

Nightingales Goldencare Limited

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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

We inspected this service on 2 November 2016 and it was an announced inspection. This was because it was a domiciliary care service and we wanted to ensure someone was available for us to speak with. We last inspected this service in January 2014 and no concerns were identified.

Nightingales Golden Care Ltd provides domiciliary and personal care assistant support to people who live in their own homes in Portsmouth and Hampshire. Care is provided to people with disabilities and/or are elderly. At the time of inspection there were 115 people receiving a service.

The service had a registered manager who had been in post since 2009. 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.

People felt safe with the care and support they received from staff at Nightingales Golden Care. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary.

Risk assessments were personalised and kept up to date. Care plans were written with the person and/or their families. They had been supported to be involved in identifying their care and support needs and this was recorded in their care plans.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work.

Medicines were administered, stored and disposed of safely and in line with legal requirements and guidelines. There were appropriate guidance and protocols for staff when people needed 'as required' medicine. All staff who had undertaken training in order to administer medicines safely had all been competency assessed. One staff member had undertaken train the trainer training in order to complete the competency checks on staff.

People told us that all staff were kind and caring, and treated people with dignity and respect. There was an open, trusting relationship between the people and staff. Staff knew people well and this showed in the way they spoke with each other.

We saw people and staff members had been asked for feedback about the service they received. There was a record of what actions had been taken to address any identified concerns. Staff worked well as a team. There was an open and transparent culture which was promoted amongst the staff team.

Everyone thought the management of the service was good and felt the service was well-led. All staff said they felt supported and felt they could raise any concerns with the registered manager and they would be acted upon.

We viewed the policies and procedures and saw they were being followed. Quality assurance checks were being completed and when incidents had occurred action had been taken to try to prevent a re-occurrence.

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.

People felt safe with the service they received. Staff knew how to keep people safe and were able to describe different actions they took to keep people safe, including reading the person's risk assessments and care plans.

Safeguarding incidents were recorded and action taken as required. Staff had received appropriate training in this area and knew who and how to report any concerns.

People received their medicine as prescribed. The service had recorded each medicine the person was taking and the reason they were taking it along with any side-effects.

Is the service effective?

Good 

The service was effective.

Staff had received training in order for them to provide care and support effectively.

Staff were aware of the Mental Capacity Act and the importance of obtaining a person's consent.

People were supported to meet the nutritional and hydration needs and healthcare professionals were contacted when necessary.

Is the service caring?

Good 

The service was caring

Everyone believed the care staff were caring and kind and knew them well.

People had been involved in the writing of their care plans and they were personalised to them.

People felt supported to express their views and that their dignity was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People received a service which was responsive to their needs.
Staff were notified of any changes, promptly.

People's preferences and interests were record and there was a formal complaints procedure in place.

Staff knew people well and there was clear guidance for staff to follow.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the service was well led. The service had a registered manager who had been in post since 2009.

The service gathered feedback from people who used the service and staff members and used this feedback to develop the service.

Quality assurance checks were completed and action taken when issues were identified.

Nightingales Golden Care Limited

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.

This inspection took place on 2 and 7 November 2016 and the first day was an announced inspection of the office, the second day was telephone contact made with people who used the service. The inspection team consisted of two inspectors visiting the office and one inspector making the telephone calls.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We made contact with the local authority prior to the inspection to see if they had any information they needed to share with us. They shared information about how the service had responded to an incident and what action had been taken.

We spoke with four people who used the service, three members of care staff and the registered manager. We looked at records relating to the service. Including ten care records, six staff recruitment files, daily record notes, medication administration records (MAR), audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe with the care and support they received from Nightingales Golden Care. When asked if they felt safe, one person replied, "Very safe, they're very careful." Another person said, "Yes I feel safe, they [carers] make you feel safe." A third person said, "I feel safe, couldn't ask for better carers."

Staff we spoke with knew how to keep people safe. One staff member told us, "They all have individual needs so identifying their needs and (identifying risks in) their surroundings to keep them safe. I think for me what I like is the fact that I have the same people all the time, you get to know them, their family and their surroundings and what their needs are; from that you can look to see how safe they are from a health and safety point of view and bear in mind what their environment is like." Another staff member said, "If I thought something was happening I would contact the office.. Physical, mental (meaning the types of abuse she knew). I have had safeguarding training." We asked staff what they would do if they suspected abuse was occurring. One staff member told us, "That goes without saying – if it was a case of whistleblowing I always would. I always put everything into an email – always hand write it in their personal documentation. There are some things you have to report."

Staff we spoke with confirmed they had received training in safeguarding vulnerable adults and the training matrix we saw kept a record of when their refresher training was due. This showed staff knew how to keep people safe and the service ensured they received updates and appropriate training in this area.

We checked the services record of safeguarding incidents to ensure they were taking appropriate action and alerting the appropriate people as well as keeping clear documentation of the incident and any actions taken. We found that they were, for example; we saw where visits had been missed due to staffing issues that the service had taken appropriate action and as soon as it came to light, had put in place a plan to minimise the risk of it occurring again.

Every care file we looked at contained detailed risk assessments covering areas such as medicines, moving and handling and environmental risks. They were all about the person and the individual risks posed to them within these areas. For example, one person had a risk assessment in place for their mobility which provided detailed information about the person's medical conditions and how this could impact on their ability to mobilise. It provided staff with clear guidance on the equipment to be used. Staff wore personal protective clothing such as gloves and aprons when supporting people in order to minimise the risk of cross infection. This showed the service completed person centred risk assessments, with clear guidance for staff to follow.

We saw the service had policies and procedures in place for the administration of medicines. Not everyone receiving a service from Nightingales Golden Care required support with taking their medicines, but one person we spoke to commented, "Yes, they help me with my medication. I'm more than happy with their help". Each person had risk assessments for the medicine they required. This provided details about the medicine the person took, what it was taken for and possible side effects from them. We saw that any staff who was required to administer medicines, had received the required training and had been competency

assessed. There were appropriate guidance and protocols for staff when people needed 'as required' medicine. This showed the service managed people's medicines safely and ensured all staff had access to the information necessary to keep the person safe.

As part of our inspection, we looked at whether the recruitment of staff members was safe and the required checks had been completed. We looked at six staff recruitment files and found them all to be robust. They included the date a request was made to the disclosure and barring service (DBS) and the date it was received. The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We saw each file contained two references and a full employment history. Where one person had significant gaps in their employment history we saw the service had asked the staff member about this and recorded the reasons for the gaps. The staff files also included when they completed their induction training, manual handling and first aid training and when they had looked at the services policies and procedures.

At the time of the inspection the service had sufficient staff to meet the current level of need. However, people told us staff weren't always on time. One person said, "No, I can't say they arrive on time. They come at different times each day really." Another person said, "They're not always on time, sometimes they are late in the mornings. It can't be helped and they always apologise." The registered manager explained that they tried to ensure visits were on time, however sometimes this was not always possible due to events out of their control, such as traffic. Visits were determined depending on the individual needs of the person. The registered manager explained that they had a period where they were struggling to recruit new staff and so found themselves unable to commit to providing a service to particular people. The service had informed the local authority about this as they wanted to ensure people's visits were not missed. People, staff and the registered manager told us they whenever possible the same staff member supported the same person in order to provide continuity. One person told us, "Yes, I have regular carers; I have had from the beginning." Another person said, "I have two calls daily, morning and evening. I don't have the same carers every day, but a small group of carers regularly and they all know me well. They know exactly what I need." This showed the service had identified when there was a potential risk to people due to insufficient staff and had taken action to minimise the risk to people and ensure visits were not missed.

Is the service effective?

Our findings

People who used the service told us they believed the staff who supported them were sufficiently skilled and experienced to provide their care and support. They told us, "They are very experienced. They always seem to know exactly what they're doing" and "They know exactly what they are doing. The carers are very skilled – they are all very experienced. They tell me about the training they do."

Staff told us they received regular training in required areas such as safeguarding, fire safety, moving and handling and medicine administration. One staff member told us, "[Name of care manager] comes out on a regular basis to go through any kind of updates that I need – will get advice on a one to one basis. We have annual refresher training on manual handling. I am trying to fit in food hygiene. I have had two dates but its my personal fault that I have not yet been able to attend any." Another staff member confirmed they had received training in areas such as, "Dementia, first aid, manual handling, medication, care certificate, Mental Capacity Act which I covered in the care certificate." Staff who were new to the caring role, completed the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were also competency assessed by the care manager and spot checks carried out to ensure the care and support being provided was safe. Staff also told us the service supported them to undertake additional training in areas related to care. One staff member told us, "I have just finished level three in end of life care and I am looking at doing a degree."

We looked at staff training records and found all staff had completed essential training in areas such as safeguarding, first aid, moving and handling, Mental Capacity Act as well as the administration of medication. All staff we spoke with told us they had received an induction prior to providing care and support to people. Staff told us, "I did have an induction, a formal induction, one to one verbally and then we got this paperwork; tick sheet as you learn them. What I did at first – I actually shadowed somebody and it was nice to get to know people. They were able to help and reiterate the paperwork and gave you that confidence and I think that was important." Another staff member said, "My induction I sat down with [Name of care manager] and she explained the role of the job, doing my care certificate, what hours I would like to do and they have pretty much stuck to it. I had someone to shadow me for three or four days." They also told us they were well prepared for working on their own initiative. This showed the service ensured staff had received sufficient training in order to provide effective support to people who received a service from Nightingales Golden Care.

Staff told us they received regular supervisions. We saw these were recorded formally and looked at what the staff member had felt they had achieved since their last supervision. They also looked at what training/support they felt they needed and provided the opportunity to raise any points they had. Supervisions provide an opportunity for management to meet with staff, feed back on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. We saw documented, that all staff received regular supervisions and annual appraisals. This showed the service

understood the importance of supporting their staff through supervisions by providing them with the opportunity to reflect and discuss on their individual needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at what consideration the service gave to the MCA and whether the service was working within the principles of this.

Within a community setting, the service would need to request that the local authority applied to the Court of Protection for authorisation of the Deprivation of Liberty Safeguards if they think the person's liberty must be deprived to keep them safe. The registered manager was able to describe when and how they would do this and gave an example of when they had needed to do this. We found the service to be working within the principles of the MCA.

People told us that staff always asked them for their consent before carrying out any care or support. One person said, "They would never make me go ahead with anything if I didn't want to do it." Another person said, "They always ask me what I would like and how I'd like things done. They write it in my folder." We asked staff what their understanding was in relation to the MCA and the people they supported. One staff member told us, "It is about whether my client has the capacity to make a decision for themselves. I would speak to their next of kin and then contact the office if I had any concerns." Another staff member said, "MCA training; I have been trying to get on (additional training) to that as I have been prompted by my lady that has Parkinson's and I recognise the dementia side is getting worse with her and I think it is important to know the Act. I think it is important to have that information and refer back to it." A third staff member said, "Only read up on bits and pieces and would like to delve a bit more on it."

We discussed this further with the registered manager who told us, "We need to assume everyone has capacity. [Name of care manager] completes a mental capacity assessment (if required) but we need to gain their consent (before providing care and support). We then need to consider the person's best interests. All staff have been checked to ensure their understanding."

The service held thorough assessments and support plans for each person. These related to all aspects of the persons health and well-being. Records showed people's health was being monitored, any changes which required any additional support or intervention had been responded to.

People using the service were able to contact healthcare professionals such as the GP, themselves. However if staff felt they were unable to make that call, then they would contact the GP on their behalf. We saw records detailing contact with specialist professionals such as the speech and language therapists (SALT) who had been involved in people's care and any guidelines or advice was recorded within the persons care file.

When required staff supported people to meet their nutritional needs. People we spoke with, confirmed this and one person explained that due to their condition, they had to eat small amounts at certain times of the

day. They went on to explain how the carers understood this and ensured they were never late for their visits and knew what the person could eat. Files also recorded when a person required additional support and prompting with meeting their nutritional and hydration needs.

Is the service caring?

Our findings

People were supported by staff who knew them well. People told us, "The carers are wonderful; I really don't know what I'd do without them." Another person said, "Very, very kind. Lovely staff." A third person told us, "They are absolutely fabulous. I can't say any more. I don't know what I would've done without them."

People using Nightingales Golden Care, were encouraged to be involved in the planning of their care and support. Each person had their own personalised care plan which provided details about the person's individual needs and how they could present and what impact they may have on the person. The care plans we viewed showed people had been involved in their care planning as well as reviews of their care and support needs. People's care files were kept securely within a locked cabinet within the main office. People's daily notes and care plan were kept at the person's property with their consent.

Staff we spoke with knew the people they supported well. They were able to describe the care and support they provided and would report any changes back to the office, immediately. Staff also told us that if they were visiting people for the first time, the office would let them know which other staff had been into support before so they can get details about the person's likes and dislikes before meeting them. They would also read the person's care file to ensure they knew the person's specific needs. Staff told us, "They [office staff] will inform you if there are other members of staff that have been in there so they can give you information." Staff described to us how important it was to get to know the person they were supporting. When asked how they got on with the people they supported they said, "Very well, you have to have a relationship with your clients building a trust. I think a lot, [of people] look beyond us as carers and we are someone that comes in everyday and they can talk to us." Another staff member said, "Some of them I know quite well as I have built up a good relationship, I know most of them with doing their reviews, care plans and assessments but some I know more than others." This showed the service ensured staff understood the importance of getting to know the person they were supporting and their needs.

Everyone we spoke with felt supported to express their views. We confirmed this by asking people if they had been involved in the planning of their care and support. One person told us, "In the beginning, they [staff] visited me at home and asked me about my needs and we worked out a plan between us - with my social worker too. If things change I will tell my carers and they chat to the office for me." Another person told us, "I had a meeting with [Name of care manager] recently about any changes on my care plan, she asked me how I was doing, but everything is still the same." A third person confirmed they had also been involved in the writing of their care plan and reviewing it. They said, "I was involved at the beginning and then [Name of care manager] comes out to look at it and sit down with me to talk about things. She writes new plans fairly often." This showed the service listened to and included people to be involved with the planning of their care and support.

People told us that all staff were respectful to them and ensured their dignity was maintained. People told us, "Very respectful, I don't think I'd let anyone help me to wash if I didn't feel comfortable. I try to do things for myself, my carer says to me sometimes, 'do you want to try and do that today?' we work it out between us." Another person commented, "I was very apprehensive about having personal care and having strangers

in my home. I didn't need to worry at all. They were very discreet and caring. I feel totally at ease. They encourage me to be independent, like if I need to make my lunch instead of making it for me, they leave everything out on the side and I prepare what I want to eat with a carer to support me – that was part of my care plan, to get back to independence again."

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Everyone we spoke with told us they had been involved in their care planning. All of the care files we looked at contained an initial assessment about the person. These provided details about the person, a brief history about their needs, next of kin details and a description about what care and support they required, the number of visits and how many carers they required. For example, one person had a medical condition which was recorded in their care plan. Alongside the care plan, the service had listed possible triggers and side effects caused by their condition and also how to manage their condition if there was deterioration. There was clear guidance and an action plan in place which had been written with the person along with a list of people/professionals who could be contacted. This meant the service was responding to the person's individual needs by ensuring staff were aware of the person's condition and how this could impact on the care and support they received.

There was clear guidance for staff to follow about what support the person may need. It was clearly documented that staff needed to ask the person what support they needed that day as this fluctuated and about giving the person time to respond.

Staff told us they read people's care plans and also stated, "If there was any changes, verbally staff would inform me; we speak to each other all the time. The company would advise me if anyone has gone into respite, any issues health wise and within the one to one they always inform me. I like everything in an email." We confirmed that the emails were sent securely. Another staff member reported, "Most of the time they are quick at sending us a text message to tell us and updating the care plans too. I have never had an issue with that. It is usually a medication change. I always (without hesitation) go back to the book and make sure nothing has changed." This showed the service had thought about that person and how this condition may impact on the person and the care and support they were receiving and ensured this was recorded so that anyone who was supporting the person was aware.

All the care plans we looked at recorded people's preferences and interests. They also described how the person communicated and provided guidelines for staff to follow. People told us they were involved in the reviewing of their care needs. One person said, "Once I had a bad turn during the day, I didn't know what to do so I called the office. They sent two carers to me straight away; they were here within minutes and they looked after me even though I wasn't due a call until the evening. They still called on me in the evening too. That's what they are like, they're very kind."

The service had a formal complaints procedure in place. We spoke with the registered manager about the complaints procedure; they explained that all complaints were acknowledged within 24 hours of the service receiving them. They would then investigate the complaint and try to resolve the concern. They would then feedback to the person with a formal letter and where appropriate, offering their apologies. People told us they knew how to complain and said they had not needed to complain about anything. One person told us they had complained about the timing of their morning calls, but it still hadn't been resolved. The registered manager was aware of issues with some of the timings but explained that people often wanted the same time and they had to meet the needs of a number of different people, some of whom had time specific visits,

these were visits that needed to be at certain times of the day in order to meet their needs, but they would always try and respond to people's preferences. This showed the service had an appropriate complaints procedure in place and responded to complaints appropriately.

Is the service well-led?

Our findings

The service has had a registered manager in place since 2009. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people told us they had not spoken to the registered manager of Nightingales Golden Care but felt the management of the service was good. Staff felt supported by the management team. Staff comments included: "All management are very friendly I would say. I think it is more like a family environment really. You don't feel like it is them and us. They encourage you to speak up and say how you feel. I would pop in even if I haven't got an appointment. I think they recognise your skills as well and I think that's important. They give you support." Another staff member told us, "The management are fantastic. Yes they are approachable especially our care manager. [Name of care manager] is one of them if she really needs to talk to you out of work she will meet you for a coffee."

Staff told us the service had introduced 'employee of the month' which was a way in which the service recognised the effort the staff were making. A staff member told us, "They do employee of the month – they always nominate and what extra work people have done above their role and you get a little bonus and a bottle of wine. Little things like that it makes you feel worthy and you're doing a good job. At Christmas they always pay for a meal for you to go out." The service had an open and transparent culture. Staff felt they were able to contact the service with concerns at any time and these would be acted on.

The service gathered feedback by sending out "You said, we did" questionnaires to both staff and people who used the service. People we spoke with confirmed they had received these. These allowed both people and staff the opportunity to make suggestions to the service which were anonymous. One of the concerns raised was in relation to travel times to people using the service. The service had made changes to this and had since received positive feedback. The service had recently received a certificate after being rated 9.9/10 following positive feedback provided to the 'homecare.co.uk' website. This is a website where people can leave feedback about the service.

We saw the service had received a number of thank you cards from people who were using or had used the service; comments included "Happy we are with the treatment we are receiving from Nightingales since we requested you", "Thank you for all the care and compassion you showed [Name of person]", "I wish to express my thanks to Nightingales for the efficiency with which you dealt with the problems of my relative" and "Thanks for always being at the end of a phone when needed and for your incredible organisational skills." These showed the service encouraged feedback and responded to the feedback they received by looking at ways in which to improve the service they delivered.

Staff told us the service held staff meetings and we saw minutes from these. Staff told us they felt supported and knew their roles. A staff member said, "We have a quarterly group, there are other meetings which you are encouraged to come along to. Occasionally someone from adult service (at the local authority) will

come along and I have been invited to meet with them." The registered manager and the care manager told us that there were weekly managers meetings where they discussed any issues and what actions they would take to address them, we saw minutes from these meetings. It also provided an opportunity for the service to look at the services policies and procedures and update them as necessary.

We checked our records before the inspection and saw that accidents or incidents that the Care Quality Commission (CQC) needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The registered manager told us about the quality assurance checks which were in place which included auditing care plans, reviewing accidents and incidents and supervisions. We saw the service had identified that when accident and incidents had occurred; staff had not always recorded sufficient information or about what actions had been taken. We saw that following on from this that further detail was now being recorded and a clear action was being recorded. This showed the service had identified issues and implemented an action plan to address the issues raised.

There were policies and procedures for staff to follow which incorporated good practice guidelines. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, accident reporting and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

We asked the registered manager what their visions for the future were for the service. They told us, they were in process of developing care plans which were more person centred and provided a realistic timescale for which these were to be implemented by. They were also looking at improving the questionnaires which they sent out to people and how they gathered feedback in order to develop and continually strive to improve the service. An area they were keen to improve was staff retention and they hoped with the introduction of the 'employee of the month' this would improve staff moral and encourage staff to stay. This showed the registered manager was looking at ways in which to improve the service and how they involved people who used the service as well as staff members.