

Nightingales Services Limited

39 Wick Farm Road

Inspection report

39 Wick Farm Road
St Lawrence Bay
Southminster
Essex
CM0 7PF

Tel: 01621778874

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

39 Wick Farm Road is a domiciliary care agency providing personal nursing care to 73 people aged 65 and over at the time of the inspection.

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

People told us they felt very safe with the staff that supported them. People told us they were supported by regular staff, who arrived on time and stayed for the duration. Medicine were given at the right time and in the right way. Staff had a good supply of personal protective equipment (PPE) and used this when supporting people. Specific risk assessments relating to COVID-19 had not been carried out on staff or with people. We have made a recommendation about how risk posed by COVID-19 is assessed.

Staff have been given the correct training and received regular supervision by the registered manager. New employees were given an induction. People were supported to eat and drink in line with their assessed needs and assisted to attend health appointments if this was needed.

The registered manager had made number of changes since the last inspection, they had implemented new policies and procedures, new electronic recording systems and new quality improvement audits and spot checks. Staff spoke positively about these changes and said it benefited them in their role. Management roles were clearly defined and surveys to obtain people's views of the service had been completed with positive feedback received.

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.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 5 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on (published 5 June 2019). Breaches of legal requirements were found. The

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 39 Wick Farm Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection priorities.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

39 Wick Farm Road

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 two inspectors 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 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. The inspection activity started on 26 April 2021. We visited the office location on 6 May 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and ten relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the registered manager did not have robust systems in place to manage and monitor people's medicine in a safe and effective way. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, the registered manager had put systems in place to ensure people's medicines were given safely. Medication Administration Records (MARs) were in place and the registered manager carried out audits to check people were getting their medicine correctly.
- People received their medicine in the right time and in the right way. One person said, "They do give me medicine. There have been no problems."
- Staff had been trained and assessed as competent to support people with their medicine. One staff member said, "The MARs are on the electronic device, and when I give the medicine, I complete this. I have had medicine training and the senior has carried out a competency check."

Systems and processes to safeguard people from the risk of abuse

At our last inspection, there was an increased risk that people could be at risk of abuse. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes were in place to safeguard people from the risk of abuse.
- People told us they felt safe with the staff that supported them. One person said, "Yes I feel safe. I usually get the same carers, which is good."
- Staff had been trained and understood, how to recognise any occurrences of abuse. One staff member said, "I have had safeguarding training. I couldn't start in the job without having done this training. If I had any concerns, I would raise it with the office, or social services or the police. But I know I wouldn't need to because I totally trust the office to deal with it properly."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and

welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place, which provided information for staff to understand how to support people safely. Information contained explanations of the control measures for staff to follow to keep people safe.
- The registered manager had assessed the risk to delivering various aspects of care. Such as, catheter care, moving and handling, falls and eating and drinking.
- When staff supported people to move and position, after the staff member had completed their training, the registered manager had carried out an assessment to make sure they were competent.

Staffing and recruitment

- People told us staff arrived on time and stayed for the duration. One person said, "All the carers at Nightingales gave excellent care and support by not only caring for my dad's needs but also taking the time to talk to him. Nightingales never missed a call and were always around the times agreed." Another person said, "It is excellent. If they are any changes and it is going to be different, they tell me before hand."
- Staff were grouped together to work in small geographical patches and were given consistent rotas. One staff member explained, "The staff have very caring attitudes with people, and the people we support stays the same so you can get to know people really well. For example, you know if someone is unwell because you have got to know them. They keep the rotas the same, which keeps the continuity, which is really important."
- Systems were in place which monitored when someone had experienced a late or missed visit.
- The registered manager had carried out recruitment checks. They obtained references and completed a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

Preventing and controlling infection

- People were protected from the risk of infection. Regular COVID-19 testing were being carried out and staff had been given infection control training.
- Staff had been given personal protective equipment (PPE) to use. For example, disposable gloves and aprons.
- People told us staff used PPE when they were providing personal care. One person said, "They always wear aprons, masks and gloves."
- Staff told us they had a good supply of PPE. One staff member said, "I have everything I need. More than enough masks, aprons and shields. I was asked if I wanted to work, we are always given this option. I have always been given options and choice. They look after you here."
- The registered manager had not always recorded when they had completed a risk assessment relating to COVID-19.

We recommend the registered provider completes a risk assessment for each person and staff member.

Learning lessons when things go wrong

- Staff told us the registered provider supported them to reflect on areas that needed improvement, during staff meetings and virtual meetings.
- After the last inspection the registered manager had considered which areas of the service needed to improve and made changes to the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At our last inspection, the registered manager and staff were unclear about how the MCA should be applied in practice. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff and the registered manager had been trained in the principles of the MCA and could explain how this was applied in practice.
- Everyone we spoke with said the care provided to them was consensual. Signed consent was obtained when care had commenced and when people held either Enduring or Lasting Power of Attorney (EPA or LPA) copies of these documents had been retained within the care plan.
- Care plans explored if people lacked capacity or how this may affect their day to day lives and decision making.

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

- Everyone said an assessment had been completed with them when their care had started. Initial assessments which considered a wide range of topic relating to people needs and choices were carried out and retained in the care plan.
- People told us the registered manager and staff knew them well, carried out their wishes and asked them

about how their care and support should be delivered.

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

- At the time of the inspection, the registered manager told us no one was being supported with a textured diet.
- People were supported to eat and drink in line with their assessed needs. One relative said, "They give [Name] a variety. They eat mostly with a fork and doesn't wear their dentures [by choice] so the staff cut up the food for them."

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

- People were supported to access health services, if this was needed. One person said, "If either of us have an appointment they will take us like the dentist or doctor, and if the carer can't do it, they will arrange cover to take us."
- The registered provider had been taking part in a pilot scheme, put in place by the local authority. The scheme aims to train staff to deliver additional care tasks. At the time of the inspection, the registered provider had three people who were in the process of receiving additional training but had yet to be signed off as competent to carry out the additional delegated duties.
- Staff worked with health and social care professionals to promote people's health and wellbeing.

Staff support: induction, training, skills and experience

- People said staff understood their needs and had the knowledge and skills to care for them effectively. One person said, "Yes, the staff are trained, and they do the whole job very well."
- Newly appointed staff completed an induction which covered a variety of areas and progressed on to the Care Certificate. The Care Certificate is an agreed set of standards people who work in social care need to understand.
- Staff told us they were well supported. The registered manager carried out regular supervision and spot checks.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection people were at risk of receiving poor quality care because governance checks had not been carried out and did not identify the issues which could potentially put people at increased risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, governance systems and checks had been put in place which monitored the quality of the service people received. For example, the registered manager monitored the service by carrying out a range of audits and spot checks. If an improvement had been highlighted changes had been made.
- The registered manager proactively looked for ways the service could be improved. Staff told us the changes that had been made since the last inspection had improved the service.
- Since the last inspection, the registered provider had invested in an electronic system. Staff told us this had been a positive improvement. One staff member said, "It is all on the phone. It is so much quicker and better. The rota comes through. It is excellent."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People told us they were supported by a company they would recommend to their friends and family. One person said, "I can't fault them. The staff show true empathy. If there is a problem they will always pop over. I rate them really highly."
- The registered manager had considered the impact travelling was having on the environment. They kept rotas local and encouraged staff to cycle. One staff member said, "I ride a bike, so they have given me an electric bike to help me. They really have been so good, and it is not just me, they have brought them for other staff as well."

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

- People told us the registered manager was responsive to their needs. A person said, "Everything is good about them. They are very kind and helpful."
- The registered manager and deputy manager were described by staff as being open and approachable.
- Since the last inspection, people's care had been reviewed, including their protected characteristics.

Continuous learning and improving care

- The deputy manager spoke passionately about keeping the service moving forward. They said, "At the last inspection, we lacked with our paperwork, but we have great staff. We have done a lot of work and put plans in place to make sure the service is continuously improved."
- A new way of collecting feedback about the service had been introduced. The new survey asked questions about the five key questions. Some feedback rated the service as outstanding. A relative said, "The company is very well organised, a really, really good company."
- The register manager obtained feedback about the service from people, staff and professionals' and used this to make improvements to the service. One person described the service as being, "Very efficient and friendly, and I couldn't speak highly of them enough."