

Nightingale Homecare Norfolk Ltd

Nightingale Homecare Norfolk

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

Nightingale Homecare provides personal care for people in their own homes. At the time of our inspection, 61 people were using the service. This was a first comprehensive ratings inspection of this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Staff had assessed risks to individuals and mitigated them appropriately. Staff were aware of safeguarding procedures and knew how to report any concerns they had. There were enough staff and people's visits were always covered. Staff were recruited safely.

Staff supported people safely to take their medicines and the records were clear. Where needed, staff provided prompting for people to take their own medicines.

People received a high standard of care from trained staff. Staff received supervisions regularly and felt supported at work. They sought consent before delivering care and were aware of individual's mental capacity to make decisions. Staff supported people to access healthcare services when required.

Staff supported people with their meals when they needed, and encouraged people to drink enough. These needs were also specified in people's care plans.

People were cared for by staff who knew them well and communicated effectively with them. Staff went above their expected duties to ensure that people maintained as much comfort and well-being as possible. People were involved and consulted about their care, and their independence, privacy and dignity was promoted.

People received individualised care according to their own needs, and when they changed, staff responded and were flexible. People were asked for their feedback on the service they received and knew how to raise a concern and who to, if they needed to.

The service had a positive staff team, and good leadership was in place. There were systems in place to ensure that high quality care was delivered continuously and any potential problems would be identified in a timely manner.

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.

Staff knew about safeguarding procedures. Risks to individuals were assessed and managed safely.

People received support with medicines safely if they required it.

There were enough staff to support people and they were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff received effective training and were competent in delivering care to people. The induction process was robust and staff received supervision and support.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent and were aware of their capacity to make decisions.

Is the service caring?

Good ●

The service was caring.

Staff were passionate about delivering a high standard of compassionate care to people. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care and their views were acted upon.

Is the service responsive?

Good ●

The service was responsive.

Staff were flexible when people's needs changed and responded effectively. They met people's preferences when providing care.

There were clear plans for people's care with guidance for staff on how to meet people's needs.

People and their families were confident to raise any concerns should they have any, and knew who to contact.

Is the service well-led?

Good ●

The service was well-led.

There was good leadership in place. The registered manager was supportive to staff and there was high morale. The staff worked effectively as a team.

There were systems in place to assess, evaluate and improve the service.

Nightingale Homecare Norfolk

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 checked 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 22 March and was announced. As the service operates from an office we needed to be sure that the registered manager and office staff would be available to speak with us. The inspection team consisted of one inspector 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. The expert by experience carried out phone calls to people prior to our office visit, and the inspector visited the offices, and also carried out phone calls to people and their relatives.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This 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.

During the inspection, we spoke with seven people and six relatives. We also spoke with eight members of staff including the registered manager, five care staff and a team leader, and the training manager. The regional manager and the director of the organisation were also present during the inspection. We checked four people's care records and five medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Is the service safe?

Our findings

All of the people we spoke with said that they felt safe with the staff from Nightingale, one saying, "I feel very safe with them [staff]." All of the staff we spoke with understood what different types of abuse there were, and how they would report any concerns. They were also aware of who they could report any concerns to outside of the organisation should they need to. We saw that they had received training in this area.

Four relatives we spoke with told us that staff supported their family members to move using equipment, and they told us this was always done safely and professionally. A staff member visited the home of a new service user to carry out an in-depth risk assessment which covered areas specific to the individual. Risk assessments covered the environment within people's own homes, and any associated risks and how to mitigate them. They also covered risks associated with individual's care, for example if they required equipment to support them to move around, or if staff assisted with meal preparation. The risk assessment contained summarised information with guidance for staff on how to mitigate risks during their visits.

Where people were at risk of developing a pressure area, staff knew the signs to look out for, for example if someone had reddened skin in an area, which presented an increased risk of pressure areas. They said they would contact the district nursing team straight away if they had any concerns. This meant that people were protected from the risk of developing pressure areas as this could be identified early.

Any accidents or incidents were recorded by the staff member involved, however there had not been any recent accidents or incidents during staff visits. Staff were able to tell us what they would do if they arrived at someone's home and the person had fallen or were unwell.

There was a comprehensive business continuity plan to continue business delivery, which contributed to assuring people's safety in the event of adverse circumstances.

There were enough staff to deliver the service effectively. Everyone we spoke with who used the service told us staff never rushed them and they stayed for their whole visit. At all times there was a member of staff 'on-call' to allow for any last minute changes. Staff we spoke with said they found the on-call system very effective in covering any unexpected changes. One member of staff gave an example of how this worked when they arrived for a visit and found that the person was unwell and required extra time. Another said, "There's always someone on-call if there's any problem." They were then able to stay with the person whilst the office cancelled their other visits and arranged for the on-call care worker to go instead.

The organisation had recruitment systems in place that contributed to keeping people safe. These included checking people's employment history, obtaining references, and checking with the Disclosure and Barring Services (DBS). This meant that only staff deemed suitable to work with the people using the service, were employed.

All staff were trained in administering medicines. Staff assisted some people to take their medicines during visits, and other people were prompted with their medicines. One person said, "I take my own but they

always check I have taken them." Other people said that staff supported them to take them, and others managed their own medicines. We spoke with one relative who told us staff administered their relative's medicines and they said they had never had a problem. Staff were competent to administer medicines if they needed to and all had received training.

We reviewed a sample of people's medicines administration records (MARs) which had been returned from their homes to the office, for those people who staff helped with their medicines. We found that the staff had signed for medicines which had been given. A team leader had checked these records over when they had been returned into the office, and had identified where there had been any gaps, and addressed these appropriately. We found that there were protocols in place for medicines that were given 'as required' (PRN). We found that the records of medicines were audited effectively to ensure staff were signing for medicines and giving reasons if refused.

Is the service effective?

Our findings

One person described the staff as, "Very, very good. Very knowledgeable." A relative said they had, "Absolute confidence in them [staff]. They are very well trained." These comments were further reflected by all of the people and relatives we spoke with.

All of the staff we spoke with said that they received enough training and it was relevant to their role. The organisation's mandatory training included practical first aid and manual handling. We spoke with the trainer, who told us they also went over anything extra with staff if and when they required. Other training which was delivered via DVD and E-learning included dementia and safeguarding, as well as the Mental Capacity Act (MCA).

We spoke with one newer member of staff who told us about their induction. They had not worked in care before, and told us that they felt confident and able to carry out their role effectively once they had undergone induction. They told us that they had shadowed staff, and had only gone out on their own once they felt comfortable to. They said that the whole team was extremely supportive towards them and they felt confident to ask for help if they were unsure about anything. The service had a three month probation period, within which they assessed staff member's performance. Staff felt supported and received supervisions regularly, where they could discuss any problems and their role in general, with a senior member of staff.

The 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 interest and as least restrictive as possible. Staff were able to tell us about individual's mental capacity, for example when people had variable capacity to make daily decisions and how they supported people with these. Relatives and people using the service told us that staff asked for consent before delivering care, and staff we spoke with also reflected that they knew the importance of this.

Staff supported some people with their meals during their visits. One person told us, "I choose what I want for my meals, and they always make me a cup of tea." Staff were able to tell us about different dietary requirements, for example a soft diet or a fork mashable diet, and how they supported people with this when needed. They also explained that when they assisted people to make their meals, they offered choice and made meals accordingly.

Staff also understood the importance of people having enough to drink, and told us they ensured people were left with a drink within reach if they were unable to get their own drink. One member of staff told us how they would spot signs of dehydration and what action they would take to encourage people to drink more.

Where needed, staff ensured they assisted people to access healthcare services. One person told us, "They

take me to the doctor's surgery when I have an appointment." A relative gave us an example of how a staff member supported their relative, following discharge from hospital, to obtain more painkillers as the person had not been able to do this themselves.

Is the service caring?

Our findings

All of the people we spoke with told us that staff were very caring, with a pleasant, compassionate approach. One person said, "They are lovely people...ready and willing to do anything for me." One relative said, "Yes, they have a very good attitude." Another said "[Staff] are very kind. Very good staff. We think the world of them." Another relative said, "They are very good with both of us. I can't hear very well and they are very patient with me." A fourth relative described staff as, "Very compassionate and understanding."

Staff told us how they built trusting and supportive relationships with people, telling us about their preferences and personalities. They demonstrated that they knew people they cared for very well, and were able to tell us about their personalities, families and preferences. A staff member told us, "We're all working for the same cause...respect. Staff always go the extra mile."

People told us that staff had enough time to spend chatting with them and this enhanced their well-being. One person said, "They do all I need. Especially having a cup of tea and a chat with me...that is really good for me." One staff member said, "I've spent extra time after work with people, they love someone to talk to." We found that this approach to the unrushed care and ensuring the time spent with people to interact, was consistent across the staff team, and ingrained in the culture of the organisation.

People told us that staff were very thoughtful and considerate towards them and were able to be flexible. One person said, "They are very considerate. They take me to appointments and also food shopping which is a big help because my family do not live near to me." Another staff member gave an example of when they went to the shops in their own time to get equipment which enabled a person to be more independent with their personal care. This demonstrated to us that not only were staff committed to delivering the care that people needed, they were happy to go the extra mile to ensure their comfort wherever possible. Another relative explained how one staff member went outside their duties to deliver a thoughtful gesture, "[Staff member] cooked her own food especially for [relative] on her birthday." They said they were abroad at the time, and that their relative really appreciated the extra efforts staff went to in ensuring they had a special meal.

The support that staff offered went beyond that of their duties when some people left the organisation. One staff member said, "We'll go out of work time and visit people if they move into a care home." They said people found it reassuring to see a familiar face when they moved, and it helped them settle into their new surroundings. They said, "We do these extras because we really do care about [people]."

A staff member gave an example of how they had looked information up for people on the internet when they were curious to find out about something. This gave them something to give to the person and talk about when they returned, and it was helpful when people were unable to access the internet themselves to find information. The staff member also said they had carried out extra cleaning for people to help them keep their homes how they wanted them. The registered manager ensured a caring, personalised approach to people using the service. For example, sending birthday and Christmas cards to them.

A relative explained to us how staff adapted their communication in order to empower their family member to understand. They said, "[Relative] has dementia and can become confused...they know how to say things in a way that [relative] understands them." One member of staff explained how they communicated effectively with a person living with dementia. This included ensuring that they spoke simply and clearly, and with their face in full view of the person so they had the best chance of understanding. Another staff member explained how they gave choices to people living with dementia, and chose one or two items of clothing for them to choose in the mornings. This also helped people to be involved in their care.

Another relative told us that their family member was not able to communicate verbally, and used signs to communicate. They told us that the staff member who had visited regularly for several years knew exactly how to communicate with their family member. This meant they knew the person extremely well and knew how to communicate with them most effectively, which had taken a period of time to develop. They said the staff member always communicated well with the whole family and had built a trusting relationship with them all, and they valued this greatly. The staff member also knew the person's needs very well and were able to see if there were any changes in the person's wellbeing. This meant that there was a holistic approach to care, where the whole family was involved and all of the needs of the person taken into account. This increased people's wellbeing as they received consistent care from people who knew how to communicate effectively with them so that they express their views easily.

One person told us how they had been involved in changing the care delivered over the years, "I've improved a lot over the years, and been involved in this." They said they had improved their mobility over the year so the support that was needed had altered. They said they had on-going discussions with staff about their needs. They also said, "If I want to make any changes, they're always accommodating." One relative told us, "[Staff] always listen to us. We have discussions about the care." People told us they felt involved in their care and would be able to change anything should they wish to.

Without exception, people told us that staff treated them with dignity and respect. One person told us, "They are ever so polite and very respectful." A relative explained how the staff treated their relative, who was living with dementia, with dignity and respect when they became distressed. They said that staff knew how to reassure their relative and were very effective at communicating with them. One staff member explained how they supported people to maintain privacy as much as possible during personal care.

Staff supported people to keep as much independence as possible, empowering people to do as much as they could for themselves. Two people told us how they made their meals as independently as possible, with staff. One said, "I try to do as much as I can for myself, but they help me when I need it." Another person said that staff were patient when doing their meals with them and respected doing things in the way they wanted. One person told us that staff provided encouragement and reassurance when needed, so that they felt able to do more for themselves when the staff were visiting them. Staff ensured people had items to hand when they were not visiting, so they could maintain their independence with doing what they wanted to do. For example, one staff member explained how they supported someone during their visit to organise their kitchen for baking later in the day, saying, "It has such a sense of achievement." Another staff member told us how they encouraged people to do as much of their personal care as they could and helped them when they required it, and told us they took time over this. They said, "We allow people to maintain their independence. They don't see us rushing." This demonstrated to us that the organisation had an ethos of empowering people, and enabling people to continue to live independently and safely at home, maintaining their preferred lifestyles, wherever possible.

All of the staff we spoke with were passionate about their role and the expectations on them to deliver a high standard of individualised care. All of the staff we spoke with gave examples of when they had gone above

and beyond their duties to enhance people's wellbeing, and were highly motivated to continue this. These examples ranged from popping in outside of visits to people who were on their own, for a chat, to cooking them meals in their own time including at Christmas, and taking people out when not in working hours. The registered manager told us one carer took one person out for a walk in their own time, saying, "[Person] was over the moon!" Another staff member took a person to the theatre. They gave another example of a carer taking another person to the beach in spare time. These examples demonstrated to us that staff cared a great deal about people's well-being and made extra efforts to give people opportunities to interact, engage and encounter enjoyable experiences where possible.

The staff were understanding and compassionate when providing end of life care. They gave us an example of the care and support they gave to one relative of a person receiving end of life care, and how this had supported them with empathy to cope with this. A staff member explained how they supported families emotionally when they were finding their situations difficult. The registered manager told us they were organising for more staff to undertake training in palliative care so that they would be able to support more people at home at the end of their lives.

Is the service responsive?

Our findings

The service was responsive. People told us that staff were flexible and adaptable with regard to any unexpected changes. One person told us, "[Staff] are just led by me." A relative said, "[Staff] are very reliable." One relative also told us how one staff member had altered all of their shifts last minute. This was following a fall that had led to the person becoming injured and acquiring higher care needs. This meant their relative needed 24 hour care following discharge from hospital, and the carer lived in for five days. Another relative told us, "[Relative] has a care plan. Staff do everything she needs doing. It is reviewed regularly." Another relative explained how carers had adapted well to changes in their family member's mobility.

People received the care that they had agreed and planned for. One person confirmed to us that they always received their full hour with the carer, even if they were running late. The people we spoke with also told us that if any of their visits were expected to be a bit late, the office called them to let them know. Where staff found that people's needs changed when they arrived for their visit, they were able to stay on for longer if needed to meet people's requirements and ensure that care was completed. There was a member of staff dedicated to being on-call in the event of changing circumstances, which meant they could go out to people instead if it was needed. This contributed to the service being responsive to changing need.

We looked at four people's care records and found that there was guidance for staff about how to meet their individual needs. We saw that these were reviewed and updated when needed. The care plans included people's preferences where relevant, including with regards to their personal care, and how they preferred to be addressed. They contained people's spiritual needs where relevant. They also included details of extra things carers should do when they visited, for example, for one person, feeding their cat.

Care plans included an 'about me' section, where people and their relatives were invited to tell staff a little about themselves and their history. This page was then included in the care plan to aid carers getting to know people. The staff said they found these useful when people first came to the service, to help them get to know people.

Staff respected people's preferences and choices. For example, one person told us that where they required a female carer, this was provided. Everyone we spoke with said that they were able to alter their visit times if they wished.

The service had recently held a coffee morning for service users, which one person told us they had attended and really enjoyed. Another person said, "I think they are very kind and considerate. They hold open days for people to get together and have a coffee and a chat. I find this very useful and look forward to it. They pick me up and bring me back home. I would recommend them to anyone." One member of staff told us they had also collected another person to come to the coffee morning, and said they "Thoroughly enjoyed it." The registered manager explained how staff had worked together as a team to collect some people in their cars to take them to the event, and they had the opportunity to meet other people using the service and have a chat. The registered manager told us they were planning another one for the summer.

People and their relatives said they felt comfortable to raise any concerns should they have any, to the registered manager or staff visiting them. We looked at any complaints that had been received by the service and found that they had been investigated and resolved appropriately.

Is the service well-led?

Our findings

The people we spoke with were all happy with the service they received, one saying, "I am very happy and grateful for the good care they give me. Everything is going as planned." Another person said, "They are just an excellent service and there is nothing I could think of which they could improve on." A relative said, "They're very efficient. I can't fault them in any way." This was also reflected by two more relatives we spoke with.

One person using the service told us, "They're [office staff] very efficient." Another said, "I think they always answer the phone promptly. They do everything they can to help." People and staff knew who the registered manager was and found the staff in the office to be helpful with any requests.

All of the people and relatives we spoke with confirmed that they knew who was coming to them in advance. One person explained, "They are usually the same [staff members]. Unless someone is off sick or on holiday." A relative confirmed, "We get a list each week. They usually stick to it." The people and relatives we spoke with said that the service was well-organised.

Nightingale had given one person using the service a contact for a local volunteer organisation, which they had benefitted from. The registered manager said they aimed to work more with the organisation in the future in order to develop community engagement within the local area.

There was high morale throughout the staff team. Staff said they felt involved in decisions about their roles and the company. They also told us that if they required support with anything they would not hesitate to ask a colleague. They said that if there were changes during their shift, there was always somebody to step in to cover a visit if needed. The registered manager received support from the regional manager and the director of the organisation.

There was a staff survey in place, and staff also told us they felt able to give their feedback in team meetings and any one to one meetings. They told us they were involved in decisions about the way they worked, and they appreciated this. Whistleblowing was covered in their training and there was an open and honest culture among them. We saw some minutes of recent staff meetings and saw that discussions had taken place about the service and any improvements to work on.

The current registered manager had been in post since March 2016 and registered with CQC in December 2016. They had worked for the company for seven years prior to becoming a manager. The registered manager was aware of what notifications they should send to CQC and other authorities.

There was good leadership in place. One staff member told us, "We're a good team, well-supported." Another said, "We all feel we've got support from each other." Without exception all of the staff we spoke with felt that there was a strong team who worked closely, supporting each other and sharing the same goals to deliver good care. The registered manager said they encouraged staff to get together out of work a few times a year so they could have time to build their relationships as a team.

All of the staff we spoke with felt that the registered manager was highly supportive and was always contactable if staff needed any support or advice. One staff member said, "[Registered manager] listens to us. They're alongside us." The newer member of staff we spoke with felt that they had received excellent support in their induction period, saying, "They [other staff] make me feel welcome and they had so much patience." The registered manager told us they received phone calls out of office hours if staff members were unsure about anything, and they said that they provided reassurance where needed.

The registered manager had carried out spot check supervisions with staff, which meant that they went on a visit with them without pre-warning them. We looked at three records of these and found that they covered aspects of importance. They checked how staff spoke to the person on the visit, whether they respected their privacy and dignity, as well as their appearance and punctuality. This meant that competency checks were carried out on staff so that the registered manager could assure themselves that a high standard of care was being delivered.

One staff member said, "As a company we all strive to be 110%, and I think we do that." The organisation had systems in place to ensure they constantly improved. There were effective quality assurance systems in place which identified any potential concerns. The registered manager carried out weekly business reviews, and the regional manager carried out yearly business compliance reviews. This reviewed any new care packages and staff numbers, and checked needs were being met. The review also included checking staff recruitment files and that staff training was up to date, if there were any new training needs, and CQC notifications.

People were asked for their feedback on the service in a variety of different ways. Office staff carried out monthly phone calls to a sample of service users where they asked them for their feedback. This included visit times and how they found the staff, as well as whether they felt their needs were met. We looked at a sample of these, and found that they were predominantly very positive. Where people said they felt anything could be improved, this had been discussed and resolved with people. The service also sent out yearly surveys to people and their relatives to complete. The registered manager then analysed the responses. We looked at the most recent analysis and a sample of the feedback forms, which were from summer 2016. We found that 58% of service users had filled them out, and again feedback was largely positive, with some neutral responses. The staff we spoke with told us they also informally asked people and their families for feedback during their visits. We saw that the service had received many compliments cards and letters from people and families thanking staff for their good care.