

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?	Requires improvement	

Overall summary

This inspection took place on 19 and 22 October 2015 and was announced. At our previous inspection on 22 October 2013 we found a breach in relation to people's safety as risk assessments were not comprehensive and reflective of people's needs and risks. At our follow up inspection 23 January 2014 we found the provider had reviewed the risk assessments and care plans for all the people using the service.

Nightingale Home care is a domiciliary care agency that provides care and support for people living in the London Borough of Bromley and the surrounding areas. At the

time of this inspection 96 people were using the service. 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 and associated Regulations about how the service is run.

We found the service had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. However the

Summary of findings

provider had failed to notify the Care Quality Commission of an allegation of abuse in relation to a person using the service. You can see the action we have told the provider to take at the back of this report.

People said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People had access to health care professionals when they needed them and were supported, where required, to take their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision. The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary support needs.

Assessments were undertaken to identify people's support needs before they started using the service. People had been consulted about their care and support needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider sought the views of people using the service and staff through surveys. They recognised the importance of monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

Summary of findings

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 safe. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

People using the service and staff told us there was always enough staff available to them and they turned up on time. People could access support in an emergency.

Where appropriate people were supported to take their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

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

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with shopping for food and cooking meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Good



Is the service caring?

The service was caring. People said staff were caring and helpful.

People said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. Assessments were undertaken to identify people's support needs before they started using the service.

People's care files included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

Good



Summary of findings

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

An aspect of the service was not well-led. The provider had failed to notify the Care Quality Commission of an allegation of abuse in relation to a person using the service.

The provider took into account the views of people using the service and staff through surveys. There were systems in place to monitor the quality of the service and make improvements where needed.

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

Requires improvement



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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

This inspection took place on 19 and 22 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available at the office. The inspection team comprised of two inspectors. One inspector attended the office on both days of the inspection. They visited six people using the service on the first day. The other inspector made telephone calls to people who used the service and staff.

We looked at the care records of 16 people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with 15 people using the service, a friend of one person using the service, eight members of staff and the manager. We also spoke with a health care professional and asked them for their views about the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel safe. I have the same lady every day. She’s always on time. I’ve got a panic button and they respond very quickly.” Another person said, “I feel safe. The staff always wear a uniform and carry identification cards so I know who they are and where they come from.”

The service had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they and all staff had received training on safeguarding adults from abuse and training records confirmed this. Staff said they were aware of the organisation’s whistle-blowing procedure and would use it if they needed to.

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 staff’s previous health and social care work experience, their qualifications, full employment history and explanations for any breaks in employment. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out.

People using the service, staff and the manager told us there was always enough staff on duty. One person said, “Staff always come on time and do what they are supposed to do for me.” Another person said, “The staff nearly always turn up when they are supposed to. I know the traffic round here can be terrible so I don’t mind if they are a few minutes late.” Another said, “The staff are normally on time. They would let me know if they were going to be late.” A member of staff said, “There are always enough of us around to meet people’s needs. We have plenty of staff and people always get their care on time.” The manager said

staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

People could access support in an emergency. One person told us, “I have a folder with Nightingales telephone number. I can call them if I need any help.” Another person showed us a pendant they wore around their neck and said, “I just have to press this and someone will call me to make sure I am ok.” We saw another person with this type of pendant, they said, “This is the emergency call system and I would only use it in an emergency.” Action was taken to assess any risks to people using the service. We saw that people’s care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people’s homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. The 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. Some people said staff reminded them to take their medicines and some people said staff helped them to apply creams and take their medicines. One person told us, “I look after my own medicines but staff help me with my creams every day. That’s only because I can’t reach.” Another person said, “Staff always check I am okay and make sure I have taken my medicines, they are very good.” A member of staff told us they had received training on administering medicines. They said, “I am really organised with people’s medicines. You need to be. The pharmacy provides a daily blister pack and I follow their advice to the letter. I always complete the MARS charts and these are collected regularly by the supervisor and audited.”

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, “The staff are very good, they do what they need to do. They know their jobs well”. Another person said, “The staff seem to be well trained to do the job, they are really good.”

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with their training. They said initial shadowing visits with experienced members of staff had helped them to understand people’s needs. They said they received regular supervision and an annual appraisal of their work performance. We saw records confirming staff were receiving regular supervision and annual appraisals. They were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

Records showed that all staff had completed an induction programme when they started work and training that the provider considered mandatory. This training included first aid, food hygiene, diet and nutrition, medicines, manual handling, safeguarding adults, dementia awareness, health and safety, infection control, dignity in care, diversity and equality and the Mental Capacity Act 2005. The manager told us that all staff had been enrolled on a six month Qualifications and Credit Framework (QCF) training course on dementia awareness beginning in November 2015. One member of staff told us they were looking forward to the course as this would enhance their skills and provide them with a better understanding of people living with dementia.

The manager told us that all of the 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 shopping for food and cooking meals this was recorded in their care plans. One person using the service said, “Staff help me to cook meals and I can keep some in the fridge for the next day.” Another person said, “The staff make me a cup of tea and my breakfast every morning. They sometimes make me a sandwich for later but they don’t have to. They make sure I have a little snack.” A member of staff told us they regularly cooked meals for a person using the service. They said, “Thankfully she really likes my cooking.”

People had access to health care professionals when they needed them. One person told us, “If I need to see my GP the staff will call and make an appointment for me. The staff also take me to my appointments at the falls clinic.” Staff monitored people’s health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff told us, “If I saw any break down in the persons skin condition I would contact the office, the persons GP or the district nurse and record everything in the person’s daily notes.” A health care professional told us they were currently supporting a person who required complex specialist items of equipment. They said staff carried out their instructions to the letter and staff were quick to contact them especially when there are concerns.

Is the service caring?

Our findings

People said staff were caring and helpful. One person using the service said, “Thank God for the staff. I never had one who wasn’t efficient, caring or discreet. They are like lightning; they do all sorts of things for me in half an hour. I think the agency employ very nice natured, kind staff.” Another person said, “I fought to stay with Nightingales, I feel safe and secure with them. I get good continuity of care, they have got my back, and they are my one stability.” Another person said, “The best thing they’ve got is their staff. They are really conscientious and caring. The supervisor used to be a carer and she’s really good. She knows what it’s like from both sides of the fence.” A health care professional told us that staff appeared to have a good rapport with people using the service; they included people in planning their own care.

People were provided with appropriate information about the agency in the form of a ‘Statement of purpose’. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

People said they had been consulted about their care and support needs. One person said, “They talked with me

about what my needs were and put a care plan in place. I know what’s in it and we talk about if things have changed and if the plan needs to change.” Another person said, “I am actively involved in planning my care and have a care manager who liaises with the office and the care staff.” Another person said, “I’m fully involved with my care, the planning and any alterations. The staff are very capable, friendly and polite people and I’m happy with the service.”

People were treated with dignity and respect. One person said, “The staff are always friendly and respectful. My dignity is never compromised.” 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. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, “I make sure that doors and curtains are drawn when I am giving someone personal care. I put a towel over them and I always explain what I am doing for them.” Another said, “If someone is at the person’s home, for example a family member or a district nurse, I will always wait until they leave before offering them support with personal care. I always include the person in making decisions about care I give them and what clothes they would like to wear.”

Is the service responsive?

Our findings

People told us that the agency and staff provided them with good support and care. They told us the agency provided them with a weekly schedule that told them which member of staff was attending to them. One person said, “I get a schedule every week without fail. At least I know whose coming to help me. I know the ones that come to help me and they know what they need to do for me.”

People were provided with seasonal newsletters. The summer newsletter included details of a rock and roll night at the providers nearby care home, special birthdays and a crossword. The manger told us that people using the service were invited to and attended the rock and roll night. Some people had also been supported to attend a recent outing at a local bowling club.

Assessments were undertaken to identify people’s support needs before they started using the service. We looked at the care files of 16 people using the service. These were well organised and easy to follow. Initial assessments covered areas such as the person’s medical history, their prescribed medicines and support required with medicines, their personal history, diet, hobbies and interests and religious and cultural needs. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives, where appropriate, had been fully consulted about their needs. Care plans were updated using an electronic system with hard copies printed out for easy staff reference.

A member of staff told us care plans included good information about people; they told them what they needed to do for people. They were simple, straight forward and easy to understand. Another member of staff said, “The care plans are easy to follow. The personal histories are very informative and helpful. It gives you a sense of the person and topics for conversation.”

People’s care files also included risk assessments and other documentation, for example, care plan approval and

consent to care and treatment forms signed by people using the service, care plan reviews and Mental Capacity Act (2005) assessments. We saw care plans were reviewed regularly and kept up to date to make sure they met people’s changing needs. All of the care plans and risk assessments we looked at had been reviewed on a three monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people.

The manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us, for example, that that one person, whose first language was not English, was matched with a member of staff who could speak their language. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, one member of staff said, “If a new person started using the service and they needed support with moving and handling or we needed to use a hoist to support them, we would receive training from an occupational therapist before we would be allowed to support that person.” Another member of staff said, “The manager makes sure we have the right training so that we can support people the right way.” Another said, “I would never be asked to work with a person with a condition or a need that I did not understand. They match our skills and experience with the needs of the people we support.”

People said they knew about the complaints procedure and they would tell staff if they were not happy or if they needed to make a complaint. One person said, “They encourage me to tell them if something is wrong and I am confident in doing this and that the service will respond.” The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

We spoke with the manager about an on-going issue recorded in the complaints folder where an incident had been reported to the agency and investigated by the police who said that no further action need be taken. The manager confirmed that this incident had not been reported to the local authority safeguarding team or the Care Quality Commission (CQC) as they felt it was being appropriately addressed. The manager agreed that the incident should have been reported to the local authority and the CQC as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During the inspection the manager formally notified the local authority and the CQC about this incident.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The manager showed us a mock inspection report completed by an external agency in July 2015. The report covered the CQC's five domains of safe, effective, caring, responsive and well led and highlighted areas of good practice and areas where improvements could be made. The manager showed us an action plan they had developed to address the recommendations made in the report. They confirmed, and we saw, that actions had been taken to address these recommendations. The manager showed us the provider's monthly internal audit forms. These also covered the CQC's five domains. Under "safe" for example, the provider recorded that a new medication procedure needed to be produced that addressed areas as identified in the mock inspection. We saw that the new medication procedure was in place. Under effective the provider had discussed training needs with staff and the introduction of the Care Certificate.

The provider took into account the views of people using the service and staff through surveys conducted. The manager showed us completed service user feedback forms completed in May and June 2015. These included positive comments from people and where improvement

needed to be made the actions required were recorded. For example one person felt that staff could appear rushed and wondered if there is sufficient time scheduled between jobs. We saw an analysis report and an action plan from the survey. This indicated that the provider had spoken with this person and advised them that visit times had been adjusted on the staff planner. The manager told us a staff survey questionnaire had been distributed to all staff at the beginning of October 2015. They told us that once feedback from staff had been received they would draw up a report and action plan and use these to make improvements where required.

The manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. We saw records of unannounced spot checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. The agency used an electronic telephone monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in peoples care contracts. We saw the manager and supervisors monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

Staff said they enjoyed working at the service and they received good support from the manager, supervisor and office staff. One member of staff said, "I have worked here for 13 years. I get really good support from the manager and office staff, they are always on the end of the phone. If something is urgent on a call they will come out and see me right away. The manager has an open door policy and I can talk with them about anything if I need to." Another member of staff said, "We are all well supported by the manager. My questions are always answered. I think I would have struggled sometimes but for the manager and the supervisors support." They said, "I love my job, I'm a natural carer, I like helping people. If I can do something to make someone smile and make them feel happy it makes me feel great."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider failed to notify the Care Quality Commission of an allegation of abuse in relation to a person using the service. Regulation 18 (1) (2) (e) and (f).