

Nightingale Homecare Suffolk Ltd

# Nightingale Homecare (Beccles)

## Inspection report

39a Smallgate  
Beccles  
NR34 9AE

Tel: 01502449929  
Website: [www.nightingale.care](http://www.nightingale.care)

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20 April 2021

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nightingale Homecare (Beccles) is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service was providing the regulated activity of 'personal care' to 63 people.

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.

### Rating at last inspection

This service was registered with us on 13 November 2019 and this is the first inspection. The last rating for the service under the previous provider was Good, (published on 2 May 2018).

### Why we inspected

This was the service's first ratings inspection since it registered with us on 13 November 2019.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Nightingale Homecare (Beccles)

## **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 one inspector and an Expert by Experience telephoned people using the service or their relatives to find out about their experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service one hour's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 April 2021 and ended on 26 April 2021. We visited the office location on 20 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service about their experience of the care provided. We spoke with four members of staff including the two registered managers and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four 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.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and understood their responsibilities in protecting people.
- There were systems in place to respond appropriately to any concerns about a person's safety and welfare, including a policy which staff were aware of. People and relatives told us they felt safe when care staff supported them.

Assessing risk, safety monitoring and management

- The service carried out a range of risk assessments for each person to identify any areas of risk staff should be aware of. This included risk assessments around medicines, pressure care, moving and handling and falls. Where a risk was identified, there was clear care planning about how staff should support the person to reduce this risk.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs in line with their preferences.
- We reviewed people's daily records and compared these with the times staff attended their home. We found that the times staff attended matched those specified by the person when the package was arranged.
- A system was in place to introduce new staff to people prior to them starting to work with the person. One relative said, "We just recently had someone new and they had a shadow [shift], so [relative] feels safe and trusts them."

Using medicines safely

- Where the service supported people with medicines, there was a care plan in place for this setting out the support they required. An assessment was carried out to ensure it was safe for people to self-medicate, where they wished to do so.
- We reviewed a sample of medicine's administration records which had been returned to the office. We found that there were no gaps or omissions in these records. They were audited by the office to identify any shortfalls.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) to do their job and reduce the risk of the spread of infection.

- Policies and procedures were in place with regard to how the service limited the risk of the spread of Coronavirus. This included routine testing for staff.
- People told us that staff helped them to keep their home clean and wore appropriate PPE when visiting them.

#### Learning lessons when things go wrong

- The service had a system in place to analyse incidents and accidents. Where these occurred, they were reviewed and any changes to care planning or risk assessment were made where required.
- The service had a system in place to identify shortfalls in staff practice and address these individually through supervision.

# 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.

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

- A thorough assessment of people's needs was carried out before the package of care started. This assessment included collecting information about what people would like support with, when they would like this delivered and their preferences regarding this.
- Care was planned in line with best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received a range of training which was suitable for the role. This included in subjects such as moving and handling, safeguarding, fire safety, first aid, nutrition and the Mental Capacity Act 2005.
- People told us they felt the staff who visited them were well trained. A relative said, "I feel they are very well trained."

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

- Where people required support to eat and drink, detailed information about what staff should do was included in their care planning. This included information about their preferences.
- People told us staff supported them with eating and drinking where this was required and recorded this support. A relative said, "They do put all details in the folder, even noting what [relative] eats and drinks."

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

- Where other professionals were involved in people's care, this was noted in their care planning. For example, one person had regular visits from district nurses. Their role and contact details were noted in their care records.
- The service recorded the contact details of people's GP's so they could be contacted for advice if required. A relative told us that staff identified when input may be required from healthcare professionals and sought this support.

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.



When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's capacity to make decisions about their care and treatment were assessed. Even where people were deemed as not having capacity to make some of the bigger decisions about their care, they were still involved as far as possible in arranging their care. This meant their preferences were reflected.
- Where people had a power of attorney, information about this was included in their care records. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so.

# 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

- People told us the staff were kind, caring and treated them well. One person said, "They are absolutely brilliant, they help and cheer me up as well as my partner." Another person said, "They go 'head over heels' to help me."
- Staff had training in equality and diversity and care records reflected people's individuality

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

- People's views about their care were recorded in their care plans. This included information about what they would like to happen at each visit and what time they would prefer this to happen. These preferences had been considered in the way their care package was arranged.
- People told us they felt their views were heard and that they were in control of the support they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of them, their home and upheld their dignity and independence.
- People told us staff asked them how they wanted to be supported, what they preferred to be called and how they would like them to leave their home when the visit finished.

# 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 through good organisation and delivery.

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

- People's care records reflected their diverse needs, interests and preferences. People received care from staff who knew them as individuals. People told us staff working for the service always asked them for their preferences, such as how they liked to be addressed.
- People and their relatives told us they had been actively involved in the planning of their care and were asked to agree their care plan. Reviews were conducted with people and their representatives regularly and their views on their care were recorded as part of this.

Meeting people's communication needs

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

- Information was provided to people in a way they could understand.
- Staff had an understanding of how to communicate with people who had a variety of needs. Information about how people communicated was included in their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst the service is not required to provide social support and activities as part of the regulated activity, the service did ensure people were supported to live full and active lives and avoid social isolation.
- The service actively encouraged and supported staff to go 'above and beyond' to enrich the lives of people they cared for and show them they matter. For example, one person enjoyed gardening but struggled with this due to their mobility. A carer brought plants to their home and helped them do some gardening. Another person told a carer they'd really like fish and chips as they hadn't had them for some time, and a carer brought these for their next visit.

Improving care quality in response to complaints or concerns

- The service had received one complaint at the time of inspection. This was investigated and dealt with promptly and to the satisfaction of the complainant.
- An appropriate complaints policy was in place and people were provided with a copy of this.

End of life care and support

- Where people receiving support from the service were coming to the end of their life, care plans were put

in place reflecting the support they required at this time. This included information about their wishes in coming to the end of their life and what professionals were involved in ensuring they remained comfortable.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the service at all levels. Staff were encouraged to deliver person centred care, treat people as individuals and spend meaningful time with people. The service was invested in improving people's whole experience, rather than just the parts they were contracted to fulfil.
- Meetings were held with staff to discuss changes to the service and communicate messages. Staff felt able to express their views and suggest improvements.

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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- There was a robust quality assurance system in place which identified areas for improvement or shortfalls in staff practice.
- This included audits of care records, spot checks on staff practice and audits of the branch by senior staff from the provider organisation.
- The provider had an ongoing plan of development in place for each branch, which included aspirations for the coming year.
- People made positive comments about the service they received and how it was managed. One person said, "They all help, [relative] and me, If I'm crying, they console me. They are not carers, they are friends. I'd recommend Nightingale to anyone and everyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their views on the service they received. This happened via reviews of their care plan, telephone surveys and written surveys.
- We reviewed the results of the most recent survey and these were all positive. 73% of the respondents said they were 'extremely likely' to recommend the service.

Working in partnership with others

- The service had developed positive working relationships with other professionals involved in people's care. This allowed for effective sharing of information between organisations to ensure people received

joined up care.