

Nightingale Care Bideford

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Inspection report

8 Allhalland Street
Bideford
EX39 2JD

Tel: 01237237077

Website: www.nightingalecaredevon.co.uk

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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

About the service

Nightingale Care Bideford is a domiciliary care agency providing personal care to adults living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 19 people using the service.

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

People felt safe with staff and found their visits reassuring and supportive. They told us staff were professional and the service was run by a dedicated and approachable registered manager. For example, a person using the service said, "They are a small very professional outfit with great prospects. The way they care is second to none."

People were supported by staff who had been recruited safely. There were enough staff to meet people's needs and people told us staff arrived on time and were reliable. People said there was a consistent group of staff who knew them well.

People were supported by trained staff who could meet people's care and well-being needs. For example, a person said, "I feel they are well-trained, and they are respectful, and I would recommend them to others." People received their medicines in a safe manner and were protected from the risks of infection as staff followed safe and appropriate hygiene practices.

People's needs were fully assessed before care began. People's ability to make decisions about their own care and support had been assessed and people told us they were involved in their care plan. A relative said, "I was involved in mum's care plan and they were very helpful" and a person using the service said, "I make my own decisions and (I) am involved in my care planning."

The service worked well with external health professionals to provide good health outcomes for people. For example, a relative said, "Their communication with other services has been excellent."

People and their relatives told us staff were caring and supported them in a personal way, respecting people's choices and staff treated them with kindness. This was reflected in all of the feedback we received. For example, a person said, "We don't feel rushed or that they [staff] are impatient, they are considerate, caring, watchful and patient. They are incredibly kind and a joy to be around... I can't speak highly enough of them." Staff responses to our survey showed they understood their responsibility to ensure people understood and were involved in their care.

People and their relatives confirmed staff acted in a respectful manner when delivering personal care. A person said, "They have been brilliant, I can't fault them. They treat me with respect, and they are also respectful to (relative) when (they) visit." A relative said staff "do things the way he likes and respect his

privacy and dignity." People were supported with end of life care by experienced staff.

Records showed a genuine commitment by the registered manager to resolve and address concerns and complaints in a timely manner. Staff understood their responsibility to pass on concerns and complaints to the registered manager so they could be responded to in line with the service's policy.

People benefited from a well-led and professional service, whose staff were reliable and caring, and the registered manager was committed to maintaining high standards and a personal service. Quality assurance systems were in place to monitor the service and identify areas to improve. People and their relatives were encouraged to be involved in making decisions around their care and providing feedback. In their responses to an annual survey, they showed a strong connection to the success of the service.

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

Why we inspected

This service was registered with us on 4 February 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The summary was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Nightingale Care Bideford

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service and five relatives. We visited the office and spoke with the registered manager and two staff. We reviewed care and assessment records, staff recruitment and training, complaints and compliments records, reviewed the result of an annual survey and quality assurance records. We contacted 15 staff members by email for feedback and received 13 responses.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of harm.
- People using the service and their relatives said they felt reassured by the professionalism of the staff group and their reliability. For example, a person said, "I feel completely happy with all the care I receive from all the carers who come in to me, they are professional, caring, and always have my best interest at heart." A relative said, "They come four times a day and we feel safe in their hands. They are a comfort, a help, and a support."
- The registered manager took the responsibilities of their safeguarding role seriously. Through discussion they demonstrated their understanding to safeguard people using the service and ensure their staff team had the skills to recognise abuse and risks to people. Systems were in place to ensure people knew who was coming into their home. For example, a staff member told us, "Our clients have a laminated or printed picture page in their care folder that identifies each carer by picture and name. The clients also receive a weekly schedule showing who will be calling and the time of the call."
- Staff responses showed their safeguarding knowledge, including the range and signs of abuse, and their need to report concerns immediately. They also confirmed there were clear whistleblowing procedures if their concerns were not addressed appropriately, which included contacting external agencies, such as the local authority or CQC.

Assessing risk, safety monitoring and management

- Risk assessments were completed to ensure care could be delivered safely to people.
- The registered manager assessed people's care needs and their environment before care was provided by the service. They were committed to ensure they could meet people's care needs and expectations so regularly provided the initial care visits themselves to enable them to create an accurate care plan and update the staff team who provide on-going care.
- Records confirmed the registered manager assessed people's home environment and identified measures to reduce the potential risk of harm when care was being provided.
- Staff had been trained in the safe use of equipment in people's homes. For example, people said the registered manager visited people to check staff were using their training in practice to ensure people were transferred safely. A person said, "[The registered manager] is dedicated and all the carers are the same way."

Staffing and recruitment

- Staff were recruited to the service safely and there were enough staff to support people.
- People praised the allocation of a small team of staff who supported them. Continuity of care was

important at the service and people using the service benefited from having the same staff to provide their care. For example, a relative said, "It's nice to have the same carers. I get to know them, and they have become friends. There are about five carers that come so I feel continuity is good and they get to know my likes and dislikes."

- The registered manager told us recruitment was an ongoing process. They told us they would not compromise the quality of their care by recruiting new staff who did not meet their high standards. A relative commented, "[The registered manager] has very high standards and won't employ just anyone. I have lots of trust in Nightingales and the continuity of their continuing quality care."
- Records confirmed, staff had completed an application form, provided references and criminal background checks using a Disclosure and Barring Service (DBS). These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe manner.
- Systems were in place for people to receive medicines as prescribed with guidance for staff where necessary. For example, a staff member said, "We have MARs (medicines administration records) charts...in each service user's care plan, which clearly lays out what medication we are to give so we are to check it on every visit attended."
- Medicines administration records are used to record whether people have taken or refused their prescribed medicines, and these were audited regularly to ensure records were accurate and there were no medicines errors or omissions. This helped ensure people received their medicines safely and ensured staff administered medicines safely.

Preventing and controlling infection

- People were protected from the risks of infection as staff followed safe and appropriate hygiene practices.
- Staff had completed Infection Prevention and Control (IPC) training and described their good practice relating to IPC and how they managed the risk of infection to people.
- Staff completed regular testing for COVID-19 to ensure they were safe to support people in their own homes. The results of these tests were recorded and monitored by the registered manager and staff followed government guidance if they received a positive result.
- The registered manager kept up to date with the latest government guidance relating to COVID-19. They ensured through good communication staff understood the expectations and their personal responsibilities.
- People using the service told us staff wore Personal Protective Equipment (PPE) whilst in their home providing personal care or preparing food. For example, comments included, "Staff anti-bac (anti-bacteria wipe) all the counter tops and stuff when they have finished and tidy away things they have been using. They wear full PPE when they are here. They dispose of their PPE in a bag before they leave and put it in the outside bin."

Learning lessons when things go wrong

- Systems were in place to learn when things went wrong.
- Incidents where things had gone wrong, were reported by staff and correctly recorded and investigated.
- We reviewed records and saw concerns had been reported correctly with investigations into what had happened and what could be done to minimise the risk of them happening again.
- Staff were comfortable with speaking with the registered manager or the senior workers to let them know when they had concerns or if things had not gone well.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before care began.
- The registered manager reviewed people's needs before they started with the service. Referrals were received from individuals or the local authority; these were reviewed to ensure the service could meet the assessed care needs of the person. The registered manager visited people to perform an assessment of need, asking people and, where appropriate, their relatives what they wanted from the care package. Records confirmed the registered manager completed a full care needs assessment and relevant risk assessments to ensure people's needs could be met.
- Care plans contained individual information relating to people's life histories, medical history, current needs, interests/hobbies and cultural needs.
- A relative said, "I was involved in mum's care plan and they were very helpful" and a person using the service said, "I make my own decisions and (I) am involved in my care planning."

Staff support: induction, training, skills and experience

- People were supported by trained staff who could meet people's care and well-being needs.
- People praised the skill and professionalism of the registered manager and their staff team. For example, a person said, "I feel they are well-trained, and they are respectful, and I would recommend them to others."
- Staff completed an induction, a period of shadowing experienced staff and a range of training modules to ensure they had the knowledge, skills, values and behaviours expected by the registered manager. There were also competency checks and spot checks on staff practice to ensure they had the skills to carry out tasks and put theory from their training into their practice.
- The registered manager also utilised external resources, such as a 'Virtual Dementia Tour Bus' which enables staff to participate in experiential training to gain an insight into the experience of people living with dementia.
- Staff were complimentary on the induction and training they had received. Staff told us, "I found my induction thorough and appropriate for my role. We have update training on all appropriate courses" and "Good induction, carried out mandatory training, and shadowing."
- Staff felt supported by the registered manager and the senior care workers through supervisions, annual reviews and their availability to provide guidance or reassurance.

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Where this support was provided, records were kept to monitor people's health. For example, relatives

confirmed they could check food and fluid records if they had any concerns regarding weight loss or the individual's health.

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 well with external health professionals to provide good health outcomes for people. For example, a relative said, "Their communication with other services has been excellent."
- People's health needs were clearly documented within their care plans. A relative commented, "(Person's name)'s health has improved since they (Nightingale) have been coming in."
- The registered manager had clear systems and processes in place for referring people to external services such as requests for reviews by their social worker to ensure any changes of need were identified quickly and action taken.
- The registered manager had a good working relationship with commissioning service departments to assist people coming home from hospital or who required respite care.

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

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's ability to make decisions about their own care and support had been assessed and people told us they were involved in their care plan. A person said, "It's nice to have the same carers. I get to know them...I feel continuity is good and they get to know my likes and dislikes."
- Details of relatives who could support people with decision making or advocate on their behalf were contained in people's care records.
- The registered manager understood the principles of the MCA and staff responses to our survey showed they always offered people choice and respected their decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 supported by staff who were kind and compassionate.
- People and their relatives told us staff were caring and supported them in a personal way, respecting people's choices and staff treated them with kindness. This was reflected in all of the feedback we received. For example, a person said, "We don't feel rushed or that they (staff) are impatient, they are considerate, caring, watchful and patient, they are incredibly kind and a joy to be around... I can't speak highly enough of them."
- Staff knew people well and told us this was due to visiting people on a regular basis and good information. This helped staff get to know people and support them the way they wanted to be supported. Feedback from people showed they benefited from this continuity of care.
- Staff worked alongside family members and showed respect for their privacy working in a professional manner. A relative said, "They are all very welcome in our home."

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

- People were involved in their care and encouraged to state what they wanted from their care at all times. People and their relatives told us staff spent time with them asking what they needed and engaged with them. A person said, "I don't know what we would do without them. It is wonderful to be cared for and cared about and feel very well looked after."
- People were involved in making decisions about their care. The registered manager and senior care workers completed telephone reviews and spot check visits, which helped the team identify any changes needed to be people's level of support.
- Relatives appreciated being able to call the office and speak with the registered manager or staff who knew them and could respond to their requests. For example, one relative said, "I have found them to be very flexible, responsive and kind. I had to increase the hours and it was no problem."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People and their relatives confirmed staff acted in a respectful manner when delivering personal care. A person said, "They have been brilliant, I can't fault them. They treat me with respect, and they are also respectful to (relative) when (they) visit." And a relative said staff "do things the way he likes and respect his privacy and dignity."
- In their responses to our questions, staff demonstrated they had adopted the values of the registered manager and the ethos of the service; they spoke about people respectfully and understood they were working alongside them. Staff members gave us examples of their approach based on the service's dignity

policy, including "(We) make them feel included as much as possible in what happens to them and how. Allow them to do somethings for themselves if they are still able, even if it takes a little longer. Promote independence where possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care which was personal to them and met their individual needs. A person said, "There is a care plan and its content have been carried out to the letter. They look after my well-being too."
- People, their relatives and external professionals were involved in creating care plans when starting with the service. This ensured people were supported the way they wished to be.
- People's care plans and risk assessments were continually reviewed and updated whenever there were changes in needs or at scheduled reviews. This ensured staff had access to the most up to date information needed to provide care and support. A staff member said, "Being a small team I feel it offers a personal service, (the registered manager) is very knowledgeable and encourages staff to be their best."
- People and relatives praised the prompt response by the service when support levels needed to be increased. Records showed occasions when extra visits were arranged when people were unexpectedly unwell. Staff confirmed changes were communicated well by the registered manager to ensure they were up to date before they visited. Care plans were updated to reflect changes.
- Staff used care plans to learn information about people's interests and life experiences and told us how they incorporated this in their conversations during their visit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service communicated well with people.
- Discussions with the registered manager and responses from the staff group showed they were committed to ensuring information was communicated in an appropriate manner for the individual.
- Staff responses to our questions showed they understood their responsibility to ensure people understood and were involved in their care. For example, "We allow the service user time to respond to any questions asked without trying to prompt them or make them feel rushed" and "I also show alternatives so they can choose what they want." A third staff member said, "Ask them questions, use multiple forms of communication if needed depending on their preferred method to ensure that they are heard and have a say in what happens and how."

Improving care quality in response to complaints or concerns

- The service had an effective and responsive system in place to respond to complaints or concerns.
- People and their relatives felt listened to by the registered manager. For example, a relative said "Any minor issues are dealt with and rectified pretty much straightaway...I informed (the registered manager) and she passed it on to the carers straightaway, it (the issue) has never happened since. She is quick to fix."
- Records showed a genuine commitment by the registered manager to resolve and address concerns and complaints in a timely manner. Staff understood their responsibility to pass on concerns and complaints to the registered manager so they could be responded to in line with the service's policy. They told us, "(The registered manager) is a brilliant manager who has always dealt with an issue/concern straight away and she takes it very seriously and gets straight to the point and tries to resolve it."

End of life care and support

- People were supported by experienced staff with end of life care.
- The registered manager knew who within their team had the experience and knowledge to support people with end of life care. Where necessary, they and senior care staff provided this support to individuals. They understood each staff member had different strengths and therefore matched staff appropriately. For example, a staff member said it was a privilege to be involved at the end of a person's life and to ensure they felt comfortable, reassured and safe.
- Some staff told us they did not have experience in this area of care and had requested training; the registered manager had planned training from a local hospice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefited from a well-led and professional service, whose staff were reliable and caring, and the registered manager was committed to maintaining high standards and a personal service.
- People and relatives praised the registered manager for their accessibility, responsiveness and recruitment of caring staff. For example, "They are a small very professional outfit with great prospects. The way they care is second to none."
- Staff feedback on the management of the service and the working environment was equally positive. For example, "I like that we're small, it makes us a close-knit team. And I love that it's about making a difference and really caring about what we do for clients which sometimes gets lost in a big company."

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

- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the registered manager should follow when things go wrong and to be open and transparent. For example, a person wrote, "We all make mistakes from time to time, the toughest part is acknowledging them, learning from them and then moving forward with that knowledge. You did that and the results are now evident, a huge thank you."
- Staff were actively encouraged to report concerns, accidents and incidents and be honest with what had gone wrong or when they needed additional support.
- The registered manager and senior staff completed regular effective checks and audits such as care plan audits, spot checks, and reviews to monitor the quality and safety of the service.
- There were clear job roles and responsibilities in place and staff understood these. Staff supporting the registered manager in the office were trained in providing good care and support, so they were available to assist in the community when needed.
- The registered manager understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service.

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

- People and their relatives were encouraged to be involved in making decisions around their care and providing feedback. In their responses to an annual survey, they showed a strong connection to the success

of the service.

- The registered manager sent out quality surveys to people using the service. This enabled people to provide feedback on what was going well and what could be improved. The positive results showed people were complimentary about the registered manager, staff and the quality of the care.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals to provide effective and joined up care and support. They had developed positive relationships with the local authority and the local community medical teams.
- The registered manager had kept up to date with changes in legislation and best practice.