

Nightingales UK Limited

Nightingales UK Limited (Care at Home)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Nightingales UK Limited provides care and support to people in their own homes. The provider has renamed the service 'Care at Home' but it remains registered in the original name. They work with people who are elderly, disabled or have additional needs to help them remain independent at home. Not everyone using Nightingales UK Limited receives regulated activity; The Care Quality Commission (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. At the time of the inspection there were 151 people using the service.

People's experience of using this service and what we found:

Staff supported people to take their medicines safely and people told us they felt safe with the staff providing this support. However, we found some inconsistencies in the record keeping of records for medications, so it was difficult to identify accurate administration of prescribed treatments.

Staff noted improvements to the service since the provider had taken over the service. They felt supported and listened to by the new management team and the provider. However, we found that some staff had not received support and training necessary for their role. The provider had actions in place to update staff with training and to provide all staff with regular supervision and appraisals which had recently commenced.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, some staff had not received training in the principles of the Mental Capacity Act, 2005; and care files lacked enough information to show these principles of support had been taken into consideration.

Care records had been recently updated and captured personalised and important information regarding people's histories, families and preferences. However, we found various issues with the lack of updates regarding people's records which created risks in managing accurate care planning.

Staff were knowledgeable of local safeguarding procedures. The service had learnt from recent safeguarding incidents however improvements were still needed in the recording and auditing of safeguarding incidents to show a transparent process and clearer audit trail in managing incidents.

Governance systems had not always identified areas needing improvement. The provider had taken recent actions to improve the management of the service and employed specialist staff to help them develop improved quality assurance systems of the service.

People who used the service and their relatives spoke positively about their experience and the care provided by staff. Staff treated people with kindness and respect and supported their dignity in a sensitive manner. We received mixed comments from relatives regarding consistency of staffing levels. We received

two complaints from people during the inspection which we referred to the provider to review.

Staff knew people well. They understood their needs and the manager had recently tried to reorganise rotas and increase recruitment of staff to help provide better consistency in providing the same staff to people receiving support.

More information is provided in the full report.

Rating at last inspection: Good (report published April 2017)

Why we inspected: This was a scheduled inspection based on the previous rating from the last comprehensive inspection. We had received information of concern prior to the inspection from two safeguarding incidents that had been reviewed by Warrington local authority.

Enforcement: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: You can see what action we told the provider to take at the back of the full version of the report. We will continue to monitor intelligence we receive about the service until we return to visit as per our re inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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. Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective. Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service remained caring. Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive. Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. Details are in our Well-Led findings below.

Requires Improvement ●

Nightingales UK Limited (Care at Home)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an adult social care inspector, an assistant 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, in this case, people living with dementia.

Service and service type:

Nightingale Care UK is a domiciliary care agency. The provider had taken over the service and although it is registered in the name of Nightingale UK limited the provider has named the service 'Care at Home.' The service provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider is in the process of arranging an application for a proposed manager to be registered.

Notice of inspection:

We visited the office location on the 31 May and the 6th June 2019. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available and able to organise visits and interviews with people who used the service.

What we did:

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We also sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we visited three people who receive support and spoke with a further 12 people and 11 relatives. In addition, we spoke with the provider, manager, area manager, HR manager and 12 support workers. In addition, we looked at four care records, five staff recruitment files, records relating to the administration of medicines, audits and other records associated with the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found that medicines were not always managed safely.
- The records for medicines could not always show that medicines had been given as prescribed and some medication charts had blanks which made it difficult to check whether a medication or prescribed cream was given or not.
- Records had not always been subject to regular audits.

The management of medications demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm. Risk assessments were completed in relation to a range of health conditions such as falls and mobility and included the persons home environment.
- Records for care files and risk assessments for specific conditions such as diabetes had not always been updated and signed by staff. The provider was confident that the management team they had in place would improve all aspects of record keeping. Audits had commenced, and staff advised that everyone they supported would have a review take place as a matter of priority.

The management of risk assessments that were out of date demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People that we spoke with told us they felt safe with the service and noted improvements with the service. They shared comments such as, "Definitely, they are very capable people and I feel secure", "Yes, the equipment is good, and they know how to use it" and "Yes I know I am in good hands."
- Staff were aware of the need to report any concerns and told us they would have no hesitation in reporting any concerns they had.
- The service had learned lessons from previous serious safeguarding incidents. The provider had taken the incidents seriously and took appropriate actions in response to the concerns raised. However, the records around those incidents that occurred at the beginning of the year did not show a clear audit trail of the investigation and actions taken in response to the incidents. The provider had revised their recording process to show improved recording of safeguarding incidents.
- The provider showed evidence of their duty of candour in apologising to people who had raised serious concerns.

The management of some records for safeguarding incidents lacked appropriate detail and information and

demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment

- The majority of people we spoke with were happy with the staff attending to them. Most people told us they felt the staff had been late on occasions. Two people had been told in advance and accepted the reasons for the lateness. They told us that they had seen lots of different staff in the past, but things seemed to be getting better and were seeing more of the same staff for visits.
- Staffing levels were reviewed by the manager to assess if the service had enough staff each day to appropriately support people. The coordinator could easily track the staff visits for timing, length of visit and could identify if staff were late between calls. Records showed that the service operated with staffing levels that met people's needs.
- The manager was also recruiting for more staff to help improve the consistency of staff provided to people.
- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work. Recruitment checks for staff recruited in 2018 showed a gap in one person's file their CV that had not been followed up, they had just one reference in place for another staff member. The manager and provider revised their processes, all new staff went through a rigorous recruitment check and recent staff files showed improved evidence of checks in place.

Preventing and controlling infection

- One person advised they had noted on occasions that some staff had not always used their apron for personal care and had very long nails. This issue had already been identified with the manager who had taken appropriate actions with all staff reminding them of infection control procedures.
- There was a system in place for the prevention of infection and staff were supplied with gloves and aprons whenever they needed them.

Learning lessons when things go wrong

- Significant incidents and accidents were entered onto an electronic system and subject to further review by the HR manager.
- Recent documentation showed sufficient detail to aid analysis and to identify patterns or trends. Staff advised that previous records lacked enough information and they had improved their processes to show effective overview and management of incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

The effectiveness of people's care, treatment and support did not always achieve consistent outcomes. Regulations have not have been met.

Staff support: induction, training, skills and experience

- Supervisions and appraisals had recently been introduced by the provider and manager to help improve support to their staff team and to develop standards within the service. The manager acknowledged that improvements had been made and had plans to continue and roll out appraisals for all staff, as not all staff had previously received this support. They had also developed observational supervision which they had just started to roll out.
 - Training included a diverse and varied range of topics to meet the needs of people within the service. Some of the training records had not been kept up to date and some needed further review to reflect accurate updates to staff training records.
 - Recent induction records showed improvements and evidence of three days induction and three days for staff to shadow experienced staff as part of their training and development.
 - The manager had revised the overall training plan for the whole staff team. Training was going to be updated for all staff in relation to moving and handling of equipment, Mental Capacity Act, diabetes and end of life care. One relative confirmed, "The occupational therapist came out to demonstrate how to use some new equipment. The training officer from the agency came so she could pass on the information to the carers."
 - The HR manager was developing the training matrix to incorporate a traffic light system to help them to improve their effectiveness in managing everyone's training.
- We had found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to supporting staff with supervision, appraisals and in training for staff.
- People shared positive comments about the staff telling us, "Yes, I am very comfortable with them", "Yes, they are trustworthy and exceptional nice" and "Yes, especially the regulars, the older ones are more relaxed."
 - The manager developed and shared with us a staff supervision and appraisal schedule/planner for 2019. Staff told us that since the provider and manager took over they had noted improvements and felt well supported.

Ensuring consent to care and treatment in line with law and guidance- Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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.

When a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would contact senior staff at the office.

We checked whether the service was working within the principles of the MCA. People we spoke with using the service confirmed that carers always gained their consent prior to carrying out any tasks. Care assessment records had not obtained information relevant to consent for people's care and support. Staff understood the principles of gaining consent, but not all staff had not received any formal training in this subject or within the MCA. Records and assessments had not identified any relevant information regarding whether a person had any identified 'Power of attorney' to assist them with their finances or health.

- The manager and provider advised they were arranging training and revision of their practices regarding MCA as a matter of priority.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people were supported with their nutritional needs. Support plans were individualised and detailed in relation to people's preferences. For example, regarding assistance they may need with meals and drinks. People confirmed that the regular staff knew their preferences and needs very well. They told us, "They are so pleasant and know what they are doing", "Yes, they are very helpful" and "Yes they seem to know how to do meals and drinks and microwave." One person felt, "Most are excellent, but a few don't have much idea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed.

- We saw that the service sought advice from other health and social care professionals. Senior staff carried out visits and assessments to people prior to their discharge from hospital. This helped with communication and enabled them to obtain up to date information to assist the service to plan for when people were returning home.

Adapting service, design, decoration to meet people's needs

- The service had facilities within their office for people to access at ground floor level if they chose to visit the office.

- The service supported people in assessing and accessing appropriate equipment to help assist them to continue living at home. For example, specially adapted moving and handling hoists and equipment such as specialist chairs and beds were used.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke very positively about the staff. They told us that they were always treated well by staff. They told us, "Yes they are very pleasant and do whatever little thing they are asked to do", "Yes, they are all lovely girls and very kind. So willing" and "Yes, even the young ones have a nice attitude and always say 'Is there anything else I can do.'" However, two people had some negative experiences and told us, "Some are not caring, they don't want to do it, they shouldn't be carers, don't have the right attitude" and "The odd one is not quite as good, but they are all kind." We have asked the provider to review people's opinions through their quality review process.
- We could see how staff communicated with people during the inspection. We obtained consent to carry out home visits and observed positive interactions from staff. Staff were respectful, friendly and patient.
- We viewed 13 thank you cards that had been sent into the service since October 2018. They were very positive and reflective of good practice acknowledged by families who had written in to extend their thanks.
- Staff were clear about their responsibilities in relation to each person's requests and personal care needs. The staff members we spoke with showed they had a good understanding of the people they were supporting and could meet their various needs.
- Staff were positive about working for the service and told us they had noticed a lot of improvements since the provider took over the service, they felt the office staff cared about them and always offered their support and advice.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could raise any queries regarding the provision of their care and had received a review to discuss their care package. However, some records showed there had been no recorded review. The service was in the process of rolling out a care review with everyone they supported. Some had taken place prior to the inspection and the manager had developed a matrix to show the progress they were making.
- A lot of the people being supported had a family member to act as their advocate if needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop their independence. People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They felt the service had improved since they saw the same staff, and this had helped improve the continuity and staff getting to know them better.
- Staff supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy.

- Personal information about the people using the service was securely stored in the offices to ensure that confidentiality was maintained, and the electronic systems were secure. Each person also had a paper file in their own homes which they had access to. People we spoke with were aware of the file and had access to contact numbers on the event of an emergency. Some files had out of date information which the provider advised was being updated as a matter of priority.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant that people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- We found some discrepancies with the records that showed they were not always documented very well or accurately. The care files did not always have staff signatures or any indication of a date when the plan was put in place. This made it difficult to audit the support being delivered.
- The provider had recently recruited a tier of staff to help improve all aspects of the service including oversight and review of each person's support and care plan.
- The management of some records for care files and their auditing and reviews lacked appropriate detail and information.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each care plan had detailed personalised information and was written in the words of the person saying how they would like their support to be provided.
- Staff advised that they were briefed before delivering care to anyone new to the service or who they had not visited before. Any changes to people's care plan were communicated to staff via phone calls or via secure messages from their hand-held devices.
- People we spoke with confirmed that their preferences were respected and that recently they had experienced the same staff, so they knew them well. People felt staff gave good advice and support and told us, "Yes, I have had a dislocated hip and they make sure I don't bend", "Yes, I have had health advice in the past", "They make sure I don't get dehydrated" and "I have a new hip and knee so they know I can't bend and give me information."
- The daily logs in each care file gave an overview of what services had been provided at each visit. The carers commented that any changes were reported to the office and prompt action taken. They felt supported by the office and if they noted any changes or required longer with calls that their opinions were considered.

Improving care quality in response to complaints or concerns

- We reviewed the complaints records and noted prior to February 2019 there was limited information to show that complaints had been effectively reviewed. The provider had since employed a HR manager who had taken action and developed a detailed format for obtaining information for complaints and comments. They had uploaded this information to a spreadsheet to show clearer records about how each person's comments had been addressed and dealt with. There had been six complaints recorded from February 2019 to the date of inspection. We saw evidence within recent records of swift responses and apologies made by the provider for complaints raised.

- People knew how to make a complaint, and who they would speak to if they were unhappy. People told us they could make their views known. Two relatives raised various concerns that we referred to the provider to review under their complaint's procedure. The provider revised their complaints procedure following the inspection and updated this document for everyone provided with support.
- Prior to the inspection CQC had received one anonymous complaint and Warrington local authority had received recent complaints. The local authority had reviewed complaints directed to them and referred some of those issues to the provider to investigate. The provider and manager had investigated concerns. They had responded to an improvement plan developed by the local authority to show updates to the outcomes of concerns raised.
- The HR manager was developing complaints leaflets in different formats once she identified what formats she needed, she had developed some in large print and was looking at audio copies to supply to people. The management of some records for the review of complaints lacked appropriate detail and information. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Staff were confident in understanding the people they supported. People told us the staff were good at listening and giving them advice when needed.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the manager acknowledged this training needed developing to make sure that all staff had sufficient skills to provide this level of support if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Prior to February 2019 there were significant shortfalls in the governance structure. We identified issues with records in place prior to February 19. During the inspection the provider showed what changes and additional resources had been brought in to improve the service. The provider was transparent in the issues noted and showed recent evidence of development in their quality assurance systems.

- There remained some areas needing further improvements such as care plans, risk assessments, medications, complaints and safeguards and breaches of regulations relating to staff training and supervision.

- The managers, provider and the staff that we spoke with demonstrated their commitment to providing good-quality, person-centred care. This commitment was reflected in their approach and honesty in the areas of development needed within the service.

- The manager and provider submitted extensive evidence following the inspection to show continued improvements to the service and to their governance systems.

At this inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance.

- The provider continued to support the service by supporting the staff to assist the manager. The provider had recruited a tier of team leaders, field coordinators, an area manager and a HR manager to help develop changes and improve quality performance within the service.

- Each of the staff that we spoke with had a clearly defined role within the service and understood their role and responsibilities.

- Staff told us the manager and provider were approachable and supporting and had a presence around the service.

- Since 1 April 2015 providers are required to conspicuously display their CQC rating in both the premises and on their website. We saw that the service was displaying their ratings as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service spoke positively about the staff and management of the service.

- Most of the relatives we spoke with confirmed the positive changes that had taken place since the provider

took over and the manager commenced working at the service.

- Throughout the inspection the manager and provider were open and transparent and were proactive in their response to our findings. They shared that over the last year there had been many challenges. They explained the cultural changes they had faced at this service but were clear the plan and resources in place would show swift improvements in all areas. They had dealt with serious incidents resulting in disciplinary action and had evidence to show they had taken appropriate action to safeguard people they supported.
- People receiving support received regular quarterly newsletters from the provider to make them aware of developments such as the name of the manager and the staff team. The service carried out a survey in May 2019 and so far, had received 51 responses. They had received a lot of positive feedback especially in relation to the service being taken over by the new provider.
- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. The staff that we spoke with said that they could approach the manager, or the provider at any time. They shared positive comments such as, "It is a different place (since the new provider), it is so nice. They are all nice, (the provider) knows your first name and will ask how you are doing" and "they actually care about you, they make sure you are ok."

Continuous learning and improving care; Working in partnership with others

- Periodic monitoring of the standard of care provided to people (funded via the local authority) was undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. They had recently inspected the service and identified issues needing improvements. The provider shared a detailed improvement plan with CQC that they were working towards to show their actions and improvements.
- The provider and manager where necessary, had undertaken detailed and transparent investigations into recent incidents, safeguarding and accidents and evidence of lessons learnt to help improve the service, especially with training, supervision and observational checks.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medications were not safely managed to ensure safe practice in administering medications. Medication records had blanks and no evidence of staff signatures to show if the medication had been administered.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems lacked evidence to show actions taken to improve and provide accurate record keeping complying with relevant legislation and guidance.</p> <p>Quality assurance processes had been ineffective in identifying that care records, risk assessments, complaints records and safeguarding reports were inappropriately managed and did not always reflect good practice.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Training records for staff were not updated and lacked appropriate records and oversight to show that staff received updated training necessary for their role.</p> <p>Staff had not consistently received supervision and appraisals necessary to support them in the workplace.</p>

