

## Nightingale's Care (Gloucester) Limited

# Nightingales Home Care

### Inspection report

Unit C1, Spinnaker House  
Spinnaker Road, Hempsted  
Gloucester  
Gloucestershire  
GL2 5FD

Tel: 01452310314

Website: [www.homecare.nightingales.co.uk](http://www.homecare.nightingales.co.uk)

Date of inspection visit:

28 June 2016

29 June 2016

Date of publication:

31 August 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection took place on 28 and 29 June 2016. The last inspection took place in May 2013. There were no breaches of regulation at that time.

Nightingale Home Care was established in 1998. Nightingale provides care and support to people in their own homes. The service is registered to provide personal care. At the time of our inspection around 30 people were using the 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 not always safe. Risk assessments were implemented but did not contain sufficient detail to enable staff to manage risk effectively and provide safe care. People were protected from the risk of abuse. Staff had received training around this. There were sufficient numbers of staff to ensure people received the support they required. Where required, medication administration, recording and storage was safe.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA). Where required, people were supported to meet their nutritional needs.

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity. It was evident people were receiving a service which was personalised to their individual needs.

The service was not always responsive. Not all care plans were person centred or contained sufficient detail to provide safe and quality care to people. Care plans were not always reviewed regularly. People informed us they were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were implemented but did not contain sufficient detail to enable staff to manage risk effectively and provide safe care.

People were protected from the risk of abuse. Staff had received training around this. There were sufficient numbers of staff to ensure people received the support they required.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their care.

**Good** ●

### Is the service caring?

The service was caring.

The registered manager and staff were committed to providing good, quality care.

People and where relevant their families were involved in making decisions relating to their care.

People received support from staff who were caring and compassionate.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Not all care plans were person centred or contained sufficient detail to provide safe and quality care to people.

Care plans were not always reviewed regularly.

People informed us they were involved in the planning of their care.

The service listened to the views of people using the service and others and made changes as a result.

### **Is the service well-led?**

The service was well-led

Regular audits of the service were being undertaken.

The registered manager was approachable and provided effective leadership.

Quality and safety monitoring systems were in place and were used to further improve the service.

**Good** ●

# Nightingales Home Care

## Detailed findings

### Background to this inspection

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

This inspection took place on 28 and 29 June 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not request the provider to complete 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 planned to make.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice. You can see their feedback in the main body of the report.

During the inspection we spoke with five people using the service and looked at the records of five people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff and the management team of the service. We spoke with five relatives to obtain their views about the service.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe using the service. People stated "I have received a good service". Another person stated "I feel safe in the presence of the carers. They are good at what they do". One relative stated "They do a good job and provide good care".

Risk assessments associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes were present in the care files but did not contain sufficient detail. For example, risks were identified but there were no clear instructions for staff as to how this would be managed. One person's care file identified they had a sore on their foot and were at risk of further skin breakdown. Their risk assessment stated 'Carers to be aware' but did not contain any further instructions for staff. Another person's risk assessment stated they were unstable on their feet and 'Carers to be aware' but did not contain any further instructions for staff to support this person to minimise the risk of falling. This was consistent across the sample of risk assessments we saw. People's risk assessments were not always reviewed regularly. This meant people with changing levels of risk were not always fully supported to manage these risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider had implemented a procedure to ensure people were protected from abuse and improper treatment. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Staff we spoke with informed us there was an open culture and felt confident reporting concerns to the registered manager. Staff informed us all concerns were taken seriously and prompt action was always taken when concerns were identified. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. Staff worked on a rota basis covering day and evening shifts. The manager also informed us there was an on call system to respond to emergencies and cover staffing shortages. The manager informed us people were given copies of the staff rota so they were aware of who would be supporting them. This was confirmed to us by the people we spoke with. People informed us they would be notified promptly if there were any changes to the staffing rota. The manager also informed us they used a call monitoring system to ensure staff were staying with people for the allocated time.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included a uniform, gloves and aprons. Staff informed us they could obtain this from the agency office.. Staff had been trained in the prevention and control of infection.

## Is the service effective?

### Our findings

People said their needs were met. One person said "The staff are very good at what they do". Another person said "The staff are excellent". Relatives also said the service met people's needs.

Staff had completed an induction when they first started working for Nightingales Home Care. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the management who were always available. The deputy manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files.

The deputy manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

Where required, care records included information about any special arrangements for meal times. People

who had special dietary requirements had their specific needs clearly detailed in their care plans. For example, one person was unable to eat certain types of food and this was clearly reflected in their care files. When speaking with this person, they informed us staff were well aware of their dietary requirements and staff were supportive in enabling them to meet their dietary needs.

## Is the service caring?

### Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate" and "Caring" to describe the staff. Staff were positive about the people they supported. One member of staff stated, "I love working with the people I support". People informed us they were involved in planning their care and support. We saw information about personal preferences, and people's likes and dislikes.

People were involved in planning their care and support. The manager informed us they would meet with each person and their representatives to assess their care needs and develop a care plan before the service commenced. The manager informed us this meeting was also used to get to know people and their personal preferences. People and relatives we spoke with confirmed they had been involved in planning their care.

It was evident from talking with people, the staff had listened to them and had worked hard to provide the level of support required by people. For example, one person informed us staff would discuss their care with them during each call to determine if the person wanted something to be done differently on any particular day. The person informed us this made them confident their care needs would be met according to their preferences on a daily basis.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. For example, care files identified any areas of independence and encouraged staff to promote this. For example, one person was independent in administering their medication but only required prompting by staff to remind them to take their medication. When speaking with staff, they were aware of this person's level of independence and were able to demonstrate how they would support this person to maintain their independence.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff informed us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care. Staff informed us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there were instructions for staff to give choice to people to choose their daily meal when they were supporting people in this area. This was also confirmed to us by people we spoke with. One relative informed us "They give him (person using the service) a choice with all of his meals".

Each person was given a service handbook which detailed key contacts, the terms and conditions of the service and procedures around raising a complaint.

Staff spoke positively about the service. One said, "I love working here". Another member of staff said, "I am very proud to be working here". People told us they would recommend the service to others.

## Is the service responsive?

### Our findings

The service was not always responsive to people's needs.

Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a structure to record and review information. Although people's support plans detailed their needs, there was not sufficient information for staff to support people. Care plans were task orientated and were not person centred. For example, a sample of care files we looked at contained information such as 'Staff to provide personal care', 'Staff to support with breakfast' but did not contain any details as to what the person's preference was as to how this support should be provided and how staff were to support people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Reviews had been completed in some instances and there was evidence people, their relatives and other health and social care professionals were involved where required. Relatives informed us they were invited to participate in reviews. They felt their opinions were taken into account when planning care. However, not all people's care plans had been reviewed. This meant changes to people's needs were not always recorded accurately in their care records. For example, some of the care plans we looked at had not been reviewed since 2014. We recommend the provider implements a robust review system to ensure people's care plans are up to date and reviewed regularly.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns or will call the office. There is always somebody on the other end of the phone". Another person said "They (the management) listen to me and will take action to resolve any issues quickly".

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people. We were shown an example of where a person had complained regarding staff competency in relation to medication administration. As a result of this, the staff member had been removed from that call and was also re-trained to administer medication and underwent more spot checks from management to ensure a good standard of care was provided.

Formal feedback was provided to the registered manager complimenting the care provided. One person stated "The carers have been excellent". Another person commented "Very impressed with the staff, they are great".

Staff members we spoke with informed us feedback received from people was shared with the staff and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to

provide a better service in the future.

## Is the service well-led?

### Our findings

The service was well-led. There was a registered manager who had been in place since June 2011. However, at the time of the inspection, the registered manager not present due to sickness. The provider had notified us of this absence. In their absence we spoke with the provider and deputy manager of the service.

Staff spoke positively about management. Management were keen to ensure staff were well supported. Staff told us they felt they could discuss any concerns they had with management. Staff used words such as "Approachable" and "Easy to work with" to describe the management team.

The staff described the registered manager and deputy manager as being "Hands on". We were given examples of when the registered manager and deputy manager would go out on care calls in emergencies to support staff. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the management team.

Staff informed us there was an open culture within the service and management listened to them. There were regular staff meetings which were used to enable staff to make suggestions as to how the service could be improved. For example, staff informed us they had raised the issue of the appropriateness of the uniform in the summer months. Following on from this, a separate summer uniform was introduced which staff informed us was more suitable to that time of year.

Quality assurance systems were in place to monitor the quality of the service being provided. Where issues had been identified, an action plan was developed with clear timescales. In addition to regular audits of the service people were also sent surveys annually to enable them to provide feedback regarding the service they received. People said they felt they were listened to. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection.

In order to ensure the staff were providing high level of care, the deputy manager informed us they would carry out random spot checks on carers whilst they were delivering care. The managers would also take some time during these visits to talk to people receiving care to obtain their views about the carer. People we spoke with informed us this also gave them an opportunity to get to know the management team.

We discussed the value base of the service with the provider, deputy manager and staff. It was clear there was a strong value base around providing high quality care to people and to maximise people's opportunity to remain living in their own home..

There was a clear contingency plan to manage the service in the absence of the registered manager. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the provider was able to outline plans for short and long term unexpected absences. This was observed during the inspection as the registered manager was absent due to sickness and in their absence the service was being managed by the deputy manager.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's care plans were not person centred and did not contain sufficient levels of detail.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were present in the care files but did not contain sufficient detail to enable risk to be adequately managed.