

Nightingales Services Limited

39 Wick Farm Road

Inspection report

39 Wick Farm Road
St Lawrence Bay
Southminster
Essex
CM0 7PF

Tel: 01621778874

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 August 2016 and was announced. 39 Wick Farm Road is a small domiciliary care agency, providing personal care support to people in their own homes. At the time of our visit the service was supporting 53 people.

The service has a registered manager. 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 2008 and associated Regulations about how the service is run.

At the last inspection in 22 June 2015, we asked the provider to make improvements to the management of medicines, assessing and monitoring the quality of service provision and record keeping. At this inspection we saw that the service had made the necessary improvements.

People were safe because the service monitored that staff had administered medicines appropriately and safely. Risk assessments were carried out and measures put in place to manage and minimise any risk identified.

There were sufficient staff to meet people's needs and people received support from a consistent team of staff. Staff were recruited safely in line with current guidance. People received support and care from trained staff who were supported and supervised in their role.

The managers were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. The staff understood the need to obtain consent when providing care, what constituted restrictions on people's freedoms and their right to make decisions for themselves.

People were supported with meals and to make choices about the food and drink they received. Staff at the service worked alongside health professionals to support people to meet health care needs. Assessments had been carried out and care plans were developed which reflected people's individual's needs and preferences. People knew how to complain and the service responded well when concerns were raised and dealt with appropriately.

The management team were visible, open and empowering. Staff were very positive about working for the service and feedback from people who used the service and relatives was also very positive indeed. Effective systems were in place to manage, monitor and audit the quality of the service.

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.

Staff ensured people were safeguarded from abuse.

There were enough staff to keep people safe.

Recruitment checks were undertaken before staff started working at the service.

People were receiving their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff with the right skills and knowledge.

Staff sought consent prior to providing care.

People were supported with their meals and fluids to maintain a balanced diet.

People were supported to maintain good health and access health services.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and considerate, knew people well and provided an individualised service.

People were involved and included in all their care arrangements.

People's privacy and dignity was upheld and respected.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and reviewed and contributed to their care arrangements.

The service was person centred. People's preferences, likes and wishes were taken into account in their plan of care.

People knew how to complain and any concerns were dealt with quickly.

Is the service well-led?

The service was well led.

The service listened to people and took their views into account.

There was a visible and well established management team which was well respected.

A system to oversee and monitor the quality of the service was in place.

Good ●

39 Wick Farm Road

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.

The inspection at the service's office took place on 16 August 2016 with follow up telephone calls taking place until 23 August 2016. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We met with the registered manager, assistant manager and administrator. We telephoned and spoke with five people who used the service, three relatives and four staff. Three health and social care professionals also gave us their views of the care provided by the service. We reviewed a range of documents including the care records for six people who used the service, recruitment and training records of four staff and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in 22 June 2015, we told the provider to take action as risk assessments were not integrated into people's care plans and staff were not fully completing medicine administration records. At this inspection we saw that improvements had been made since our last visit.

People told us they felt very safe with the staff who assisted them. One person said, "I feel very safe around them and with them in my home." A relative told us, "[Person] is dependent on them and feels very safe in their hands."

Staff understood the need to protect people and to look out for their wellbeing and safety. Most staff confirmed that they had received training in the safeguarding of vulnerable adults from abuse (SOVA) and were clear on the actions that they should take to protect people. They were aware of the need to report any concerns to the registered manager or assistant manager and were confident that the managers would take the appropriate action. Training sessions for all staff to be updated in SOVA was planned for September 2016 which included the management team and office staff.

The registered manager and assistant manager were clear regarding their responsibilities to report safeguarding concerns to the local authority, although had omitted to inform CQC about a recent safeguarding but had subsequently completed and sent a notification the day after the inspection. The managers and staff worked effectively with other professionals and the assistant manager told us that they monitored situations of concern and communicated with professionals in a timely way so that people were kept safe.

Risks to people's health and wellbeing were assessed and recorded. These identified any risks around people being prone to falls, their skin care, and any medical condition or behaviour which called for specific action to be taken by the staff. For example, we saw that it was recorded that a person may become stressed when being undressed and how staff should support the person to make them more comfortable. We also saw that the registered manager sought professional guidance about the risks of supporting someone with specific illnesses so the staff were knowledgeable about what to do if a person became unwell at home or in the community.

The use of equipment, where it should be kept and any other risks in the physical environment were noted to ensure that the person and the staff who provided care in their homes were safe. One relative told us, "They regularly check the hoist and slings for wear and tear and let us know if we need to order new ones." A health professional told us that the staff managed risk well. Good communication between the service and professional bodies meant that people were well looked after as risks were kept to a minimum.

There were sufficient staff working at the service to meet people's needs. We saw that the rotas were well organised and planned ahead. Staff told us that they had enough time to get from one person to another and were not rushed. People told us that staff stayed their allotted time, and often did a bit extra with time permitting, when they visited. When there were staff shortages such as at holidays times or due to sickness,

the registered manager and assistant manager stepped into fill any gaps.

The relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references and a Disclosure and Barring Service (DBS) check to ensure that staff were not prohibited from working with people who required care and support. Application forms for new staff had been completed with any gaps in employment accounted for; identification and a photograph confirmed the person's identity. Recruitment processes were in place for the safe employment of staff.

The manager told us that they were in the process of issuing identity badges for all staff so that they were easily identified as working for the service as well as having their uniforms with the service's logo displayed.

Most staff had completed training in the administration of medicines as part of the service's policy and procedures. Refresher training had taken place for some staff in August 2016 and for other staff training was planned for September 2016. By the end of September, all staff would have up to date training in medicine administration to ensure they were knowledgeable about their responsibilities to keep people safe.

Where a person required assistance or prompting with their medicines, we saw that details of the persons medicines, the amount, colour of the tablet and when and how to take had been recorded in their care plan. This ensured that staff knew about the person's medicine regime.

We were told that Medicine Administration Records (MAR) sheets were present in people's homes and the staff and people we spoke with confirmed this. We saw copies of ones that had been completed and all were in order.

The managers were knowledgeable about the management of medicines and medicine audits were completed. Any concerns found were addressed very quickly. The staff, we noted, ensured prescriptions were correct for people by liaising with the GP and pharmacy when there was an issue. The assistant manager told us that because they provided a service to people in a very rural area, they picked up their prescriptions and medicines on the way to make their call, they said, "It's no problem to us and takes one worry away from them." One person we spoke with told us, "They have gone above and beyond, it helped us no end when they collected the medicines from the chemist for us, so very helpful."

Is the service effective?

Our findings

People we spoke with told us that the staff understood their needs and had the knowledge and skills to care for them effectively. One person said, "They [staff] always know what needs doing, even before I say. They always check out though and ask me, but they know. Another person said, "Messages are passed on and changes to arrangements are sorted out very quickly. You can always get in touch with a manager and they always call you back. It's very reassuring."

Newly appointed staff completed an induction process which covered areas such as health and safety, safeguarding adults from abuse, medicine administration and moving and handling people. The induction process was tailored flexibly to staff member's specific skills and availability. Staff members were introduced to all the people using the service over a number of weeks so that they got to know people and their circumstances. Shadowing experienced staff and the managers gave new staff valuable hands-on experience to learn from and ways in which people preferred their care to be delivered. They would then continue to work with other staff until the assistant manager was assured they were competent and had the necessary skills.

We saw that established staff had the relevant experience and skills to work with people in the community. The assistant manager had identified where there were gaps in staff member's training and had set up a programme of training over the next six months in the mandatory subjects relevant to work with people in the community which staff had the opportunity to complete. The additional training in dementia which staff had requested previously had been completed by over half the staff. The assistant manager was in the process of refreshing their knowledge and skills in moving and handling theory and practical in order to train staff in the effective use of repositioning techniques and the correct use of equipment.

Staff were well supported by the managers. They told us that the managers were available at the end of a phone or they could drop into the office at any time. As the managers also provided care, they worked with individual staff members so contact between staff and managers was frequent.

Staff meetings and supervision sessions were both informal and formal. Staff went into the office and shared concerns and got updates about the service as and when. They also had formal sessions where the manager met with each individual worker and discussed their work, role and performance and training needs. The assistant manager monitored the staff member's progress and observations of their competence to undertake the work. This was recorded and any issues about performance were discussed.

People told us that they were involved in their care and were listened to by the staff that supported them. The managers were aware of their responsibilities regarding the Mental Capacity Act (MCA) 2005. Four staff members had completed online training in the MCA, and all other staff were due to complete this by the end of September 2016. People's ability to and ways of communicating were noted in their care plan as were their wishes. We saw evidence in people's care plans such as, "[Person] can communicate needs and wishes." And another, "[Person] can express views and wishes clearly." And another, "[Person's] understanding is variable on some days so always check with them."

Staff we spoke with were able to give us examples of where people made their own decisions and consented to their care and support. One staff member said, "I always check things out with the person, I never assume one day is the same as the next." Another staff member said, "Sometimes people get confused and their dementia gets worse but we should always assume they still have the ability to make their own choices, unless we are told otherwise."

Where needed, people were supported to have enough to eat and drink and had their nutritional needs met by staff. People told us that staff supported them with meal preparation, the provision of drinks and snacks and in some cases assisted them to eat and drink. People told us that the staff were usually on time to give them their meals, offered choices and completed the daily log if something needed recording about the person's food and fluid intake. One person said, "I get my breakfast on time, just usually toast I like and have a meal in the evening. They do little jobs whilst waiting for my food to cook. I never go hungry." A relative said, "I usually do our meals so the carers don't have to worry but if I am out they will always prepare something for my [relative] if that was needed."

People's day to day health and medical needs were met by staff from the service and a range of health and social care professionals. Information about people's medical needs and the support required to enable them to remain well was available to staff.

Staff and professionals had positive, on-going relationships and they worked well together to support people to maintain good health and to enable people to remain living in their own homes in the community. One health care professional told us, "The service really works with us and the assistant manager will always try and find a solution to enable something to work better. They go out of their way to make that happen." Another social care professional said, "If people need access to any services, the service will be very quick to refer them. They keep on the ball and communication is very good. They always let me know what is happening or if there are any issues."

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us that the service was very good or excellent. People, their relatives and professionals could not speak highly enough of the service and especially the staff. One person said, "I didn't expect it all to be so lovely, they really care." Another said, "I have only had the service a little while and they have been amazing, absolutely brilliant." A family member told us, ""The carers are very attentive to my [relative] and always ask how she is feeling. They ooze kindness."

People told us that staff were polite, courteous and respectful when they entered their homes. One person said, "I always get a 'ooh I'm here' when she comes in and it puts a smile on my face."

People and their family members felt listened to, respected and involved in any discussions about care arrangements. One family member said, "Anything I am worried about I know I can talk to the staff. The managers always take time to pop in and see that things are working well. That's real commitment." The assistant manager told us that it was, "Really important to try to look after the family too as often the main carers did not have good health either."

The managers and staff were proud of their reputation for being caring and providing a person centred service. They felt that this was largely because they were not rushed in their interactions with people. They also wished to stay small so they would not lose that 'personal touch'. A social care professional told us that, "The feedback I receive from people using Nightingales is always excellent."

Staff spoke about people in a friendly, sensitive and caring way. One staff member told us, "I love coming to work; I have such lovely people to care for." The managers had a passion and enthusiasm for enabling people to remain as independent as possible and maintain their dignity. The registered manager said, "I do my work as I would like to be treated, as a valuable human being."

People were supported to maintain their privacy and dignity. Staff explained how they would maintain a person's dignity when providing personal care and they spoke about people as individuals and understood the need for confidentiality. A relative told us, "The carers are very respectful of maintaining [person's] dignity with their personal care. Maintaining their privacy is very important to them and the staff do this without thinking as it comes natural to them."

Is the service responsive?

Our findings

People and their families told us that the managers and staff responded in a kind and caring way to them. One person said, "I have really bonded with the carers and they have made me feel less anxious about having them in my home." A family member told us, "They are only a phone call away. I know anytime I need to know something, they will always get back to me."

People were assessed prior to receiving a service and a care plan was built up based on their individual needs. This was done through discussion with the person, their family and other professionals. People received support which was flexible and personalised and met their needs. People told us that staff came at a time that suited them. One person said, "If I needed to change the times, say for a hospital appointment, then they would fit me in later without any quibble." Another person said, "They listened to what I wanted and needed and I felt they understood my feelings."

Care plans provided staff with the information they needed to deliver person centred care. This included details about their needs, tasks to be undertaken, risks assessments, details of medicines taken and if assistance was required. The service did not have any male staff employed at the time of the inspection so they could not offer a choice of gender specific care to people at this time. People's needs were reviewed on an on-going basis or when their needs changed. We saw records which showed that reviews had taken place and information was up to date.

People received care from regular staff which they really appreciated. This meant that staff knew and understood their history, likes, preferences, needs and expectations. The service enabled people to have control over their lives and choice within it and as much independence as possible to remain at home. One person said, "I have had [staff member] for two years now, I should think she knows me very well by now." Another said, "I have not had many changes of carers but if they are training someone up, they always let me know as they have to get to know how to do their job."

Personal folders were kept in every house in which staff, family and other visiting health professionals kept updated. Family members and staff told us they found this was a useful way to keep up to date and to support on-going communication. These notes were written in a very friendly and respectful way.

The service worked in a coordinated way to keep people safe. All professionals we spoke with told us that staff were good at communicating with them and would report concerns to relevant health and social care professionals so that a review could be carried out to look at people's changing needs and get them the best care possible.

Concerns and complaints were responded to and used to improve the quality of the service. There was a complaints policy in place and although the service rarely received formal complaints it responded to people's concerns in a proactive and personalised way.

People and their families told us that they felt confident in raising concerns and we noted that concerns

were resolved rapidly and effectively due to positive existing relationships. One person said, "Nothing is too much trouble. I have never had to call them for anything as they have always turned up on time. No complaints at all." Another person said, "No complaints at all, they [staff] are smart, bright and clean and tidy. Everything is going along swimmingly."

Is the service well-led?

Our findings

At the last inspection we found the service did not have effective systems in place to monitor the quality of care people received. At this inspection we found that improvements had been made to the management of the service and its quality assurance systems.

These improvements included the recording of spot checks on staff competency, documented supervision with staff, clear recorded changes to peoples care through reviews and audits of the medicine administration records. To ensure these improvements continued, the assistant manager had allocated time each week from their caring duties to manage and monitor the quality of the service, obtain relevant guidance to inform their care and management practices and keep records in a system for easy retrieval when needed.

People who used the service, their families and staff were supported by a registered manager and an assistant manager who were always visible and carried out in practice their values and vision for the service. They were open, transparent and honest. People and their relatives were continually involved in their care arrangements and these were put in place through consultation and consent.

The service was situated in a rural setting and the managers knew their own and the surroundings areas well. They had good links with local organisations such as day centres and voluntary organisations, as well as health and social care services. They prided themselves on keeping the service small so that they could provide a personalised service and manage it within the resources available. They had looked after some people for many years and so had developed positive lasting relationships.

The assistant manager showed us some illustrations of satisfaction with the service from positive feedback they had received in an online customer survey. Also they had sent out 53 satisfaction surveys to people who used the service in April 2016 and all of the 15 responses had been positive. Comments included, "Always reliable, kind and happy towards us." "They cheer me up when I am feeling down." "If I go out I know that [person] is in good hands."

People told us that they saw both managers on a regular basis either providing the care or checking that everything was OK with the care provided. People told us that the service was, "Managed well." "They [management] always get back to you when you contact them." "You can always count on the managers to deal with anything really quickly, they will always be honest with you and tell you straight too. That's the kind of people they are." "One relative said, "Changes to care arrangements, say for hospital appointments were sorted out quickly and nothing was too much trouble."

Staff support systems such as induction, training, appraisals and supervision had improved and were recorded. Staff were very positive about the management, the working hours and rotas, the communication about changes to people's needs and the support and training provided. They knew what was expected of them and were motivated and enthusiastic about their work. They told us, "They are the most supportive company I have worked for." "If I call them [managers] and there is no answer I know that they will call me

back within five to ten minutes, you are never left to just get on with things alone." When I do calls with either of the managers you don't feel like they are your managers as they are just like us."

We saw that all staff, including the managers and admin staff, were undergoing refresher training so that they had the up to date knowledge they needed to carry out their roles. The assistant manager who was undertaking their diploma in health and social care management also had a one to one advice and guidance session with Skills for Care (an organisation which supports staff in the care industry) to look at their own training needs to enhance their management skills.

A quality assurance system was in place to monitor and audit the service which people received. The learning from people's experiences of the service and their feedback would ensure improvements were continually being made. Records were maintained and kept securely so that people could be assured that information about them was kept confidential.