

Greer Griffiths

# Nightingales Home Care Services

## 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

The inspection took place on 29 April and 9th May and the inspection announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This service was not required to have a registered manager in post. The service supported nine people with care in their home when we inspected.

People felt safe with staff in their home.

People felt safe with the staff supporting them. People were supported by regular staff they were familiar with and would understand any risks to their health. People were supported to take their medicines and regular checks were made to ensure people received their medicines as they should.

People were supported by staff that had access to support and supervision from the provider. Staff also had access to training and could clarify issues affecting people's care they were unsure about. Relatives were assured that people received support from other medical professionals if they needed it and that help would be sought where appropriate.

People liked the staff supporting them and staff had over time developed an understanding of their needs. This was also supported through working with families to understand their needs. People's care needs and preferences were known to staff and people were involved in making day to day decisions about their care.

People's care needs were reviewed regularly and people's care needs were known and understood by staff. People were supported by care staff who regularly attended their calls. People's privacy and dignity were respected in ways that were important to them. Relatives knew who to complain to and the process for raising complaints. The registered provider had a system for recording and responding to complaints.

Relatives felt able to contact the office when needed to discuss issues affecting the family members. The registered provider assured themselves of the quality of care being delivered through regular contact with both family members and staff. People's records were regularly checked and reviewed. Any anomalies in how people's care was recorded were raised with staff so that improvements could be made.

## 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.

People were comfortable with staff in their homes and that they knew staff would help keep them safe. People received support with their medications.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had access to training and regular supervision. People were offered choices in the meals and drinks they were offered.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's care was updated based on changing needs and circumstances. People's concerns were responded to by the provider.

### Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. Staff enjoyed working at the service and felt supported.

# Nightingales Home Care Services

## **Detailed findings**

### Background to this inspection

The inspection took place on 29 April and 9th May and the inspection announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This service was not required to have a registered manager in post. The service supported nine people with care in their home when we inspected.

People felt safe with the staff supporting them. People were supported by regular staff they were familiar with and would understand any risks to their health. People were supported by the correct number of staff and staff attended calls on time. Backgrounds checks were undertaken about staff to ensure the registered provider had minimised the risk of inappropriate staff working at the service. People were supported to take their medicines and regular checks were made to ensure people received their medicines as they should.

People were supported by staff that had access to support and supervision from the provider. Staff training was monitored to ensure they had access to training. Staff could clarify issues affecting people's care they were unsure about through meetings with the provider. People were supported to make choices about their meals and staff ensured people had access to drinks. Relatives were assured that people received support from other medical professionals if they needed it and that help would be sought where appropriate.

People liked the staff supporting them and staff had over time developed an understanding of their needs. This was also supported through working with families to understand their needs. People's care needs and preferences were known to staff and people were involved in making day to day decisions about their care.

People's care needs were reviewed regularly and people's care needs were known and understood by staff. People were supported by care staff who regularly attended their calls. People's privacy and dignity were respected in ways that were important to them. Relatives knew who to complain to and the process for raising complaints. The registered provider had a system for recording and responding to complaints.

Relatives felt able to contact the office when needed to discuss issues affecting the family members. The registered provider assured themselves of the quality of care being delivered through regular contact with both family members and staff. People records were regularly checked and reviewed. Any anomalies in how people's care was recorded was raised with staff so that improvements could be made.

# Is the service safe?

## Our findings

Relatives we spoke with told us that their family member's felt safe while care staff were in their home. One relative told us their family member was "Very safe." Relatives we spoke with told us there were regular staff who supported their family members and that this reassured them.

Staff we spoke with understood what it meant to protect people from harm and could explain to use their understanding of what it meant to safeguard people. Staff told us they had received training on the subject and that if they were ever unsure of anything they would speak with the provider to discuss their concerns. Notifications we reviewed as part of the inspection also confirmed that the provider understood their obligations with respect to keeping people safe. They understood that information needed to be reported to the Care Quality Commission as well as other agencies.

Staff we spoke with understood the risks that people lived with and how their risks needed to be managed to keep them safe. For example, one staff member we spoke with told us about how they supported people and ensured their skin was intact. They told us they monitored people's skin and that if they became concerned they would contact the GP as well as record the information in people's care files.

The registered provider told us they undertook environmental risk assessments to ensure it was safe for staff to work in people's homes. They recorded important information so staff were aware of any pets or other information that staff needed to be aware of.

Relatives we spoke with told they had not experienced any difficulty in accessing support from staff. We spoke to the registered provider about staffing levels. They told us their staffing levels were adequate for the support needs of people they cared for. They told us they preferred to decline work rather than take on work they could not deliver. Staff we spoke with confirmed staffing levels were correct for the people they supported.

Relatives we spoke with received information about the staff attending calls and told us it was regular staff that attended. Relatives also told us that the correct number of staff attended. Staff told us they received information about their rota in advance and knew if they were covering for other staff. Relatives told us that staff arrived on time and that if they were running late, staff would call to advise. Call attendance was monitored by the registered provider so that people were not left without calls. One relative told us, "They have never missed a call ever."

Four relatives we spoke with were happy with the support their family member received and that they received their medicines as they should. Staff had received training to help support people with the medicines and people's records of medicines were reviewed regularly. We saw that where the registered provider required staff to modify how they recorded information, staff were contacted to ensure information was completed correctly. One relative told us staff alerted them when they became aware that the person's medications had been changed. The relative had not been informed by the GP and they were able to check with the GP about the reason for the change.

# Is the service effective?

## Our findings

Relatives we spoke with told us that the staff were knowledgeable when supporting their family member. Relatives explained that they were confident staff understood how to move people safely and how to care for and support them.

Staff told us they received training and support from the registered provider. Staff told us they attended supervision meetings regularly but did not always wait until supervision meetings to discuss issues of importance to them. One staff member told us they could, "Pick up the phone anytime and speak with [provider name]". Staff told us their training was reviewed regularly and they were offered opportunities to attend training as soon as it became available. One staff member told us they had received training on Dementia and they know knew that people were not always affected in the same way. They told us it helped them to understand support people with their individual needs.

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. We checked whether the service was working within the principles of the MCA. Two relatives we spoke with told us staff explained what they were doing when they supported people so that people knew what was going on. Staff we spoke with understood the importance of the MCA and what this meant for people.

Relatives we spoke with told us they were happy with the support people received with meal preparation. Relatives told us they arranged meals for family members and that they asked people which meal they would like heated. Two relatives we spoke with told us staff always ensured their family member had a drink or a cup of tea before they left. Staff we spoke with understood the importance of offering people choices and a staff member told us, "I wouldn't like to just have a meal plonked in front of me every day."

Relatives told us they were confident that staff would seek additional help if their family member needed it. Two relatives confirmed that staff had contacted them and a Doctor when they became concerned for a person's health. A staff member also told us they had attended a call and found the person unconscious and immediately called for the emergency services. The provider told us they had a good relationship with local GP surgeries and District Nurses and could seek additional help if they needed it.

## Is the service caring?

### Our findings

Relatives told us their family member was cared for by staff they were happy with. One relative told us the staff were "Very good and reliable". Another relative described staff as "Lovely, really nice girls". Another relative told us staff always "Made my mum a cup of tea and have a laugh with her." Relatives described staff having a warm relationship with people and felt that their family members were well cared for.

Staff told us they felt they knew the people they supported well as they had in some cases cared for people consistently over a number of years. This had helped them develop a relationship with families and made it easier to support people. One staff member told us, "We really get to know our clients because we see them so regularly."

Staff told us they understood people's preferences and how best to care for them. For example, one staff member told us they removed their shoes when entering one person's house. Another staff member told us they had one person they supported who was very conscience of time and did not like late calls. Staff spoke confidently in their knowledge about people and how people liked their care provided.

Relatives we spoke with felt involved in discussing their family member's care. One relative told that staff were always willing to chat to them and share how their family member was getting on. We also saw that people's care was reviewed regularly to ensure people received the care they needed. One relative told they had changed times and sought additional meal times and this had been arranged.

All relatives we spoke with told us their family member was treated well and that staff were kind and respectful towards their family member. One relative told us staff always showed empathy when supporting their family member. Another relative told staff were always sensitive to their family member's needs and that their family member was comfortable around staff when they were being supported with personal care.

Staff we spoke with understood what it meant to support a person with dignity and respect. One staff member told us it meant "Ensuring a person had all the privacy and respect they needed." Another staff member told us they always ensured people's personal care was undertaken as sensitively as possible. They told us they supported people to do as much or little for themselves as they wanted.



## Is the service responsive?

### Our findings

People's care was reviewed and updated regularly based on people's changing circumstances. Four relatives we spoke with told us that staff worked with them to make changes to support their family members needed. One relative told us their family member had initially needed very little support but over time the support required had increased. One relative told us when they requested changes, "It was all sorted out very quickly."

Another relative told us after each visit they would speak to staff and check their family members care was always up to date. Another person told us they used the communication book kept at the person's house to keep in touch with staff and ensure their family member's received the care they needed.

We reviewed three people's care plans and saw that when people's care needs changed, instructions to staff were updated as well as any risks assessments for the person. Information was communicated to staff via newsletters, telephone calls and through updates to people's care plans. Staff we spoke with confirmed they received the updates and were kept updated about people's changing needs. Staff we spoke with also told us they read the updated care plans if they were unsure or anything or checked with the registered provider.

Relatives we spoke with told us they had never complained but chose to speak to staff if they wanted things changed. Four relatives we spoke with told us they had previously had a problem with one of the care staff and fed their concerns back to the registered provider. The relatives told us their concerns were acted upon swiftly and the care staff member did not provide care to their family member after that. Relatives we spoke with were confident that any complaints they had would be acted upon. We reviewed that registered providers complaints system and saw there was a system in place for acknowledging and responding to complaints. Relatives told us a copy of the complaints process was given to them when their family member joined the service.

Four relatives we spoke with knew who the provider was and felt comfortable contacting them if they needed to speak with them. One relative told us about the provider "She'll sort everything out if there's a problem and send you a letter."

## Is the service well-led?

### Our findings

Relatives told us they were happy with the way their family members received care. Relatives felt able to contact the office and speak to office staff if needed to amend or cancel their care needs.

Staff we spoke with told us they enjoyed working at the service and that felt part of a team. One staff member told us, "It's great. I feel fully supported. It's a good company to work for." Another staff member told us "I enjoy the job. The other girls are very pleasant." Staff we spoke felt comfortable approaching the provider and seeking help and support on anything they were unsure about. One staff member told us they had attended a call and noticed the person was not well and immediately called the provider for help.

Staff told us the provider was open and honest with them about how the service was run. We saw memos were sent to staff updating them about changes in people's care needs or instructions on improvements required. For example, some of the daily notes had been reviewed and staff were asked to be more specific in how they described what support had been given.

The provider reviewed how they ran the service and made improvements where these were needed. For example, during the inspection the computer system was corrupted and the provider took immediate action to back the work up so that there was no repeat of the incident.

The provider felt confident that as a small service, they had a good understanding of people's care needs as well their staff needs. Some of the people using the service had been supported for a number of years. Staff we spoke with also spoke confidently in their knowledge about people because they told us they had consistently cared for people for a number of years. They ensured people were satisfied with the care they received through visiting people in their home and asking people to complete questionnaires. Questionnaires we reviewed showed people were happy with the care they received.

The provider's system for reviewing care was clear and easy to follow by either them or by another staff member. The provider told us they had had to take some extended leave and that staff were able to continue whilst they were away from the office. People's care reviews or spot checks were recorded in a diary so it was clear what action needed to be taken when and when the next review date was.

The provider told us they kept their knowledge up to date by reading the internet and attending training events run by the local authority aimed at care providers. They also told us they had good relationships with health professionals so that they could clarify things they were unsure about.