

Nightingale Social Care Ltd

Nightingale Social Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nightingale Social Care Limited is a domiciliary care agency which means staff go into people's own homes to provide care and support. 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 the inspection there were 90 people using the service.

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

People who used the service said they received safe care from Nightingale Social Care Limited. However, some of the service's practices did not always support safe care. We identified significant shortfalls in the recording of incidents, which meant we were not assured the service was effectively managing risk or doing all they reasonably could to keep people safe. There were further record keeping issues with people's medication charts. Most people told us the medication support they received was good however, due to our underlying concerns about incident handling, we were not assured medication errors were consistently well-managed by the service. People told us care staff stayed the full duration of their call time and they felt safe in the company of staff. Feedback showed there was a recurring theme about staff being late to planned care visits and care staff changing often. Aspects of the service which did support safe care included proper completion of recruitment checks and good practices to prevent the spread of infection. People and relatives told us staff used personal protective equipment (PPE) appropriately when providing care.

Since the last inspection the provider had implemented a new electronic care planning system. At the time of our review further action was needed to embed this system. The management team completed regular checks to monitor the quality and safety of services provided. However, these checks were not always robust at ensuring the service was meeting requirements in regulation.

The service predominantly supported older people or people living with dementia in the community. Staff received an induction and relevant training to ensure they had the skills and competence to provide effective care. We made a recommendation about the provider's training programme should they choose to support people with other primary needs in the future. People's needs were assessed, and care and support were reviewed as their needs changed. Appropriate referrals were made to external services to ensure people's needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted independence; the policies and systems in the service supported this practice.

Feedback we received from people who used the service and their relatives was complimentary about the care staff. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted. Systems were in place to make sure the service complied with the Accessible Information Standards. People's care records documented the level of care and support required.

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

Rating at last inspection:

The service did not receive a rating at the last inspection as we undertook a focused inspection to check the key questions Safe and Well-led (published 23 October 2020). This service was registered with us on 03/06/2019 and this is the first comprehensive inspection.

Why we inspected:

This was the first comprehensive inspection of a newly registered service.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, recording of incidents and the provider's systems of governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our responsive findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Nightingale Social Care Limited

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

This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 short notice of the inspection. This was because we needed to give them time to prepare for our visit due to the COVID-19 pandemic.

Inspection activity started on 29 September 2021 and ended on 13 October 2021. We visited the office location on 5 October 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. 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.

During the inspection

We spoke with five people who used the service and 10 relatives of people who used the service, about their experience of the care provided. We spoke with twelve staff, including the registered manager, a director, a care coordinator and nine care staff. We reviewed a range of records. These included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek any clarification we needed in relation to records we had reviewed.



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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The service was not following the provider's policies and procedures on recording incidents. People and staff told us about incidents they had reported, but when we looked at the provider's accident and incident logbook we saw no corresponding records. This was the service's second inspection where no accidents or incidents had been recorded in the provider's logbook.
- The registered manager showed us some evidence of incident records, such as in people's communication logs or a falls tracker. However, because this system of recording was disorganised, we were not confident the service was consistently recording all incidents or taking appropriate action to keep people safe.
- After the inspection we asked the registered manager to send CQC further information about all incidents which may have occurred at the service. The registered manager confirmed the number and type of incidents which had occurred at the service but did not provide CQC with all requested information to robustly demonstrate they were meeting requirements in regulation.
- Risks to people's health and safety were assessed and management plans were put in place to support people to remain safe. However, as we had concerns about incident recording, we were not assured risk assessments were always accurate. For example, we received information about a physical incident where a staff member's hair was pulled whilst delivering a person's care. This was not recorded in the incident logbook or in the person's care file as an incident or known risk.
- During the inspection we were made aware of a medication error which resulted in a person feeling drowsy. This had not been reported to the management team before we came to inspect. We informed the registered manager and they took quick action to investigate the incident. Another staff member told us about a historical medication incident they reported to the office, again, we found no corresponding record.

We found no evidence that people had been significantly harmed however, the provider had failed to maintain an accurate and complete record in respect of each person who used the service. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager assured CQC no 'serious' incidents had occurred since they began operating.
- Despite our concerns, most people we spoke with said they received a safe service. One person commented, "I do feel safe because I know them and think I can trust them." Another said, "I feel safe because everybody that comes is friendly and I usually have the same carers most days."

Using medicines safely

At our last inspection we recommended the provider consider current guidance on recording medicines support where staff are prompting or reminding people. The provider had made improvements to address our recommendation, but further improvements were needed in relation to managing people's medicines safely.

- Since the last inspection the provider had implemented an electronic care planning system. Staff were to record care delivered and medicines support on the system via an app on their phone. Whilst most staff praised the efficiency of the new system, our checks to people's electronic medicine administration records (eMARs) showed staff were not consistently recording when this support was provided.
- We looked at three people's eMARs and found a significant number of unexplained gaps or entries where staff had recorded 'not observed' when staff were directed to administer their medication.
- As stated earlier in the report, incident reporting practices were not robust. There were two medication errors which the service was unaware of before we came to inspect. Whilst we were satisfied these errors had not been detrimental to people's physical health, it had impacted people.

We found no evidence that people had been seriously harmed however, the service had not always ensured the proper and safe management of medicines. This placed people at an increased risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us staff training on the new system was planned to take place after the inspection.
- Despite our concerns about how medicines were managed, the feedback received from people and their relatives was mostly positive. One relative said, "Mum has blister packs and the carers see her take the tablets. We've had no complaints." One person said, "I feel safe. They [care staff] ask if I've got everything. They give me tablets morning and night and put cream on."
- Detailed assessments of medicines support were recorded, and staff were trained to safely administer medicines. Staff competency to administer medicines was re-assessed annually.

Staffing and recruitment

- Staff were recruited safely, and all necessary pre-employment checks were completed before employment commenced.
- People and relatives told us they had no issues with missed visits. People did however, feedback late visits was a recurring problem and care was not always provided by the same core group of staff. One person said, "They're all different carers every day. They don't know where everything is, I have to tell them. Usually they know what they have to do." A relative said, "At the moment the care has been a bit disrupted. Mum is expecting one carer and another one comes through the door. Mum gets worried and anxious when she doesn't know the carer."

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as masks, gloves and aprons to use when supporting people in line with infection control procedures.
- Everyone we spoke with confirmed staff wore appropriate PPE throughout the COVID-19 pandemic. One relative said, "As soon as they get out of their cars, they put on their masks and apron. They put gloves on when they get here."

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- At the time of our inspection Nightingale Social Care Limited were supporting older people or people living with dementia. Whilst we were satisfied the service's current training programme was suitable to provide effective care to this 'service user' group, training did not robustly cover other 'service user' groups it was registered to support.
- We recommend the registered provider review their training programme before they support people with learning disabilities, autistic spectrum disorder, or a mental health condition.
- The registered provider assured CQC they will act on our feedback.
- People were supported by staff who had ongoing training. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- People felt the staff were trained well enough to meet their needs. One person said, "I don't actually know what training they get but whatever you ask them to do they seem to know how to do it." A relative said, "The carers vary but mum says they all know what they're doing."
- Staff received regular one to one supervision meetings. Checks of staff practice were also completed.
- Staff said they received good support from the management team.

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

- The management team assessed people's needs before they started using the service, to check the service was suitable for them. A personalised care plan was then written. People and their relatives were involved in this process, so care could be delivered in accordance with their needs and preferences.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- People's food preferences were recorded in their care plan. This supported staff to cater for their needs, in accordance with their preferences. One person said, "The carers always ask me what I'd like for meals and will do what I want." Another said, "I usually decide what I'm having to eat, and they help me do it."
- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required.

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.

- Initial assessments of people's needs included an assessment of people's capacity to choose and make decisions.
- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care.
- The registered manager showed us an example of good advocacy practice at the service. The management team collaborated with community health professionals to support a person to launch an appeal against a decision to reduce their package of care.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Supporting people to express their views and be involved in making decisions about their care.

- Most people and their relatives were complimentary about the care staff. One person commented, "The carers are respectful. We're always talking. I'm happy with everything they do." A relative said, "The carers are fantastic, very gentle and caring."
- Care staff we spoke with were enthusiastic about providing care and support to people. One staff member commented, "People are the priority. Once you are at the call, they are all that matters."
- Staff regularly visited people in their homes and contacted them by telephone to check they were happy with the care they received or if any changes were required.
- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples of how staff promote their privacy and dignity.
- A member of staff told us how important it is to treat people as individuals and to try to promote independence wherever possible.

Is the service responsive?

Our findings

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

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

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

- People's care plans contained person-centred detail and described the support staff needed to provide. Full reviews were happening regularly or as the need arose.
- People's care records needed to be more organised so information about their care and support needs was easier for staff to access. At the time of our visit the service was still in the process of transitioning from hardcopy records to electronic. This meant as an interim arrangement staff had to access both people's electronic and hard copy care files in order to ascertain a complete picture of a person's care and support needs.
- Staff told us the new system was quicker to use. One carer said, "It's easy with the app. It's better than spending five to ten minutes recording on paper form so we can spend more time on the care. It's much quicker."
- People had good oversight of their care as they were able to access their electronic care file via an app on their phone or tablet. Authorised individuals were also granted access to the app, such as people's relatives. One relative told us they liked the app as it allowed them to check on their family member's care when they were not present.

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 were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- Most people and their relatives told us they could confidently raise any concerns with staff or the management team.

End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives.

- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.
- One staff member told us about how the management team helped them to be comfortable and confident in providing end of life care. They said, "The [registered] manager supported me. They referred me back for additional training and provided emotional support to help me prepare for a client's death. Now I feel happy being there for people in their last days."

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider's systems to monitor the quality and safety of the service had not always been effective at meeting requirements in regulation or identifying the same shortfalls found at inspection. For example, we identified gaps in records relating to incidents and medication. Late care visits and a poor continuity in care staff was a recurring theme in people's feedback. Further details are reported under the 'safe' heading.
- We were concerned the provider's new care planning system was not properly embedded. Staff had received limited training on the new system before it was deployed, and we saw record keeping was an issue on people's electronic medication charts. A significant number of people's support plans and risk assessments were still to be inputted on the new system. Although staff were able to access hard copies in people's home, a two-system approach was disorganised and more likely to lead to staff missing key details about people's care and support.
- The provider's Statement of Purpose did not reflect the current scope of the service. Nightingale Social Care Limited predominantly supported older people or people living with dementia, and we saw staff received relevant training. However, the service did not provide staff with relevant training for other service user groups they were registered to support. We made a recommendation about staff training under the 'effective' section of the report.
- The feedback we received from staff about the management team's leadership and support was mixed. Some commented the service was well-run and they felt well-supported by their managers. Whilst others said they did not feel supported.
- The registered manager understood their responsibilities to notify CQC of certain incidents or events. However, as the service was not managing incidents effectively, we were not assured they were meeting this requirement. The registered manager had notified CQC of two safeguarding concerns before we came to inspect, but both notifications were not timely, and one notification was submitted six months after the incident itself.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate quality and safety was consistently well-managed. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager assured they will act on our feedback and they had planned to train staff on the new system after the inspection.
- Despite our concerns, the feedback we received about the service was mostly positive. One person commented, "I would definitely recommend the agency because they are always on time. But if anybody isn't, the agency rings up and let me know." A relative said, "I think I would [recommend Nightingale Social Care Limited] because even though they've had staffing problems recently, they've never let mum down."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service and their relatives were asked for their feedback on the care and support they received during reviews of their care packages or quality assurance surveys.
- The registered manager held regular team meetings to communicate key changes about the service and give staff an opportunity to voice their opinions.
- Staff worked in partnership with health and social professionals to support people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always ensured the proper and safe management of medicines. Regulation 12 (1), (2) (g).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation.</p> <p>Regulation 17 (1), (2) (a).</p> <p>The provider manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1), (2) (c).</p>

The enforcement action we took:

We served a Warning Notice.