Nightingale Homecare Norfolk Ltd

Nightingale Homecare Norfolk (Brooke)

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?	Good

Summary of findings

Overall summary

About the service
Nightingale Homecare Norfolk (Brooke) is a domiciliary care service. They provide personal care and support to people 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 the service was providing a regulated activity to 45 people.

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

People's end of life care needs were not routinely assessed. We have made a recommendation that the provider review how it meets people's end of life care needs.

People were protected from the risk of harm. Risks to people were assessed and staff took action to help mitigate identified risks. People were supported staff who had been recruited safely. People received support from fairly regular and consistent staff. The provider had recently implemented new systems which would help them to provide more regular and consistent visits for people. People's medicines were managed safely and people received these as prescribed. People were supported by staff who had a good understanding of proper hygiene and infection control. Incidents that occurred in the service were reviewed. Appropriate actions to mitigate the likelihood of a repeat incident were taken.

Holistic assessments of people's needs were carried out. People were supported by competent and trained staff. Where people required support with their meals this was done appropriately and staff supported people to eat the food they liked. People's health care needs were assessed and staff supported people in this area where required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff, who often gave up their own free time and resources to help enhance the quality of people's lives. People's independence was respected and supported. There were meaningful opportunities for people to discuss and make decision about the support provided.

People received person centred care which met their individual needs and preferences. People's preferences and wishes in relation to the service provided were accommodated where possible. People had care plans in place which provided guidance and information for staff, although in some areas would have benefited from more person centred detail. People's communication needs were assessed and supported. Staff understood the importance of social inclusion and supported people with social needs, this included facilitating the sharing of information with relatives when appropriate. People and relatives felt able to discuss any concerns about the service with staff. Staff took responsive action in response to any issues raised.

People and relatives felt some aspects of the service required further work. This was in relation to communication from the office and consistency of calls. The provider and registered manager were committed to seeking feedback from people using the service so they could make changes which would result in improved outcomes for the people using it. The provider had recently implemented changes to help improve communication and consistency of calls. There was good oversight of the service delivery by both the provider and registered manager. The provider had recognised the service could be strengthened by the development of a more formal governance system, plans were in place to address this. Staff felt happy and supported working in the service.

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

Rating at last inspection
The last rating for this service was good (report published 19 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good

The service was 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?

Good

The service was well-led.
Details are in our well-Led findings below.

Nightingale Homecare Norfolk (Brooke)

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector, an assistant inspector and two Experts 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 houses and flats.

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
We gave the service 3 working days' notice of the inspection. This was because we needed to make arrangements to speak with people who use the service.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 17 people who used the service and 18 relatives about their experience of the care provided. We spoke with eleven members of staff including the director, the nominated individual, the registered manager, care co-ordinator, a senior care worker, five care workers and the member of staff responsible for HR and training.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at two staff files in relation to recruitment practices. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● We found one instance where a safeguarding concern had not been properly recorded via the provider's safeguarding system. This had meant there was a lack of recorded evidence on what actions had been taken. However, on speaking with the registered manager we were confident that appropriate actions had been taken and there had been no negative impact from this. The company director told us they would review their processes and systems to ensure this was addressed.

● Staff understood how to identify and report safeguarding concerns.

Assessing risk, safety monitoring and management

● Risks to people had been assessed. People and relatives told us they felt staff supported their safety. One person said, "I do feel safe with them [staff]. For example, they have to hoist me, and I feel confident and safe with them. They hoist me through to the bathroom from the bed and then into the shower. They take the sling away then dry and dress me and put the sling back. It's fairly comfortable and they do keep a check on my skin."

● Guidance was in place for staff on how to manage identified risks. Staff had a good understanding of how to identify and manage risk. One staff member told us if staff identified any concerns they would speak with the office to request support and advice on how to respond.

Staffing and recruitment

● Most visits to people were carried out within a reasonable time and by regular and consistent staff. There had been no missed visits. One person said, "It's the same group [of staff] I see fairly frequently. The times can change a little from week to week but it's no problem for me." People and relatives who told us they experienced changes in staff or call times said these were not to the extent or frequency where it was a significant issue, although some noted they would still like these to be improved in the future.

● A recent survey carried out by the provider with people and relatives had identified some issues with consistency of staff and call times. In response the provider had implemented, two weeks prior to our inspection, a new call monitoring and scheduling system. This would allow them to improve how they allocated staff to visits and support them to monitor any late or missed calls. They told us they would review this system once it was fully established to ensure it had met its aims. Staff told us they felt there was enough staff and they had enough time to support people without being rushed.

● Suitable recruitment checks to ensure staff were appropriate and suitable to the role were carried out prior to staff working in the service.

Using medicines safely

● People's medicines were managed safely. Staff received training and had their competency to administer

medicines checked. There was guidance in place for staff on how to support people with their medicines. People told us they received their medicines as prescribed and that staff helped them to resolve any issues they might have. One relative said, "If [name's] medications aren't right they just try to sort it out, for example if the blister packs don't arrive."

● People's medicine records were completed accurately and showed people getting medicines as prescribed. Audits were carried out on people's medicines to help identify and resolve any issues.

Preventing and controlling infection

● People and relatives told us staff displayed good hygiene and infection control. Spot audits were carried out on staff which checked their adherence to infection control procedures. One person said, "I don't think I've ever had to pull them up on their hygiene at all. They always wash their hands once they are through the door and taken their coats off and then they always have their disposable gloves which they wear and sometimes put on one of those apron things when they're helping me in the shower."

Learning lessons when things go wrong

● There was a system in place to report incidents and review these. There had only been one incident in the service since the last inspection. We reviewed this and saw the registered manager had taken appropriate and responsive actions regarding it.

Good

Is the service effective?

Our findings

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

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

- Staff had carried out holistic assessments of people's needs, these included assessing people's physical, mental and social needs. We found some care plans in relation to some people's specific needs, such as diabetes, could do with more detailed information in line with best practice guidance. The registered manager told us they would review these.
- The provider had explored and utilised additional technology such as call monitoring and a communication system to help support the running of the service.

Staff support: induction, training, skills and experience

- The management team acted to ensure people were supported by staff who had the correct skills and experience. Where people had specific needs staff who had received training in these areas were allocated to people. People and relatives spoke positively about staff competence. A relative told us, "I think a lot of [staff] have experience working with people with dementia and sometimes they will explain some of [name's] behaviour as part of the dementia."
- The provider had their own trainer who undertook and co-ordinated training for staff. Staff spoke positively of the training and support. Staff also told us they received a good induction and support when they first started working for the service. A staff member told us, "They are more than happy to give you more shadowing time if you need it."

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

- People's care plans identified and provided basic guidance on what support each person might need with eating and drinking.
- People and relatives told us where they required support with meals this was done appropriately and as required. One person said, "The carer will let me know what I've got so I can decide what I fancy to eat and then it just gets heated up for me. At teatime I'll just have a sandwich or even just some crackers. My appetite isn't brilliant these days, but the carers will usually ask if I'd like some fruit to be left next to me and I can sometimes manage a small orange or some grapes or something in between visits."

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

- People's health care needs were assessed and staff supported people in this area where required. One person told us, "If they think I need to see the doctor they phone the doctor and they arrange a home visit for me. It's very helpful." A relative told us, "One of the carers advised us to maybe get [name] a shower chair rather than the shower stool so we looked at a range and got them one which is better as they have slipped

off the stool in the past."
● Staff also worked with other professionals to ensure people receive effective care. For example, making referrals to other services when required and working with the local authority when they had arranged commissioned the care on people's behalf.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.We checked whether the service was working within the principles of the MCA.

● People's care plans did not clearly identify if people could, and had, consented to the support being provided. The registered manager told us none of the people they were supporting lacked the capacity to make decisions regarding their care. However, we identified some people whose mental health care plans indicated they may have difficulty making decisions in some areas but no further information regarding this had been recorded. The registered manager told us they would take action to review and strengthen this area of recording.
● Staff understood the importance of supporting people to make decisions. One person told us, "Even though I feel fairly ancient now, I can assure you that no one ever has, nor would they, force me to do anything I was unhappy with. I don't always feel like having a shower every morning, but if I tell my carer that I'll just have a strip wash instead, they never make any fuss about it but just get on with it."
●The registered manager understood how to identify restrictive practice and what they would need to do in response.

Good

Is the service caring?

Our findings

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

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

- Staff were caring and kind to the people they supported. Some staff on their own initiative, and with the support of the registered manager, had given their own time and resources to support people. For example, one staff member supported a person in their own time to attend regular heath care appointments. Another group of staff regularly visited one person's lunch club to make sure the person had support to socialise. A third staff member told us how they would take home made meals round to people in their own time if they were concerned about their food intake.
- People and relatives told us staff were kind and caring. One person told us, "[Staff] are kind and will do anything for me. Sometimes I ask them if they will cook me a meal and they do with no problem." A relative said, "[Staff] treat [name] with respect, dignity and like a member of their family. They include [name] and there is laughter all the time one of them is here."
- People's care plans identified and were respectful of people's diversity and cultural needs.

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

- Systems were in place to support people to express their views and make decisions regarding their care. People's care plans had been discussed with them and people had been supported to make decisions about their care. A relative told us, "[Name] wanted to be at the interview [assessment of care] and they did include [name] and they handled it sensitively. They are being very patient with [name], they were so independent and so reluctant to change this."
- There were regular reviews of people's care. Records showed people had been involved in discussing their care and reviewing their care plans. One person told us, "I certainly felt fully involved in the planning of my care."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. Staff spoke in a respectful manner about the people they supported. A relative told us, "I've never heard any [staff] being anything other than very polite to [name] and I've certainly never heard anybody raise their voice or use inappropriate language. I usually hear them tapping on [name's] door and they call out their name so [name] knows who it is before [name] lets them in. [Name's] door then gets shut until everything has been done." Another relative said, "Because of the nature of [name's] dementia, they can very easily spill drinks or food down themselves and won't even really know about it. I always remember [name] as a young [person] being very particular about their appearance and the sad thing is that I know they would be really frustrated by how things have now turned out. Ever since [name's] carers have been looking after them, they've always made sure that they are well

presented, in clean clothing every morning and I don't think I ever recall them leaving [name] in dirty clothing, not once."

● People's independence was supported. Care plans specified if people could do certain tasks themselves. People and relatives told us staff respected and supported their independence. One person told us, "I am still capable of helping out a bit in the kitchen, so when my carer gets here at lunchtime I will help them sort out some vegetables to have with whatever I fancy that day. Just knowing that I can have a bit of input into preparing my food, seems to make me feel like wanting to eat it more, which I know is strange, but it does seem to work for me."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

● At the time of the inspection the service was not providing end of life care and support. People's care plans did not contain person centred information, which included their cultural and spiritual needs, about their end of life wishes. Not capturing people's end of life wishes whilst they were well, increased the risk they may not receive the care they would like should their health deteriorate rapidly.

● Staff had not received training in end of life care and support.

We recommend the provider reviews how they are assessing and meeting end of life care and support needs.

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

● People received person centred care which met their individual needs and preferences. One person told us, "When I had the first carers come in, I made sure that they understood how I like things to be done, even if that meant pointing out to them two or three times how things were to happen. Now they know exactly how to do things and in fact they now make sure that some of the newer carers, particularly those who have had the opportunity to shadow with one of my more regular carers, know the routine as well."

● Staff discussed with people their preferences for their care and this included the
the timing of calls. Staff did their best to accommodate these preferences where possible. People told us staff would try to be flexible with the support provided if possible. One person told us, "On occasions when I am given a doctor's appointment or something similar, where it's not very easy to change the time, then I have phoned up the office and asked for an earlier call so that I can be ready for my daughter to pick me up for it. As far as I can recall, they've always man-aged to do that for me."

● Care plans were in place and provided information and guidance to staff on how to support people. We found in some areas care plans would benefit from increased detail. For example, some people's care plans regarding their medicine support lacked person centred detail. The provider told us they recognised further work was needed to improve the written information in people's care plans. We saw their action plan had already identified this and work was planned to address this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed. Where necessary the service had taken action to

communicate with people in line with their assessed needs.

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

● Staff recognised the impact social isolation could have for people using the service. People's social needs were discussed and assessed. Care plans addressing these were in place although in some instances did not always provide guidance for staff on how people's social needs could be supported. The registered manager told us they would review how these were written.

● Staff worked with the provider to help provide opportunities for people to socialise. For example, one staff member organised a Macmillan coffee morning for people using the service which staff volunteered to bring people to. The provider had also implemented a scheme where staff could volunteer to spend time visiting people who used the service in a social capacity. They also provided a Christmas event each year for people who used the service.

● Where appropriate staff shared information with relatives and helped them keep in touch and up to date. One person said, "My carers will always let me know if they're concerned about anything to do with my health or anything like that and I know they usually ask if they can leave a note for my [relative] or whether they can contact them just to keep them up-to-date as well."

Improving care quality in response to complaints or concerns

● There was a system in place to manage and respond to complaints. The service had not received any recent complaints in the last year. People and relatives told us they felt able to raise concerns, and if they had these had been addressed appropriately. One person said, "Continuity is important and they have always responded well. I've spoken to the manager and the coordinator and they are both very good and helpful. I've had complaints but they have always been tended to and I've never had to repeat my complaint. I've not found anything better."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

- Overall people, relatives, and staff were positive and happy with the service being provided. However, some people and relatives felt some aspects of communication between themselves and the service could be improved. This related to issues with getting hold of staff out of hours, inconsistency with call times and staff, and communication relating to changing times and staff for calls.
- The provider had recognised, following their own work gathering feedback from people, that this area could be improved. They had already investigated and implemented several new systems which they hoped would make improvements in this area.
- From our discussions with the provider and registered manager it was clear that they were committed to seeking feedback from people using the service so they could make changes which would result in improved outcomes for the people using it.
- Staff told us the service was a good place to work. The management team were approachable and supportive. One staff member told us, "It's a really good company. It makes you feel like you are at home, I don't know how else to put it."

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

- Systems were in place to ensure the provider met its duty of candour and had acted appropriately in response to any incidents which had occurred in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was good oversight of the service delivery by both the provider and registered manager. Regular meetings were held and the service delivery was regularly reviewed. Issues in the service had been identified and responsive action taken to make improvements. However, there was a lack of formal governance systems and audits which would better support the monitoring of the quality of the service provided. The development of such systems would also provide better support to the registered manager regarding what, and how, they should be monitoring and developing the service.
- The director and nominated individual had already recognised this was an area for development through their own monitoring processes. The provider's action plan evidenced this was an area they planned to address and provided actions they would take to do so. Part of the provider's plan was to develop links and forums for managers across their services to share ideas and continue to develop the service.

● Staff understood their roles and responsibilities, the systems in place supported this. The registered manager understood the regulatory requirements and our inspection evidenced these had been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Systems were in place to involve people and seek feedback on the service. However, people and relatives told us they felt at present further work was needed to ensure they were aware of changes within the service. The provider told us they planned to develop engagement with people using the service and staff through the implementation of a service newsletter and were also exploring the implementation of a service user forum.

● Staff told us there were regular opportunities to discuss the service through regular staff meetings. They told us they felt listened to and involved.

● Staff engaged and worked with the local community. For example, staff had supported one person to access a local community resource and by doing so and established a relationship with for the benefit of other people using the service, who were also invited to access it.