Nightingales (Purbeck) Limited

Nightingales Home Care Service

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

This inspection was announced and took place on 27 October2016. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 5 February 2014. No concerns were identified with the care being provided to people at that inspection.

Nightingales Home Care Service is a domiciliary care provider in Swanage, Dorset. Nightingales Home Care provides support to people in their own homes. Nightingales provides help with personal care and domestic tasks. At the time of the inspection they were providing personal care and support for 44 people in their own homes.

There is 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 provider of the service was a partnership where one partner was the registered manager with overall responsibility for the service. The partners worked together to co-ordinate the day-to-day running of the service. They worked together when recruiting new staff and making decisions about taking on new work.

People and their relatives were very complimentary about the quality of the service provided and of the management and staff team. They felt the care was exceptionally good. One person told us, "My carer is excellent I look forward to them coming, and I have never been so happy since using Nightingales". A relative said, "I would comment that the Nightingales standards of care and service is of a very high quality".

The provider had a clear vision, which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

People had positive relationships with the staff members who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People had their privacy and dignity respected and information personal to them was treated in confidence.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Risk assessments included the risks associated with people's homes and risks to the person using the service. Staff had access to care plans and risk assessments and were aware of how to protect people from risks of harm associated with their care.

The agency had a recruitment procedure that ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them. One member of staff told us, "My recent training really made me think how important it is to stay updated with training. I recently completed safeguarding refresher training, it really opened my eyes to the different kinds of abuse there are today.

People received help with their medicines from staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

There were systems in place to monitor the quality of the service and plan on-going improvements.

The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided. People using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were staff recruitment procedures which helped to reduce the risk of abuse

Is the service effective?

Good

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Good

The service was caring

The registered manager and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

Relatives felt staff went the extra mile to provide compassionate and enabling care.

People were supported by a small team of staff who they were able to build trusting relationships with.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

Nightingales Home Care Service

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.

This inspection took place on 27 October 2016. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector and one expert by experience.

We looked at previous inspection reports and other information we held about the service before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received.

During the inspection we met and visited four people in their own homes and spoke with one relative. We contacted people who were using the service by telephone to discuss their experience of using the service.

We also spoke with one health professional who was regularly involved in supporting people who used the service. We looked at the care records of four people who used the service and recruitment records for four staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted their care staff. Comments included, "Yes I feel very safe in my home with the carers coming to help me" and "One of the best for getting to me on time" and "I feel safe they always call out and let me know they are here". Relatives we spoke with told us they felt their family members were well protected and that staff were aware of the potential for abuse and were vigilant.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. An initial assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. The risk assessments were extensive and included accessing the home, people's possible illness and behaviour and infection control. For example people who were at risk of falling had additional measures such as electronic alarm to summon support when alone. One person told us the staff always made sure they had their alarm pendant on and locked the door when they left to ensure their safety. One relative told us, "Staff are aware of the risk of supporting my [relative] and how support needs vary on a day to day basis. They adjust their practice in line with the risk that day". The person's care plan informed staff how to support the person in line with the risk assessments.

Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. A senior carer who had the responsibility of updating care plans told us, "It works as we are office based but also responsible for looking at people's associated risks when supporting them with care. We also help out with people's care on a regular basis so can identify any risks and amend the assessments as required". They explained when needs changed care plans and risk assessments were updated with immediate effect. This meant other care staff who would be visiting the person would know immediately of any changes affecting their care. We saw care plans had been up-dated following changes in people needs.

Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member gave an example of how a person had wanted to give them some money. They explained how they had managed the situation and involved the registered manager to protect themselves and the person. This showed staff were aware of their professional boundaries and what action to take in such instances.

The provider's safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised the service worked with the local authority and multi-disciplinary teams to keep people safe. One professional told us the service, "Was good at keeping communication open with them". People, their relatives and staff were all given information which signposted them to the relevant emergency services if they felt someone was at immediate harm or risk. This was within the client information file which each person received as part of their welcome pack.

Staff members told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff members described the appropriate checks that would be undertaken before they could start working.

These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw records where these checks had been completed and recorded.

People told us they were supported by enough staff to meet their needs. People told us they received a rota each week telling them who was supporting them and confirming the time of the support. One person said, "They are fantastic and always arrive on time. The carers make me feel very safe when supporting me with my personal care. I can't speak highly enough of all of them". Another person told us "They are so reliable we know all the girls. They make me feel safe when helping me so that makes me relax". A relative told us. "Very reliable, always here when they should be". Staff told us they were happy with their rota and always knew where they were going, one member of staff said "I feel very supported to do my job safely". The service had systems in place to ensure people were always supported by regular staff. An on-call system meant staff sickness did not impact on people's care. For example the provider told us if a staff member called in sick they or one of the administrators would complete the visits. This meant people were kept safe by receiving support when it was scheduled. One of the providers told us there were procedures in place to ensure people's care was not affected by periods of adverse weather.

Staff had received training on how to support people to manage their medicines. One person told us, "I told one of the girls I had missed taking one of my tablets, they were very good and suggested ways of helping me. So now they help and have put systems in place so I don't forget". Another person told us, "They always sort my medicines out when they come in the morning before my breakfast, if I need to see a nurse or doctor the girls sort it out for me". One professional told us, "It is a fantastic care company, if we leave instructions they are followed. We always get brilliant feedback and know, if it is the Nightingale team, people are safe and well looked after."

Where staff administered medicine this was done from blister packs prepared by a pharmacist and the person's medication administration record (MAR) chart was completed and signed by staff. Where people needed support with prescribed creams, records showed the creams had been applied consistently. The majority of people required only prompting and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed making it easier for other carers or visitors to see if the person had taken their medicines. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "Everything is as it should be". One relative told us, "I would comment that the Nightingales standard of care and service is of a very high quality".

People we spoke with felt they received support from familiar and consistent care workers. They would all recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support people needed. They stayed the agreed length of time and helped people to be as independent as possible. One person told us, "I have a carer who is my main carer they come four to five times a week". They went on to tell us they felt supported. They said, "I have been with other agencies and didn't like getting different carers every day. That doesn't happen with this agency, I see my main carer and others but know them all".

Staff told us and records showed staff received annual appraisals. However supervisions were linked to weekly informal contact with the registered manager and senior administrators. Following the inspection the registered manager told us they had implemented changes with immediate effect to ensure all staff received quarterly supervisions. Staff told us they were able to discuss any concerns with the registered manager or administrators when they called into the office to collect their weekly rota. Staff told us there was always someone available for advice. A member of staff gave an example of being able to speak with the registered manager who was an ex nurse they said, "Only yesterday I wanted to pick their brain for some advice, it's always good". They explained it was, "Important to be able to discuss issues with the management team regarding people's changes in need".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. One of the providers told us they had not had any recent new staff join the agency, however all new staff would complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers. New staff were introduced to clients by a senior carer or administrator and were not permitted to work alone until their competence had been assessed and signed off by the registered manager.

Staff told us they received the training they needed to meet people's specific needs. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date. The registered manager told us, "We have an on-going staff development programme in place.12 of 17 staff hold NVQ/QCF at level 2 or 3". National Vocational Qualifications (NVQ) is a work based qualification which recognises the skills and knowledge a person needs to do a job. The Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National Qualification Framework (NQF). The registered manager told us they were continuing to work on their staff development programme to ensure 100% staff remain compliance in service specific training.

Staff talked positively about their training opportunities, one member of staff told us, "We do get training but feel we could do with more, things change all the time in the caring world". Another member of staff told us. "My recent training really made me think how important it is to stay updated with training. I recently completed safeguarding refresher training, it really opened my eyes to the different kinds of abuse there are today".

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. The registered manager and senior administrators had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

People only received care with their consent. Care plans contained copies of up to date consent records, which had been signed by the person receiving care or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before they carried out any care and they had choice in how their care was delivered. Staff were clear about the rights of the people they supported.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to domiciliary care services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The provider was not currently providing support to anyone who was subject to a Court of Protection assessment.

People were supported to see health care professionals according to their individual needs. One professional told us links with the agency were good and the staff always made contact if they were worried or felt someone needed support.

Good

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. People used a range of words to describe those who supported them including, lovely, kind, respectful and caring. One person said, "My carer is excellent I look forward to them coming, and I have never been so happy since using Nightingales". They explained it did not matter if their regular care worker was away as all of the staff were very good and they had been introduced to them all. They told us, "I know them all [care staff] we are like a little family". We found the registered manager and staff were committed to a person centred culture which put people at the centre of their support. For example the administrator told us if someone did not "Hit it off" with a member of staff they would not send that member of staff into them.

People's personal histories, likes, dislikes and things that mattered to them were known by staff members supporting them. One staff member told us, "People we support really matter to us, this is a small community and we are all local girls who care". One relative said, "The staff go above and beyond what is expected of them. Nothing is too much trouble, they don't rush off they always have time to give". One person who used the service told us, "They [staff] make life easy for us, they help out when they are not even on duty. As an example, they said if a member of their care team knew they needed something at the shops they would make time to go and get it. Similarly they would put the washing on the line if needed. They said "It is the little extras they do without even being asked". Another person said, "They [staff] go the extra mile they do things and offer to do my shopping which is not part of my package, if they have completed their tasks they don't rush off they will have a cup of tea and chat".

People commented on the consistency of the staff team. Everybody told us they had a team of staff whom they knew and could rely on. All members of staff spoken with showed a caring nature and spoke a great deal about their work and the pleasure they get from supporting people and working for the service. One member of staff told us about how they met individual needs and tried to keep people as independent as possible. For example, supporting a person whose eye sight was, "not as it used to be". They explained they supported them by reading to them or describing what the garden looked like, as these had been previous hobbies of the person. Or taking some fish and chips around to someone who had not been eating so well. They said, "The client really enjoyed them".

One of the providers told us, "We are a small local company, we see people every day and they see and know us all". One person told us, "These carers are top of the bunch and I have had experience of bad care". A senior member of staff told us, "We know we are good and we all care, it works because we are a great team with the right attitude". Another person told us, "You have to wait to get in with this company as they are so good everyone wants to receive a service from them". A relative described the agency as "outstanding, absolutely reliable. They go that extra mile." The registered manager stated in their PIR "When we recruit new carers, we look for a person who is kind, compassionate and shows respect for others, has initiative and has previous experience in the care sector. Our ethos is one of honesty, openness, compassion, caring attitude, trustworthiness and integrity".

During our visits to people's homes we observed staff were very caring and compassionate. We did not observe personal care being carried out. However we did observe all the staff were respectful and ensured the person was given choice to talk with us alone or with staff support. They asked if there was anything they needed whilst they were there, even though it was not a scheduled visit. Staff always called out their name and knocked before entering a person's home. People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice.

The providers kept a record of all the compliments they received. Comments included, "Very many thanks for all your kindness and patience shown to our mum". "To all the wonderful Nightingale ladies, thank you for all you do." "Thank you for the exceptional service you have provided over many years. Skills, sensitivity, reliability, and going the extra mile. Our lives have been enriched as well as made easier".

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. People and their relatives had recently completed a survey asking them to rate the service. The survey also asked how likely they would be to recommend the service. The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided. People said they would be highly likely to recommend the service.

The registered manager told us in their PIR, "Following feedback from clients, we plan to introduce a visiting service to people who feel socially isolated. We plan to do this within the next 3 months. We shall introduce this through our new newsletter and in this way identify anyone who would like this service. For any clients who feel they would prefer someone other than Nightingales, we shall aim to introduce other links within the community such as the church Link, local day centre and disabled club. We shall re launch an updated web site within 3 months".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People were able to choose how much support they required and when it was delivered. One person said, "Carers stay the correct amount of time and are usually on time". Another person told us when asked if the service was responsive, "Yes brilliant" They described how the agency worked with people's family, friends and other health professionals in the care planning process.

Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. The assessments gave details about the assistance the person required and how and when they wished to be supported. An administrator told us, "We try our very best to work with people and then gear their support around them". The registered manager said "We have two administrators who undertake the initial assessments together with the client and family if they so wish. In this way, a client is involved in the development of their care plan". They told us they aimed to provide a meaningful and inclusive assessment of people's needs, preferences and choices.

Care plans were based on people's assessed needs, and gave staff the information they needed to provide people with care and support in accordance with their needs and preferences. One person told us, they received an initial visit and were able to tell the carers, "Just how I wanted to be supported. I have a book and the carers write in it every visit. It is always true". Administrators carried out monitoring visits to observe care delivery and liaise with people and their families regarding any change in need. The registered manager told us any changes and outcomes were communicated to staff at the weekly office meeting, in their newsletter and by phone or secure text messaging. They told us they supported people to be as independent as possible and to have as much control of their lives as they wished.

People had care plans which were personalised to them. Information contained in the care and support plans detailed what support people wanted from staff. Daily visit records showed staff had carried out the care and support in line with people's care plans. Staff told us they felt the information available regarding people's needs were good. One member of staff said, "We always get a weekly sheet given and can always ring a member of the management team or another carer for advice. Today I have received a text message to remind me to ask a client if they have brought their washing in as it will be dark when I arrive".

People and relatives we spoke with told us that they had information about the complaints procedure. They said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. However people told us they were happy with the service they received and had no complaints. One person told us I would recommend this agency, they said, "I can't praise them enough or fault them". They told us they had recently completed a survey and had praised the agency and felt extremely happy and satisfied. Another person told us, "The carers were coming a little early for me, so I mentioned it. They worked it out for me and now come later in the mornings so I get a little lie in".

The registered manager sought people's feedback and took action to address issues in a timely manner, for example they told us within their PIR, "Clients and their families may contact us at any time to voice

concerns or requests, by email, phone or in writing. All concerns are dealt with promptly and 100% of clients have said that concerns and problems are dealt with to their satisfaction. We have a complaints procedure included in the client information brochure and state complaints would be dealt with within a time frame of 21 working days." There were no formal complaints in the past 12 months.

Good

Is the service well-led?

Our findings

There was a management structure which provided clear lines of responsibility and accountability. The providers of the service were a partnership where one partner was the registered manager. Both partners had overall responsibility for the service. The partners worked together to co-ordinate the day-to-day running of the service such as completing the staff rosters and speaking with people and staff. They worked together when recruiting new staff and making decisions about taking on new work. The office administration team planned visits to make sure staff arrived to each person at the agreed time, they were also part of the care team. Staff told us they had enough time to travel and complete their duties. The provider also helped out as part of the care team, they told us this ensured they met people using the service on a regular basis.

People told us they felt involved and informed about the service they received. People knew who the management team were and how to contact them should they need to. People felt confident and able to contact the management team or any one at the office for support if they wanted. Throughout the conversations we had with people regular reference was made to the management and administration team and how supportive and approachable they were.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The registered manager discussed the aims, ethos and vision of the service. They told us, "At Nightingales, we believe that a good service is based on the quality of the staff and their attitudes towards their work and role within the organisation. Nightingale is a small agency and we try to provide a flexible service. A key factor is all our staff are local girls who care, the clients know us well and we know them well. We keep small and know what is going on. We value our local links and aim to continue to offer a personal and supportive service to our clients and their families. We aim to support and develop our staff who have been loyal to us over the past years". They told us they would continue to research and develop best practice through Skills for Care, the internet and links with other providers and health professionals.

Staff members felt valued and supported by the providers. They understood what was expected of them and were aware of guidelines and procedures informing their practice. For example, respect, openness, compassion, trustworthiness and integrity. Staff told us the provider's management team were very accessible, approachable and supportive. Staff told us there was good communication, good pre planning and assessments and care planning, which made them feel very well supported. Records showed staff members were experienced and long serving members of staff.

From our observations and discussions with people who used the service, their visitors and staff, it was apparent that the provider's ethos and vision for the service had been adopted by staff. Comments included, "We will do that extra little bit, I really do the best I can for everyone." "We are punctual and phone the office to tell the person if there is a problem and we are going to be late", "We try to be professional and also a

friend in a professional way. We keep to our guidelines". "In a nutshell we are trying to deliver care and to help people to stay in their homes as long as possible and to stay as independent as long as they can. We deliver care in a manner that is dignified and compassionate and caring".

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Staff received weekly monitoring by the management team. Staff members said they attended weekly meetings as well as regular team meetings where they were able share information and openly discuss any issues concerns or compliments. The registered manager told us they had been using the weekly team meeting as supervision for staff, however following the inspection they planned to ensure all staff members received periodic individual supervision every three months. People told us the registered manager often came to support them and checked their care and daily records. This meant the registered manager was able to monitor the service people were being provided with on a regular basis.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People were kept informed about any development within the service by regular contact with the management team. An administrator told us, "Communication is good, when people ring to tell us something, the carer will have already passed the information to us". One professional we spoke with felt communication within the service was, "Excellent".

The registered manager kept their knowledge up to date by attending 'Partners in Care' meetings. The meetings provide learning hubs for providers on a regular basis, they are an opportunity for local managers to meet to share good practice. Workshops were arranged around the Care Certificate, Mental Capacity Act, DoLs, CQC requirements and related subjects. The registered manager had enrolled to become an 'I care' ambassador. This is a scheme that is run through the Partners in Care to inform and encourage school leavers, job seekers and others to consider a career in adult social care.

As far as we are aware the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.