if I had a complaint and feel they would listen to me."

## Is the service well-led?

### Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. However the registered manager told us that they mainly undertook 'back office' functions in relation to the management of the service such as producing invoices and managing human resources systems. They were therefore supported by an office manager in the day to day running of the service. This person had relevant qualifications in health and social care to help ensure they were able to effectively carry out their role in the organisation.

Although none of the people we spoke with who used the service were aware of the identity of the registered manager, they told us the office manager was approachable and always responded to any contact they made with the service. We therefore discussed with the registered manager whether it would be more appropriate for the office manager to apply to CQC to register as manager for the service. The registered manager told us they had already considered this and would discuss the process further with the office manager.

We asked the registered manager about the key achievements of the service since the last inspection in 2014. They told us they were proud of the fact that they had maintained a consistent staff team and had delivered a high quality service. They told us this was reflected in the fact that there had been no complaints received in the service over this period.

The registered manager told us their key challenge for the next 12 months was to continue to increase the numbers of people supported by the service. They told us that they mainly relied on 'word of mouth' and recommendations to receive new referrals to the service.

All the staff we spoke with told us the managers in the service were supportive and approachable. They told us they had the opportunity to speak with the registered manager when they visited the office each week to collect their rota. They told us that the registered manager also attended staff meetings held in the service. They told us they were able to use these meetings to discuss any concerns or make suggestions as to how the service might be improved.

We saw that the service had policies and procedures in place to support staff to carry out their roles. A number of quality assurance systems were also in place including spot checks to ensure staff were carrying out their role to a high standard and regular care plan audits. We saw that people who used the service were asked their opinion about the quality of the care they received during these spot checks. We noted that all the responses received had been positive.

We saw that the registered manager had taken action to address any comments made by people who used the service in the regular satisfaction surveys they distributed. This ensured making sure people were made aware of where they could find the complaints procedure for the service should they need to use it. This demonstrated the provider was committed to driving forward improvements in the service.

When we contacted the local authority quality assurance team they told us that their most recent visit had confirmed that the care provided by Nightingales Home Care was of a good standard.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The recruitment processes were not sufficiently robust to protect people who used the service from the risk of unsuitable staff.</p>