

# Nightingale Social Care Staffing Agency Limited

## Nightingale Social Care Staffing Agency Limited

### Inspection report

4-5 Fountain Parade  
Mapplewell  
Barnsley  
South Yorkshire  
S75 6FW

Tel: 01226391955

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

Date of inspection visit:

08 March 2019

11 March 2019

Date of publication:

29 April 2019

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Nightingale Social Care Staffing Agency is a domiciliary care agency. It provides personal care to people in their own flats and houses in the community. At the time of the inspection it was providing personal care to 48 people.

Following the previous inspection in August 2018, a condition was placed on the provider's registration to ensure all staff were provided with regular support mechanisms. This included checks on their competency, supervision and appraisal. At this inspection we found the service had arranged for staff to receive these checks and support, but they had not consistently been kept up-to-date in line with the provider's policy. Following the inspection, we removed the condition on the provider's registration but found a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's experience of using this service:

Whilst the service had introduced systems to assess staff competency, supervision and appraisal these had not been consistently kept up-to-date in line with the provider's own policy.

People provided positive feedback about the agency. They said staff were kind and caring and treated them well. Most people said they were happy with call times and received appropriate person-centred care and support.

Risks to people's health and safety were appropriately assessed and mitigated. The service had electronic call monitoring in place to enable office staff to monitor staff in real time, helping to improve the safety of the service.

Staff received a range of training and support. However, the turnover rate was high with some staff saying they did not feel fully supported by management.

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 generally supported this practice.

There were enough staff deployed in the right places to ensure people received a reliable service. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

A range of audits and checks were undertaken to help monitor the quality of the service. Some of these needed to be made more robust to ensure that the service consistently met CQC standards.

We made a recommendation for the provider to put in place a strategy to help support and retain staff.

Rating at last inspection: The service was last rated Requires Improvement in August 2018.

Why we inspected: We inspected Nightingale Social Care Staffing Agency to follow up on the conditions placed on the provider's registration in December 2018 and to re-rate the service following the previous inspection in August 2018.

Follow up: We will request an action plan detailing how the provider aims to make improvements to its governance arrangements. We will meet with the provider to discuss the improvements they intend to make to the service. We will re-inspect the service in the future to determine whether improvements have been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Nightingale Social Care Staffing Agency Limited

## **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 inspector, an inspection manager, 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. The expert by experience had experience of older people.

#### Service and service type:

The service is a domiciliary care agency providing care for people who live in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the provider a few days' notice about the inspection site visit. This was because we wanted to make arrangements with the provider to speak to people who use the service. On the 8 March 2019, the expert by experience spoke with people who used the service and their relatives. On 11 March 2019, an inspector and inspection manager visited the office location to speak with the manager and to review care records and policies and procedures. On the 11 March 2019 the assistant inspector made phone calls to staff.

#### What we did:

We reviewed information we had received about the service since the last inspection in August 2018.

We asked for feedback from the local authority and commissioning teams.

We spoke with the registered manager, care co-ordinator and eight care workers.

We spoke with eight people who used the service and three relatives.

We reviewed parts of three people's care records and other records and audits relating to the management of the service.

# Is the service safe?

## Our findings

During this inspection we followed up the concerns found during our previous inspection in August 2018. At the previous inspection, safe recruitment processes were not always followed, staff often arrived late to calls and staff did not receive checks on their competency to support people with medicines. At this inspection improvements had been made.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People said they felt safe in the company of staff. A relative said "Most of the staff are brilliant to [relative]. Sometimes they need a bit of a nudge and prompting but [relative] tells them. I feel like [relative] is safe and she has told me she feels safe."
- Safeguarding procedures were in place and we saw they had been followed. Staff received training in safeguarding and understood how to identify and report allegations of abuse

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and clear and detailed plans of care put in place to support safe staff practice.
- People we spoke with told us staff consistently cared for them in a safe way.
- The service worked with other health professionals to ensure safe moving and handling plans were in place. Records we reviewed showed the correct number of staff attended each call to keep people safe when transferring people.
- The electronic call monitoring system helped ensure the safety of the service. There had been no missed calls. Any late calls were investigated in real time to ensure people did not go without care and support.

Staffing and recruitment

- Overall, we found there were enough staff deployed in the right places to ensure safe care and support. The service only took on additional care packages should staff be available to support people.
- Staff said travel time had improved since the last inspection, although some staff said there wasn't always enough time allocated. One staff member said, "Most of the time, at the service users we have plenty of time, most of the time between calls we have enough time it's just if there's roadworks or something." We reviewed rotas and found they were usually manageable to support staff getting to the right places at the right time.
- We reviewed call times and saw people usually received calls at the same time each day with a good level of consistency. People were generally happy with call times.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

#### Using medicines safely

- Medicines were managed in a safe and proper way. People said they received appropriate support with their medicines.
- Staff had received training in medicines management and had their competency to give medicines safely assessed.
- Clear records were maintained of the medicine support provided to each person. The service worked with people and local pharmacies to ensure they had up-to-date information on people's medicine support needs.

#### Preventing and controlling infection

- Staff had access to a supply of personal protective equipment. Staff hygiene principles were checked during spot checks of practice.

#### Learning lessons when things go wrong

- There had been no recent incidents within the service. However, we saw some examples where practice had been improved following adverse events that had occurred in similar services to help continuous improvement of the service.



# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2018. We had concerns about the lack of spot checks on staff practice, supervision and appraisal and imposed a condition on the provider's registration to ensure these were put in place. At this inspection we saw new systems had been put in place and most checks and supervisions were up-to-date, but action was needed to ensure these were consistently completed in a timely way.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Whilst systems were now in place to provide staff with supervision, appraisal and spot checks of their competence, these had not been consistently kept up-to-date in line with the provider's policies. Following the inspection action was taken to address this. Whilst most staff said they felt well supported, some staff told us they thought they needed more support in some areas of their work.
- There was a high turnover of staff which was a potential barrier to effective care and support. For example, 11 of the 18 care workers had started in the last year. However, people we spoke with said staff had the appropriate skills to care for them.
- Staff told us training was effective and gave them the skills they needed to provide care and support. Staff received a range of training which was in the most part kept up-to-date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service with the registered manager or care co-ordinator completing a pre-assessment.
- A range of care and support plans were produced in line with standards, guidance and the law. We found these were overall sufficient and appropriate.
- People were happy with the effectiveness of care provided by the service.

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

- People said staff supported them appropriately with eating and drinking.
- People's needs were assessed and clear information was provided to staff to meet people's nutritional needs.

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

- The service worked with a range of health professionals to help meet people's needs. Information was recorded so staff and management were clear what action had been taken to address any healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Overall, we saw the service was acting within the legal framework of the Mental Capacity Act (MCA). People's capacity to consent to their care and treatment was assessed. In most cases, people had been involved in decisions relating to their care and we saw evidence they had consented to their care and support.
- In one instance, the service had arranged for a person to have bed rails installed. However, there was a lack of evidence the person had consented to this. We spoke with the registered manager about the importance of having clear consent and best interest process in place when restrictions such as bed rails 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

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 were treated with kindness and compassion by staff. People provided positive feedback about the staff who supported them. One person said, "I am happy, the staff are very good. They are pleasant, they always knock on the door and don't just walk in. I feel safe and have a good relationship with them." Another person said, "I like them they are really good, very caring. They see things I don't see, for example like they always comb my hair and open the page for me on my radio times so it's the right day for me, they go an extra mile. They chat with me and shout hello they make me laugh."
- People generally said they had regular care staff who provided care and support to them. They told us most of the time staff let them know if they were going to be late.
- Staff demonstrated to us they had good caring values and truly cared for the people they were supporting.

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

- People and relatives told us staff listened to them and respected their views. One person said, "They always ask me can I do anything for you and get me a bit of shopping in if they have time. They help me with my shower and wash and dry me well. They listen to me."
- People and relatives told us they felt involved in their care. However, care reviews needed to be recorded in a more formal way, with a more detailed record kept of people's views in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their privacy, dignity and independence promoted. One relative said, "Absolutely no complaints they can't do enough for my mum, they are excellent nice and kind I wouldn't change anything."
- Staff demonstrated they treated people with dignity and upheld their privacy for example when delivering personal care.
- Care planning focused on encouraging people to do some tasks for themselves in order to promote independence.

# Is the service responsive?

## Our findings

At the last inspection in August 2018 we rated this domain as requires improvement. This was because care records had not always been reviewed regularly and kept up-to-date. At this inspection we found that improvements had been made.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received appropriate care which met their needs and preferences.
- People were happy with the care and support they received. One person said, "They know my likes and dislikes and how I like it." People described how staff helped them with all the care tasks they needed doing.
- The service had worked with other agencies to get people equipment to increase their independence and freedom around their home environment.
- People's care needs were assessed and clear and detailed plans of care were in place. These were usually kept up-to-date. One person's care plan did not reflect their current needs, this was in process of being updated by the registered manager.
- Overall, we found people received calls at appropriate times which helped met their individual needs. A small number of people said call times were not always appropriate. However from speaking to people, staff and reviewing call time records we found they showed a good level of consistency in line with people's needs and preferences.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to complaints. There had been no recent complaints about the service
- People said they felt able to raise concerns or complaints and felt appropriate action would be taken by the registered manager.

End of life care and support

- Staff had received end of life care training to ensure they could effectively support people's needs in this area. End of life care needs were assessed by the service. At the time of the inspection no end of life care was being delivered.

# Is the service well-led?

## Our findings

At the last inspection in August 2018 we rated this domain as inadequate. This was because of persistent non-compliance with our regulations, a lack of regular audits and governance systems and because of poor feedback from staff about how the service was managed. At this inspection we found improvements had been made in a number of areas for example care recording, recruitment and some staff support mechanisms. However, the service had not fully ensured that staff supervision, appraisal and spot checks were kept up-to-date.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- A number of improvements had been made to the service since the previous inspection. However, action had not been taken to fully ensure appraisal, spot checks and supervisions were kept up-to-date. Whilst we received confirmation these were updated following the inspection, systems should have been operated to ensure these were consistently kept up-to-date prior to the inspection.

This was a continued breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

- Audits and checks took place of the medicine management system, people's call times and daily logs of care. The electronic monitoring system was checked in real time but also audited to check adherence to call times in a more structured way.

### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives praised the overall care experience and said they felt the service was well managed. People said they received individualised care and support.
- Staff and management adhered to person-centred care principals and demonstrated to us that they put people who used the service first.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place. They had a good understanding of the service and how it operated. They were supported by other office based staff to monitor and check the service.
- Some staff said support from management needed improving. They said they did not often receive rotas until the day before they were due to deliver care and there was a lack of organisation in the management team which did not always make them feel appreciated or valued. However, this view was not supported by all staff. We saw staff turnover rate was high. For example, 11 of the 18 staff had started working at the service in the last year.

We recommend the service obtains and analyses staff satisfaction and turnover in order to put a strategy in place to help retain and support staff.

- Electronic call monitoring helped the service monitor the activity of staff and ensure people received a consistent and high-quality service.

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

- People's feedback was sought through an annual survey. This had been collated and analysed and showed most people were happy with the service.
- The service needed to obtain and record people's views better through regular care plan review.
- Staff meetings were periodically held where quality issues were discussed.

Working in partnership with others

- We saw examples of the service working with other professionals and agencies to help ensure people's needs were met. This included health services and social workers and local commissioners.

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 17 HSCA RA Regulations 2014 Good governance<br><br>(1)(2a)<br>Systems and processes were not always effective in assessing, monitoring and improving the service. |