

Nightingale Training & Care Services Limited

The Nightingale Centre

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?	Outstanding	
Is the service well-led?	Good	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012, and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was announced. This meant that the provider and managers knew that we were planning to carry out the inspection.

Our last scheduled inspection of this service was on 29 October 2013 where we found that all the standards we inspected had been met.

The Nightingale Centre is a domiciliary care agency that provides care and support to people living in their own homes. At the time of the inspection, 53 people were receiving care and support.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

From our conversations with people and relatives it was evident the culture of the service was built around the person and their individual needs. People received care from kind and compassionate staff who understood their preferences and went out of their way to provide care and support that met their needs.

People who used the service and their relatives told us that they felt safe, listened to, that their independence was encouraged and that the staff were respectful to them. They also told us they found the staff and management approachable and could speak to them if they were concerned about anything and had confidence that their concerns would be dealt with.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They

understood the requirements of the Mental Capacity Act 2005 which meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff helped people to access healthcare professionals when they became unwell or required specialist help. This included referral to other services such as the fire service, advocacy services or services to reduce the risk of social isolation to help improve people's safety and quality of life.

The staff were happy working at the service and told us the management team and the provider were supportive, that they listened to them and that changes in care practice were implemented when concerns had been raised. The provider had taken steps to keep their knowledge about care and support services up to date so that they could implement best practice within the service and had invested in technology so they could monitor and improve the quality of the service they provided.

Summary of findings

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 safe.

Staff knew how to reduce the risk of people experiencing abuse and how to manage risks to people's safety.

Staff demonstrated a good knowledge of the Mental Capacity Act 2005 which meant that they worked within the law when supporting people who lacked capacity to make decisions for themselves.

There were enough staff to provide care to people when they needed it and the provider had made sure that staff were of good character and safe to work with people before they employed them.

Good



Is the service effective?

The service was effective.

Staff had received training that gave them the knowledge and skills they needed to provide good quality support to people.

People were supported with their nutrition and hydration and to maintain their health.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate. They respected people, maintained their dignity and encouraged them to remain independent. Staff knew the people they cared for well and had formed strong and supportive relationships with them which meant that on occasions, they went above and beyond what was expected of them when providing them with care.

People and relatives were able to make decisions about their care and they were listened to.

Good



Is the service responsive?

The service was responsive.

People who used the service and their relatives could get in contact with staff in the main office if there was a problem that needed to be resolved. They were confident that any concerns would be dealt with quickly. Staff arrived on time to provide the care that was expected.

The provider was pro-active in identifying and setting up other services that people could access to maintain their safety and enhance their wellbeing.

Outstanding



Is the service well-led?

The service was well-led.

Good



Summary of findings

People knew who the management team were and how to contact the main office if they needed to.

The provider had embedded a culture amongst the staff that put the person first. Staff demonstrated they worked in a way where subjects such as dignity, respect and independence were important.

Staff were happy working for the service and could raise concerns and challenge practice without fear. The quality of the service was monitored regularly and the provider sought advice from outside services to help them improve the running of the service.

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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in services that cater for older people.

Prior to our inspection we reviewed the data we held about the service. This included any statutory notifications that they had sent us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us a 'Provider information return' that contained information about their service and this was received prior to the inspection.

The inspector visited the head office of the service where three members of staff and the provider were spoken to about the care that they provided. The expert by experience telephoned six people who used the service and seven relatives to obtain their feedback regarding the quality of the care that was being received.

We looked at three people's care records, staff training, recruitment and supervision records and records relating to how the service monitored staffing levels and the quality of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when the staff were in their homes providing them with care. One person said, “I am confident in the staff in every way.”

Another person said, “I feel very comfortable when they are around.” One relative told us, “My wife is very happy with the visits and is not anxious about them, quite the opposite.” Another relative said, “My wife and I are comfortable with all carers.”

The people who used the service were protected from the risk of abuse as the provider had taken steps to protect them. All of the staff we spoke with demonstrated that they understood what abuse was and how they should report any concerns if they had any. Staff received a handbook when they started working for the service and this contained information on abuse and the reporting procedure. They told us they had received training in this subject and the training records we viewed confirmed this.

All of the staff we spoke with understood the principles of the Mental Capacity Act (MCA) 2005. They were aware that any decisions made for people who lacked capacity had to be in their best interests and were able to tell us how they supported people to make decisions about their daily routines. For example, one staff member told us how they showed people different types of clothes so they could decide what to wear. Another said they showed people different food so they could decide what to eat. However, we did not see that this type of information was recorded within people’s care records. This would assist staff who were not familiar with the person to help them support people to make decisions about their daily care.

Risks to people’s safety had been assessed. Records of these assessments had been made. These covered areas such as; risks both outside and inside their home, fire, physical hazards to staff and moving and handling. Each assessment had clear guidance for staff to follow to ensure that people and staff remained safe. Our conversations with staff demonstrated that guidance had been followed.

All of the people who used the service told us that there were enough staff to meet their needs. They said that staff stayed for their allocated time and did not rush them when they were being provided with care. The staff and relatives we spoke with also told us that there were enough of staff to give the care and support that people needed.

The staffing levels required to provide care were calculated using a computer system. The time required for the duration of the visit and the number of staff needed to provide the care was recorded on the system. Any shifts that were not fully covered were highlighted prior to them starting. These were then covered by other staff who were not working that day or who were ‘on-call’ specifically to cover any shortfalls. This information was calculated at least three days before the shifts started to allow the service to seek additional cover if required.

From looking at staff employment records, we saw that the provider had carried out all the required checks to make sure that they were of good character and safe to work with people.

Is the service effective?

Our findings

The majority of people we spoke with told us they felt the staff who supported them were well trained. One person told us, “The staff know what they are doing and I have no worries.” A relative said, “My wife and I are very confident about everyone who comes.” A further relative said, “Their training seems excellent.”

All of the staff we spoke with told us they had received enough training to meet the needs of the people who used the service. One staff member told us that the training had been ‘excellent.’ Another said, “That really taught me what I needed to do.” Records showed us that staff had received training in a variety of different subjects including; infection control, safe manual handling of people, safeguarding vulnerable adults from abuse, medication, food hygiene, dementia awareness and continence management.

Staff said that when they started working for the service, they spent time shadowing more experienced staff before being able to work with people on their own. This was also confirmed by some of the relatives of the people who used the service. One relative said, “They do their best to prepare new people such as shadowing someone experienced twice. After that the new one turns up.” We saw that staff had to complete a comprehensive induction training booklet whilst they were training. This covered a number of subjects they needed to ‘pass’ before they could be deemed competent in their role. The provider told us that only when they were satisfied that staff had enough experience to provide care to people on their own, would they be allowed to do so. However, no records were kept to show when the provider had reached this decision. This would help to evidence they were satisfied that staff were competent enough to work independently with people.

All the staff we spoke with told us that they felt supported by the management team. However, one staff member said that although they felt supported, they would like to have more supervision meetings to discuss their personal development needs. We checked this staff member’s supervision file and found that they had received two formal supervision meetings in one year that included an annual appraisal. We therefore checked six other staff member files.

The majority of staff had received an annual appraisal but most had not received regular supervision with their

manager. We saw that a new member of staff had received supervision more often to check on their competence. Supervision is important so that staff and management have an opportunity to discuss performance, training needs and any other pertinent issues about the care they provide. We brought the lack of regular supervision to the provider’s attention who immediately investigated the matter and implemented a new system to ensure that staff received formal supervision at least every three months.

The people we spoke with told us that the staff helped them to prepare their food to assist them with their nutrition. One person said, “I can feed myself with a spoon so they prepare and cook the food. The person who comes at breakfast prepares the vegetables.” Another person said, “My son shops and the food is part prepared by the carers at breakfast depending on what is around.”

All of the staff we spoke with knew the importance of good nutrition and hydration. One staff member told us, “We encourage people to drink when we are with them. If they don’t drink well or are not eating, we will put a food and fluid chart in place and refer them to the dietician or district nurse if needed.”

People who used the service and their relatives when asked, told us that the staff would contact the doctor or other healthcare professional if they needed one to help them maintain good health. One person said, “I know that if I needed to call the doctor, they would do it for me.” Another person said, “I am sure they would ring the doctor if they felt I needed attention.” A further person told us how they had an accident at home and that the staff had contacted the emergency services on their behalf. They told us that the carers stayed with them until the ambulance arrived and that the provider went to the hospital with them.

All of the staff we spoke with demonstrated to us that they had a good understanding of the different types of healthcare professionals who would need to be contacted to help people maintain good health such as their GP, dietician, optician, district nurse or occupational therapist. From one of the care records we checked, we saw that the service had requested an occupational therapist to assess a person for adaptive equipment to help them with their daily living tasks.

Is the service caring?

Our findings

The majority of people we spoke with were very complimentary about the staff and the level of care they received. They told us that the staff were very kind and caring towards them. One person told us, “The staff are marvellous. They will do anything for you. They are 100% good. They do all that I want and more.” Another person said, “They are very caring although I know they have to keep to time. They listen to what I say and do their best to help me. They have a routine so seem to get done what needs doing.” A further person told us, “There are lots of different people who support me but they are all lovely. They are so kind and thoughtful and I couldn’t manage without them. They do all I need and if I am not well, they are especially kind.”

All of the relatives were also very complimentary about the staff, with two of them telling us that the service was like an ‘extended family.’ One relative said, “To be honest, we feel like part of an extended family. The carers show an interest in us. They are fundamentally caring people.” Another relative said, “All the staff are brilliant. They are so caring. They stop and chat when they can even though they are on a tight schedule. It’s like being with a relative.” A further relative said, “The regulars are very special to us and they are dedicated. They ask after my husband. They chat and we share photos.”

It was evident from conversations with the staff that they knew the people they cared for well and had developed strong and supportive relationships with them. This included staff having an excellent knowledge of people’s individual preferences and care needs. The provider explained that they tried their best to ensure that people received the same members of care staff so that they could develop relationships with them. The people and relatives that we spoke with confirmed this. One person said, “They understand my needs and they tend to be the same one [member of staff].” Another person told us, “The staff know me well so they can get straight on with

everything when they arrive. I feel that they would do anything for me.” A relative told us, “We tend to get the same rota of carers who know my sister well and they try to keep those same people.”

Both people and staff told us of tasks that they had carried out above their normal day to day care duties to help the people that they cared for. One person told us, “I needed a new mattress and one of the carers sorted me out one. She found there was one for sale nearby and organised its delivery – all in her own time.” One staff member told us how they had arranged for one person to meet up with someone they used to work for after finding out that they lived nearby.

People and their relatives told us that they felt involved in their care and listened to. One person said, “My daughter and I are involved in planning for my needs and we discuss this with Nightingale.” A relative told us how the service had taken into account their family members preferences when allocating staff to provide care for them. Another person told us, “They [the staff] always take into account my feelings. Whatever I ask, they will do it for me if it’s possible.”

All the staff we spoke with told us that protecting people’s dignity and privacy was very important to them. They explained how they covered people when providing personal care and ensured that people’s curtains and doors were closed as necessary.

People and relatives also told us that dignity and privacy were respected and demonstrated by the staff and that people’s independence was encouraged. One person said, “They encourage me to do things for myself. They don’t baby me and they treat me with respect and take account of my dignity.” Another person said, “They are good all round. They listen to me and they show me respect. If I am on the commode for example, they leave me to myself until their help is needed. They try to make sure I do as much as I can for myself.”



Is the service responsive?

Our findings

The people we spoke with and their relatives told us that the service was responsive to their individual needs and that they could always get hold of someone in the main office if they needed to. One person said, "If I need to change the times they come, they do their best to respond. I know they would take me out shopping if I needed to, of course that would have to be arranged." They added, "I feel in full control of my care. Not only that, if I am short of a pint of milk I know the carer will bring one in the morning." Another person told us, "The Centre and staff are very responsive to my needs if it's at all possible. If I'm unhappy I'll ring the [deputy manager] in the office and things get done." A further person said, "I can always get hold of somebody at the office and there is an emergency number as well. I would ring the office to get something changed if I wasn't happy."

The care records that we checked demonstrated that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. This assessment took into account people's preferences for a male or female carer, what time they wanted the visits to occur and whether they preferred an older or younger carer to provide them with support. This information was stored on the central computer system to help the service plan which staff would provide care. The people we spoke with told us that their preferences were always met by the service.

Each care record contained a visit plan. This detailed fully the care that was to be provided and gave staff clear guidance on what they needed to do to meet the person's needs. Care records were regularly updated to ensure that they reflected the person's current needs. All the staff we spoke with told us that they were advised of a change in people's needs in good time so that they could provide the correct care.

People who used the service and their relatives were asked, told us that the service contacted them to let them know if a carer was running late and confirmed the carers arrived on time. One person told us, "They are efficient and they arrive on time when they say they will and let us know if there is a delay or a change of carer." Another person said, "Staff tend to come on time and do what they are asked to do."

The service referred people to other organisations if they felt that there was a need. For example, a mobility risk assessment for one person had identified that they would benefit from some additional equipment within their property to protect them from the risk of fire. The service had therefore referred them to the local fire and rescue service. Other organisations that the provider told us people had been given information about included the 'Handyperson Scheme', run by the district council and 'Money Matters' which is an advocacy scheme to help people deal with their finances. The provider told us that they had also set up a scheme recently to help address the issue of social isolation, which some of the people they provided care for experienced. The provider had trained a number of volunteers to visit people in their own homes if they required this to provide them with a 'sitting service' or to help them with shopping and cleaning. This demonstrated that the provider recognised when people may benefit from other services outside of their normal care provision and facilitated this involvement to help them stay safe and improve their quality of life.

The service allowed staff to have time to provide the care and support to people that they needed. One person told us, "We manage to have a chat about things even though they have to keep time." Another person said, "They [the staff] don't give the impression of rushing to the next person." A relative told us, "Even in their busy schedule they will try to find five minutes to chat to my sister about things other than her actual care. They are so lovely that she really looks forward to their visit. They really do treat her like a human being." Another said, "They always seem to have time for you." A further relative told us, "We've got to know every carer. It's the major selling point of Nightingale. They [the staff] always snatch a coffee with us and we discuss matters in general. It's like a friendly visitor who doesn't rush you."

No formal complaints had been received by the service within the last 12 months. We asked people and relatives if they were confident to raise any concerns or complaints if they were unhappy with anything. All of the people and relatives we spoke with told us they were happy and that they would speak to the staff if they needed to. They also told us that when they raised a concern that it had been managed well. One person said, "I know I can ring a senior member of staff if I'm not happy and I know it will be dealt with." Another person said, "I know if I am not happy that something will be done. On a Sunday, I found there was an



Is the service responsive?

insufficient gap between the first two visits of the day so I was getting breakfast and then lunch too soon. After I spoke to them, they re-arranged the times to make it better for me. A relative told us, “[deputy manager] is good at sorting things. A problem gets dealt with. I mentioned to

the office that they weren’t drying out the wet room before they left and they put this right straight away. I can ring the office at anytime.” Another relative told us, “If we are not happy with someone, they will change the carer.”

Is the service well-led?

Our findings

The majority of people and relatives we spoke with were very complimentary about the service they were provided with. They told us that the management team at the service were always accessible to them when they needed to contact them. One person said, "I'm really happy with the service and I would certainly recommend it." Another said, "[The provider] is always available to you if you request to speak to her. I have no complaints, it all works for me." A relative told us, "Nightingale was recommended by someone and they have lived up to expectations. They have got the right people in the right place at the right time. [Deputy manager] in the office is good. I can't fault them. I am totally confident in the running of the system. We have a brilliant relationship with everyone including [deputy manager] and [provider]."

The provider told us that the service had a vision based on providing person-centred care that empowered people to be as independent as they could be. From our conversations with people and relatives it was clear that these values were continually applied by the staff who worked for the service. All of the staff we spoke with confirmed they were aware of these values and felt that there was a strong culture that was driven by the provider for them to provide person-centred care. One staff member told us, "We treat everyone as an individual. The culture is very person-centred and we are always trying to meet people's requests and their changing needs." Another staff member told us that, "All the staff really care about the people they see." The final member of staff said, "There is a clear ethos and culture of person-centred care and treating people with dignity and respect. [The provider] is an amazing woman who has very high standards."

The three staff we spoke with told us that they enjoyed working for the service and that their morale was very good. One staff member told us, "Everyone is lovely. Morale is great and we all have a laugh. I feel not just part of a team but it's like a family." Another staff member said, "Morale is good. Everyone is happy and cheerful."

All of the staff we spoke with told us they felt supported by the management team. One staff member told us, "There is always someone to turn to." A number of them were completing their Qualifications and Credit Framework (QCF) diploma in Health and Social Care. This

demonstrated that the provider invested in their staff by giving them the opportunity to develop their knowledge and obtain a recognised qualification within the care industry.

All of the staff told us they were confident to raise issues with the management team and were satisfied that these would be dealt with. One staff member told us there had been an issue about poor communication between staff regarding the changing needs of people. In response to this, the provider had put in place a new system that enabled staff to go and meet the person first to do a full assessment. The staff member told us, "That just makes life so much easier." Another staff member said that they had raised a concern about one person who they felt needed two staff rather than one to help them move. They said, "I felt one person needed more staff. I told [the provider] and we got social services in very quickly to re-assess them. [The provider], is lovely and very flexible with staff. She is so easy to talk to about anything, she is a very lovely lady."

We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt that there was a need to.

The service was using 'smart' technology to enhance the way staff communicated with each other. Each staff member had a 'smart' phone which was connected to a computer system within the main office. Texts and emails could be sent to these phones to update staff on important matters such as changes in people's needs or to alert staff if they needed to complete tasks for people such as picking up a prescription. This information could be monitored to make sure the staff had received the appropriate instructions. A copy of their shift rota was also sent to their phones via the system in advance of the start of their shift, to enable them to plan their route and the care that they needed to provide.

The system in place also enabled the service to monitor where staff were at any time. This information was transferred back from the staff members phone using the global positioning (GPS) function and could be seen on a computer screen. This meant the staff in the main office could see if a staff member was likely to be late for a visit and therefore let the person know in advance. They could identify which staff were working near each other if one

Is the service well-led?

was needed to provide some help to another in the event of an emergency. This demonstrated that the provider was investing in the latest technology to improve the quality of the service that was provided to the people they cared for.

Incidents and accidents were recorded and investigated by the provider. Few incidents had occurred but we saw that learning from these had taken place. For example, one person who used the service had fallen whilst care was being provided which had resulted in a serious injury to them. The emergency services were called but on reflection, the provider told us that it was felt that more information should have been provided to the emergency service so they arrived quicker. The provider informed us that this information had been used to develop the training staff received in first aid. However, we saw that this incident had not been reported to the Care Quality Commission as is required by law. We spoke to the provider about this who agreed that it had not been reported to us but said that this had been an oversight and agreed to send us the relevant paperwork immediately. They stated that they would ensure any such incidents would be reported to us in the future.

We saw that the service sent out questionnaires to people each year to ask them for their feedback on the care they

received and for any areas for improvement. The next survey was due to go out in October 2014. We looked at the survey from October 2013. In the main the comments received were positive. Where there were negative comments, the provider told us that these had been addressed. However, they could not provide evidence of this.

Audits of the care provided took place on a regular basis to help the provider identify if changes were needed to improve the quality of service. Staff were also observed when they provided care to make sure that it was being given safely and in line with the provider's requirements.

The provider was pro-active in forming links with other organisations to help with learning and the implementation of best practice to improve the quality of the service. We saw evidence that they and their team leaders had completed dementia support training and that the provider had attended a conference run by the Dementia Action Alliance. This Dementia Action Alliance has been set up by the Government to bring together organisations committed to transforming the lives of people with dementia and their carers. The provider advised that her learning would be passed on to the staff.