

Nightingale Retirement Care Limited

Nightingale Home Care

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 took place on 20 November 2017. We gave the provider 3 days' notice of the inspection as we needed to make sure the manager would be available. At our last inspection on 31 March 2017 the service was rated good.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service mainly to older adults. Not everyone using Nightingale Home Care receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had 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 had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. People were protected from the risk of infections because staff had received training in infection control and food hygiene, and were aware of the steps to take to reduce the risk of the spread of infections.

Assessments of people's care and support needs were carried out by managers before people started using the service. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. People were supported to maintain a balanced diet and were involved in decisions about what they ate. People had access to a GP and other health care professionals when they needed them. Staff were aware of the importance of seeking consent from the people they supported and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a caring, respectful and dignified manner. People had been consulted about their care and support needs. People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

People received personalised care that met their needs. People and their relatives, where appropriate, had been involved in planning for their care needs. People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. Staff had received training on equality and diversity. Staff said they would support people according to their needs.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys. They carried out spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There was enough staff to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

People were protected from the risk of infections.

Is the service effective?

Good ●

The service was effective.

Assessments of people's care and support needs were carried out by managers before people started using the service.

Staff received training relevant to people's needs.

People were supported to maintain a balanced diet and were involved in decisions about what they ate.

People had access to a GP and other health care professionals when they needed them.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint.

Staff had received training on equality and diversity. Staff said they would support people according to their needs.

People's care plans included a section on their end of life needs and support in this area was available when required.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. There was a system in place to monitor missed and late call visits.

The provider carried out spot checks to make sure people were being supported in line with their care plans.

The provider took into account the views of people using the service through satisfaction surveys.

Nightingale 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 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 site visit activity started on 20 November 2017. The inspection was carried out by two inspectors. We gave the provider 3 days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the manager would be available to assist with the inspection.

Before the inspection we looked at all the information we had about the service. This information included 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. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

We visited the office location on 20 November 2017 to see the manager and office staff. We looked at the care records of eight people who used the service, staff training and recruitment records and records relating to the management of the service. We also visited three people at their homes to gain their views about the service. On the 21 and 22 November 2017 we spoke on the telephone with five staff, two people using the service and four relatives to gain their views about working for and receiving care.

Is the service safe?

Our findings

People told us they felt safe. Their comments included, "I feel safe with the carers. They wear their identification badges and uniforms so I know who they are.", "I feel safe; I have the office number to call if I have any problems." and, "I definitely feel safe with the staff who come here."

The service had appropriate procedures in place for safeguarding adults from abuse. The registered manager demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. A member of staff told us, "I would report any safeguarding concerns I had to the registered manager. I would report the concerns to social services or the Care Quality Commission if I thought they had not acted to safeguard people." Training records we saw confirmed that all staff had completed training on safeguarding adults from abuse. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to. The registered manager told us they had learned lessons from previous safeguarding concerns. For example following one investigation they sent a memo to staff reminding them about security at people's homes. If staff witnessed anything suspicious they were advised to call the office.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of six members of staff. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Records showed that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

The service organised staff rotas to meet people's needs. They considered the geographical locations of people and staff and staff availabilities. Staff received their rotas in advance so they knew what had been allocated to them. One person using the service told us they received a rota every week detailing the times of calls and staff attending. They said staff were rarely late and they never had a missed call. A relative told us, "My loved one gets a rota every week that includes the times of the calls and names of the staff. I don't think they read it anymore as they already know the staff that come and they always come at the same time. As far as I know we have never had a missed call." A member of staff told us, "There is enough staff to support people. I live near the people I support so I don't need to rush between calls." The registered manager told us they and the office staff were available to cover emergency short falls if required. This meant people received care from staff to meet their needs as planned.

Action was taken to assess any risks to people using the service. People's care files included risk assessments for example on falls and moving and handling. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example where people were at risk of falls we saw moving and handling plans that included guidance for staff on how support the person to move safely. Some people had pendant's they could use to contact a 24 hour monitoring centre if they had a fall or in an emergency. One person showed us their pendant and said, "I just have to press this

button and someone will call me to make sure I am ok." We saw that risk assessments had been carried out in people's homes relating to health and safety of the environment. All of the people we spoke with told us they had the contact details of the service including the out of hour's service. Where staff used equipment to support people in their own homes we saw the provider made sure this was regularly serviced, maintained and recorded in their care plans and risk assessments.

The provider had an infection control policy that had been reviewed in September 2017. The registered manager told us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

People were supported where required to take their medicines. The registered manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to apply creams and take medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We also saw body maps identifying areas to apply creams and medicine administration records (MAR) completed by staff confirming that people had taken their medicines. We saw archived and audited MAR's in people's care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

People and their relatives told us staff knew them well and knew what they needed help with. One person said, "The staff must be well trained, they definitely know what they are doing when they come here." A relative told us, "I cannot comment on the training they get but I think the staff are great and very professional. They know how to do the job." Another relative said, "The staff that support my loved one are skilled."

Assessments of people's care and support needs were carried out by managers before they started using the service. The assessments covered areas such as their personal history, personal care needs, medicines, health needs, eating and drinking and mobility. They also included information from family members and in some cases health care professionals. Assessments were used to draw up individual care plans. The registered manager told us they referred to guidance from the National Institute for Health and Care Excellence (NICE), an organisation that provides national guidance and advice to improve health and social care when assessing people's needs and drawing up care plans.

Staff had the knowledge and skills required to meet the people's needs. The registered manager told us assessment information was used to plan for staff training. They said there was a pairing process in place that ensured people were supported by staff with the skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. We saw a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included for example, first aid, food hygiene, administering medicines, infection control, equality and diversity, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had completed other training relevant to the needs of people using the service for example confidentiality, communication, consent, pressure care, stroke, dementia and end of life care.

Staff we spoke with said they had completed an induction when they started work and they were up to date with their training. A member of staff told us that the training they received on dementia awareness had improved their understanding of the needs of people living with the condition. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff told us they received regular supervision and an annual appraisal of their work performance. We saw records confirming that all staff were receiving regular formal supervision with their line manager.

Staff were aware of the importance of seeking consent from people when supporting them to meet their needs. A member of staff told us, "I would not do something for someone unless it was okay with them. I wouldn't force anyone to do anything if they didn't want to."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with eating and drinking or cooking meals this was recorded in their care plans. One person told us, "I usually have ready meals; the staff heat them up for me, they will cook a meal for me if I want one. My family sometimes cook for me too." A member of staff told us they regularly cooked meals for some people they supported. They said, "I am no celebrity chef but people seem to enjoy what I cook for them." We saw where a person had swallowing difficulties that recommendations from a speech and language therapist were in place for staff to follow to support the person to eat and drink safely.

People had access to health care professionals when they needed them. One person told us, "My family sort all of that out for me the staff don't need to." Another person said, "I am sure if I wasn't well the staff would get the GP in for me." A relative said, "The staff that come here are very aware of clinical needs. They will call a GP or the district nurse if they need to." A member of staff told us, "If someone was unwell I would call the GP or an ambulance if I had to. I would tell the person's relatives and office what I had done too." A health care professional told us they regularly carried out visits to one person regarding their mobility. They had met with staff and supplied them with written moving and handling instructions. They said staff had followed the instructions and alerted their managers when a review was required.

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received. Comments from people included, "The staff are all very kind and caring. They make sure I get everything I need before they go", "The staff are very good indeed, definitely caring people. I have had the same carer for ages and they are fantastic." and, "The member of staff that comes here to support me is brilliant." Comments from relatives included, "It's defiantly a good service according to my loved one", "My loved one is always saying look at the good care I am getting" and, "The staff are very caring, the support they provide is very good for my loved one and me as well."

One relative told us about an act of kindness from a member of staff. They said their loved one had a very bad toothache and they had to make an emergency appointment for them at the hospital. They were far away and could not get to their loved one to take them. They contacted the service and a member of staff changed their schedule so that they could take their loved one to the hospital. They said these actions were, "Above and beyond the call of duty."

People and their relatives told us they had been consulted about their care and support needs. One person said, "They asked me what I wanted help with before they provided me with any care. We sat down and went through everything and I have a care plan in place." Another person told us, "I talked about what I needed with the manager. Everything is in place for me now." A relative told us, "The manager came to see us and we talked about what my loved one needed. They can tailor the service to what my loved one needs. For example a few weeks ago we added extra cover for companionship and that is working really well." Another relative said, "Initially we talked about my loved ones needs and put a plan in place. Their needs have changed a few times since then so we have had meetings where the care plans were changed to better meet my loved ones needs."

Staff we spoke with clearly knew the people they supported well and were able to describe their behaviours and characters to us. One member of staff told us how they supported one person when they had completed the tasks in their care plan by spending time with them just talking. Another told us how they supported a person to move around their home using their walking frame. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One told us, "I am always talking when I help people with personal care; I think silence can be awkward so I tell people what I am doing. I ask people if it's okay with them before I do anything. I cover people up with a towel when I provide personal care so that their dignity is maintained. If family members are around I ask them to leave the room before I start providing personal care. I always make sure information about people isn't left around for people to see."

People were provided with a brochure that included information about the services provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they started using the service. One person told us, "I was given a brochure and leaflets about the service, so I know what they do for people."

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. One person said, "I am well looked after here. I get everything I need." A relative said, "My loved ones needs are all being met. It's a great help and support to me too."

People received personalised care that met their needs. People's care files included care plans with call times, duration of calls and the tasks to be undertaken. The plans were written in a person centred way that focussed on the care needs of the individual. They described people's care and support needs and provided guidelines for staff on how to support them safely. We saw that care plans had been kept under regular review. One person told us, "I have been using the service for a long time. I have a care plan in place and the staff know exactly what they need to do for me. My care plan is kept under review but my needs have not changed for some time, however the staff are always asking me if I need anything else. They are hot on doing all of the paperwork and making sure I get what I need." Another person told us, "I am very well looked after and I get all that I need from the service. I have been supported by the same carer for a long time and we know each other very well, I feel I can trust them to deliver what I need." A third person said, "The staff know what I am like and do things my way. I can depend on them to meet my needs. They always do all the things they are supposed to do for me. I am very happy with the arrangement I have with the service."

People and their relatives told us they knew about the provider's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be investigated. We saw copies of the provider's complaints procedure located in care folders held in people's homes. One person told us, "If I had a complaint I would raise it with staff or the manager but I have never needed to." A relative said, "I know how to complain if I need to. If I have any problems I would just speak with the registered manager and they would sort things out." The registered manager showed us a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. We saw that where complaints had been made they had been fully investigated and responded to appropriately.

The registered manager told us that most of the people using the service could communicate their needs effectively and could understand information in the current written format provided to them, for example the information brochure and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example compact disc, different written languages or through interpreters.

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. One member of staff told us they did not support anyone with any diverse needs presently; however their job was to support people with all of their needs including diverse needs. The registered manager told us that the service encouraged people using the service to express themselves and staff would support them to do whatever they wanted to do.

Training records showed that some staff had completed training on end of life. The registered manager told us that no one currently using the service required support with end of life care. There was a section in people's care records that people could complete if they wanted to record their wishes during illness or death. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Is the service well-led?

Our findings

People and their relatives told us the service was well run and organised. One person said, "I have to say the service is very good and well managed and my carer is excellent." A relative said, "I think the manager is very good, I would say it's well managed." A health care professional told us the manager had maintained good communication with them when they were reviewing people's needs.

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. Regular audits had been carried out in areas such as medication, incidents and accidents, care files, staff training, supervision, safeguarding and complaints. We saw reports from audits carried out by the registered provider. These covered the CQC's key questions safe, effective, caring, responsive and well led. The reports recorded recommendations for improving the service. For example the last audit in September 2017 covered effective and recommended that the training schedule was kept up to date and obtaining consent from people when reviewing their care plans. During the inspection we saw that all of these recommendations had been met. We also saw a continuous improvement plan for the service for 2017/2018. Planned improvements included updating the spot check form to include specific sections on medicines and moving and handling. The registered manager also planned to attend provider forums to gain further knowledge of the sector and use what they learn to make improvements at the service.

We saw records of spot checks carried out by the registered manager and supervisor on staff working within people's homes. The registered manager told us they carried out these checks to make sure staff turned up on time, wore their uniforms and identification cards and that they had completed all of the tasks recorded in people's care plans. A member of staff said, "Sometimes they don't tell us when they are coming so we must always be on time. They check that we are doing what we need to do the right way, for example administering medicines, securing key codes, and supporting people according to their care plans."

The service had system in place to monitor missed and late call visits. The service used an electronic monitoring system that required staff to 'log' in and out at the beginning and end of all calls. That way they were able to respond to potential missed or late calls promptly. We reviewed the call monitoring data and found that 86 per cent of the time people received their care visit at the agreed time and 14 per cent of people received theirs within the 30 minutes leeway period agreed. This showed that the service monitored their system to ensure people received their care when they needed it.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "We get very good support from the office and the registered manager. If I have any problems I can talk with the registered

manager at any time." Another member of staff told us, "I enjoy working for this company. We are a good team and I think everyone works hard."

We saw that team meetings were held every three months and were well attended by staff. Copies of the minutes were circulated to staff that had not attended the meeting. The registered manager told us that further meeting were held when needed to discuss important issues or developments at the service. A member of staff said, "We talk about what people need and how we can make improvements for them. We share our knowledge and experiences and if there are any incidents or accidents we discuss them to try to make sure the same things don't happen again."

The provider took people's views into account through satisfaction surveys. We also saw a report from a satisfaction survey carried out by an external company in June 2017. The feedback from people and their relatives recorded in the survey was very positive. Two recommendations had been made as a result of the survey. These related to meal time calls. We saw that the registered manager had taken action and met the recommendations.