Nightingales Community Care 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

This inspection took place on 28, 29 and 30 November 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. This was the first inspection since the service was registered at this location in August 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community It provides a service to older adults. At the time of our inspection eight people were using the service.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service.

People and their relatives told us staff at the service kept them safe. Risks to people were assessed in a number of areas and plans drawn up to reduce the chances of them occurring. The registered manager monitored accidents and incidents to see if improvements could be made to help keep people safe. Plans were in place to support people in emergency situations. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider's policies and procedures supported effective infection control. The provider and registered manager ensured staffing levels were sufficient to provide safe support. The provider's recruitment policies and procedures reduced the risk of unsuitable staff being employed.

Staff were supported through regular training, supervision and appraisals. The service sought out and worked to current best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People and their relatives said they received the support they wanted and needed with managing food and nutrition. People were supported to access healthcare professionals to monitor and improve their health.

People and their relatives spoke very positively about the support delivered by staff at the service, describing it as caring and kind. People were treated with dignity and respect and confidentiality was protected. Staff understood the importance of promoting people's independence. People were supported to access advocacy services should they be needed.

People received personalised support that was tailored to their needs and preferences. People's communication needs were assessed before they started using the service to ensure all necessary arrangements were in place to support them. The service provided end of life care where needed.

The provider had policies and procedures in place to investigate and respond to complaints.

People and their relatives described the service as well-led and spoke positively about the registered manager and provider. Staff spoke positively about the culture and values of the service, and of the leadership provided by the registered manager and provider. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and their relatives. The registered managed had developed links with other agencies and groups that benefited people using the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 were protected.

Staff sought out and worked to best practice to deliver effective support.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy

services where appropriate.

Is the service responsive?

Good

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

End of life care was provided based on people's assessed needs and preferences.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they would use it.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service.

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

Nightingales Community 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 28, 29 and 30 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 November 2017 and ended on 30 November 2017. It included telephone calls to people and their relatives. We visited the office location on 28 and 30 November 2017 to see the manager and office staff, and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by Nightingale

Community Care Limited.

We spoke with one person who used the service and five relatives of people using the service. We looked at two care plans, three medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the providers, one of whom was the registered manager, the administrator and three care staff. We spoke with one external professional who works with the service. We looked at two staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us staff at the service kept them safe. One person told us, "I feel very safe with them." A relative we spoke with said, "Without a doubt [named person] is safe with them. They help with personal care, and as he is unsteady on his feet they walk with him to steady him." Another relative told us, "[Named person] definitely feels safe with them. They use the hoist to move him and you can see he has total confidence in them." Another relative told us, "They are meticulous in checking him for any potential problems."

Risks to people were assessed in a number of areas before they started using the service, including food and nutrition, personal care and mobility. Where a risk was identified plans were drawn up to reduce the chances of it occurring. For example, one person was assessed as being at risk of falls. As a result their care plan required two members of staff to assist with all care interventions to reduce the risk of them falling. Though the service was not responsible for people's home accommodation a 'working environment' risk assessment was carried out. This examined trip hazards, support equipment people used and bathroom facilities to see if any recommendations could be made to people to improve the safety of their home when staff were delivering support. A member of staff we spoke with said, "I ask how people are and if they've had any problems and look around for things like trip hazards and scalding hazards."

The registered manager monitored accidents and incidents to see if improvements could be made to help keep people safe. The registered manager told us, "We're always reflecting on how we can improve the service, and looking for guidance on things. We chat every day about how we might do things better, and we do it with staff at the end of our meetings. We want to involve everyone in how we do things." They registered manager was able to give examples of improvements that had been made to the service following specific incidents, for example, in sharing information more effectively with relatives. This showed us staff in the service were able to learn lessons and make adjustments to the service.

Plans were in place to support people in emergency situations by providing a continuity of care should the service be disrupted. Care plans were paper-based but also stored electronically, with a backup available should it be needed. The registered manager told us how staff shortages or other incidents would be dealt with. On the first day of our inspection we saw that there was no written business continuity plan, with emergency plans being reliant on the availably of the registered manager or registered provider. We asked what would happen if they were not available, and the registered manager said they would be begin work immediately on a written plan. When we returned for our final day of inspection we saw that work had begun on a written plan.

Policies and procedures were in place to safeguard people from abuse. Staff had safeguarding training and access to the provider's safeguarding policy. This provided guidance on how abuse could be spotted and reported. Staff said they would not hesitate to raise any concerns they had. One member of staff told us, "I would immediately report it. I would whistle-blow." Whistle blowing is when a member of staff tells someone they have concerns about the service they work for. Records confirmed that where issues had been raised they had been appropriately investigated and reported under the provider's safeguarding policy

and procedures.

People's medicines were managed safely. One person told us staff attended twice a day to help with their medicines. A relative we spoke with said, "They make sure that they are taken when they are there and then write it up in the book." Staff had the training they needed to support people with medicine, and this was regularly refreshed to ensure it reflected current best practice. A member of staff we spoke with told us, "I am happy with the medicines training and am confident to do it." Staff also had access to the provider's medicine policy, which provided guidance on 'as and when required' (PRN) medicines, topical medicines and reporting medicine errors.

People's medicine support needs were detailed in their care plans and in individual medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's MARs included information on the medicine to be administered, the person's GP and on any known allergies. MARs we looked at had been completed with no unexplained gaps and using appropriate recording where people did not receive their medicines. Topical MARs and transdermal patch records were used to record the use of those medicines, and people had PRN protocols in place where needed.

The provider's policies and procedures supported effective infection control. Staff had access to policies on infection control and handwashing, and all staff had received infection control training in the 12 months up to our inspection. Training had also been provided by a local infection control nurse. This helped ensure staff were aware of current best practice. The registered manager said, "We take it very seriously. When we have staff in for staff meetings, we'll spend time at the end observing each other washing our hands to make sure we're doing it properly." Staff told us they had access to plentiful supplies of personal protective equipment (PPE) such as aprons and gloves, and we saw stocks of these in the office during our visit. One person we spoke with said, "They always come well prepared and use aprons and gloves." A relative told us, "They never rush them through their care and always check that everything is left clean and tidy and there's nothing else they need before they go."

The provider and registered manager ensured staffing levels were sufficient to provide safe support. The level of support people needed was assessed before they started using the service, and the registered manager said they would not accept people if they did not have the staff in place to support them. The registered manager said, "We know our staff well and when they can work. We only take on what we can cope with."

People and their relatives told us they were supported by stable staffing teams who arrived on time and stayed at calls for as long as they were needed. Rotas and staff records we looked at confirmed this. One relative told us, "They are always on time. You can set your clock by them." Another relative said, "We have regular girls and they are spot on with their timekeeping, excellent in fact." Staff also told us there were enough staff in place to support people safely. One member of staff said, "We have enough staff for the people we support. Most of my people I do every day, support the same ones." Another member of staff told us, "We have enough staff. It's only a small team. We never take too many people to care for."

The provider's recruitment policies and procedures reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history and answer questions such as, 'How can you make a positive difference to our clients' lives?' Similar questions were asked at interview. Before people were employed proof of identify was sought, written references obtained and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer

recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. Staff we spoke with confirmed this process was followed before they were employed.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the knowledge and skills needed to provide effective support. One person told us, ""I think they are very well trained… they come in and sort everything out." A relative we spoke with said, "They are very well trained. When they first had to start using the hoist, even though they were familiar with doing this they came back when it was delivered to be trained again to use this particular hoist." Another relative we spoke with said, "The girls are very well trained, I think they've been in the industry a while."

Staff received mandatory training in a number of areas, including emergency first aid, health and safety, moving and handling, nutrition and wellbeing, skin integrity and equality and diversity. Mandatory training is the training and updates the registered provider deems necessary to support people safely. Training consisted of accredited training courses provided by a local college and also sessions provided by local healthcare professionals. The registered manager told us, "The occupational therapist came out to show us how to use some new equipment." They also told us how they were organising some specialist nutrition training to support a person with their particular needs. Training was refreshed annually to ensure it reflected current best practice. The registered manager monitored and planned staff training using a chart, and this showed that all training was up-to-date. Staff files contained certificates confirming training took place. This meant effective process were in place to ensure staff had the training needed to support people.

Staff spoke positively about the training they received and said they would be confident to request more if they wanted it. One member of staff told us, "Training is very good. It's in-house and also a lot through the college. All you've got to do is mention it and they request training." Another member of staff said, "We get so much training. Really good, and can do extra if we want to."

Newly recruited staff completed the provider's induction programme before they could support people without supervision. This involved learning about the provider's policy and procedures, completing mandatory training, following and observing experienced members of staff and carrying out support under the supervision of experienced staff. Progress through the induction was reviewed at regular meetings with the registered manager, and the staff member was only signed off as having completed the induction when both they and the registered manager felt confident they could carry out their role.

The registered manager described how they always sought out and worked to current best practice. They said, "We always check with NICE and the NHS website. We get newsletters from Age Concern and keep in touch with local care centres. We're Dementia Champions and get a lot through Skills for Care." The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Skills for Care is an independent charity that promotes workforce development in adult social care in England. During the inspection we saw Skills for Care guidance was made available for staff to consult. Staff we spoke with took pride in their training and knowledge and confirmed the registered manager always encouraged them to work to national best practice.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a

meeting, by which an organisation provides guidance and support to staff. Staff received four supervisions a year and an annual appraisal. Records confirmed that all staff had received a supervision or appraisal in the three months up to our inspection or that one was planned. Records of meetings showed that staff support needs were assessed and they were encouraged to raise any issues they had. Staff were encouraged to set development objectives, and these were assessed at subsequent meetings. Staff spoke positively about the provider's supervision and appraisal process. One member of staff told us, "I find them useful. We can raise anything, but I don't need to as I can speak with the managers whenever I want to."

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.

We checked whether the service was working within the principles of the MCA. At the time of our inspection everyone the service supported had capacity to make their own decisions. People's capacity to do so was assessed before they started using the service. The registered manager said the involvement of individuals with Lasting Powers of Attorney (LPA) or Deputyships would be verified and evidence obtained to ensure people's legal rights were protected. People and their relatives said staff always obtained consent before they delivered support. A relative we spoke with told us, "They always to chat to her and include her in her care. It's something they do with her not for her." Another relative said, "When they talk to him it's always 'would you like to……'. They always ask his permission and offer him a choice. What's done for him is done with his consent." People had signed their care plans to consent to the support they received.

Some people received support with food and nutrition as part of their care package. Where this was the case their nutritional support needs and preferences were recorded in their care records. People and their relatives said they received the support they wanted and needed with managing food and nutrition. One relative we spoke with said, "They make sure he has everything he needs before they go like drinks and heat his meals for him."

People were supported to access healthcare professionals to monitor and improve their health. Care records contained evidence of effective working with professionals such as GPs, district nurses, palliative care nurses and occupational therapists. The registered manager was able to describe examples of how the service had sought and implemented the advice of external professionals, and records confirmed this. People and their relatives said staff were alert to any changes in people's health and sought the input of other professionals involved in their care. One relative told us, "They keep an eye on him and if they have any concerns about anything they will phone me and let me know what it is and advise me if they think I should call the doctor. They're brilliant." Another relative said, "They are very on the ball and will alert me if any medical attention is needed." A professional who works with the service told us, "They are usually very caring, very professional, very open and honest."

Good

Is the service caring?

Our findings

People and their relatives spoke very positively about the support delivered by staff at the service, describing it as caring and kind. Everyone we spoke with said staff were genuinely interested in getting to know people and providing high quality care, taking time to sit and talk with them even when they had completed their support tasks.

One person we spoke with said, "I can tell you they are so kind. If I'm having a bad day sometimes they will spend a bit of extra time just sitting talking to me. They are truly lovely people. I'm very lucky to have them." A relative told us, "I have seen them with him and I think they are very kind and compassionate. They talk to him about his past and show an interest in what he has done in his life. He's not just a body in a bed." Another relative we spoke with said, "The carers are so kind to her, so thoughtful, always going above and beyond the detail in the care plan. We had another company before Nightingales and the difference is marked. They are head and shoulders above the others." Another relative said, "The girls are very kind to [named relative], very concerned about them but not in a fussy way. They have a good approach."

People were treated with dignity and respect, which helped to promote their sense of wellbeing. A relative we spoke with said people were, "Treated with the utmost respect when having help with washing and toileting. They help them in a way that preserves their dignity." Another relative told us, "They are very respectful. She's always covered with a towel when they're washing her and the door and curtains are always shut." A third relative said, "They never rush him through his care, I can hear them talking and joking with him. They treat him as a whole person." Another relative said, "They are like friends but also very respectful. They checked what [named person] wanted them to call them when they first came."

People and their relatives also said confidentiality was protected. A relative we spoke with told us, "They are totally trustworthy and confidential. They never talk about other clients in front of us and that gives me assurance that they don't talk about us in front of others."

Staff understood the importance of promoting people's independence. People and their relatives said people were encouraged to do as much as possible for themselves, which made them feel empowered. One person told us, "They know I like to be as independent as possible and they respect that. I cook my own meals… but they offer to help with things if they can see I'm struggling. But they don't push in." A relative we spoke with said, "The girls are absolutely first class. They are helping him keep mobile." Another relative told us, "As [named person] does not believe she has a problem they allow her a degree of independence and let her do the things she can but at the same time keep an eye on her to make sure she's not in any danger."

Staff received equality and diversity training, and were confident in describing how they ensured the support they gave was tailored to meet people's individual needs. People were supported to maintain personal relationships in a way that respected their life history and sexual orientation. When providing end of life care staff ensured that any religious beliefs people had were used in care planning and delivery.

Nobody was using an advocate at the time of our inspection. Advocates help to ensure that people's views

and preferences are heard. The registered manager told us how people would be supported to access advocacy services should they be needed. We found the service had listened to family members as natural advocates for people to learn about people who used the service. Relatives had been actively involved in the service to ensure people received the appropriate care and treatment.

Good

Is the service responsive?

Our findings

People and their relatives told us staff provided personalised support that was tailored to people's support needs and preferences. One person told us, "They give me the care that I asked for their help with. They come at the right times, they do what needs doing, they are pleasant kind girls who know exactly what needs doing and how. What more can you ask for?" A relative we spoke with said, "Absolutely everything about his care is perfect, fantastic. They treat him as a whole person. We were asked what time we wanted the visits, they adhere to those times almost to the minute. He is very happy with his care. He calls the girls 'his angels' they are so gentle with him."

Before people started using the service a detailed assessment was carried out to determine the type of support they needed and how they wished this to be delivered. Support needs were assessed in a number of areas, including personal care, mobility, medicines and nutrition. People and their relatives were placed at the heart of the assessment process, with the emphasis being on them designing their own care plans. A relative we spoke with said, "We were involved in the setting up of the care plan and it was all done very quickly. We are happy that it reflects his needs at the moment." Another relative told us, "We were involved with the care plan set up, it's enough at the moment."

Where a support need was identified care plans were drawn up detailing how the person wished to be supported. For example, one person's care plan contained detail on how staff could support them on each call, including what they liked to try to achieve for themselves and how support should be delivered when this was needed. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. A relative we spoke with told us, "We were included in the care plan discussions and she is reviewed every six months."

People and their relatives told us the service was responsive to any changes they wanted to make in call times. One relative told us, "When we've had to move appointments they have organised that for us." Another relative said, "If he goes into hospital they always keep in touch and his appointments are always kept open for him on his return. You don't have to worry that someone else will take the slot and you'll be left with someone new."

Daily notes were used to record the care delivered, which meant the next staff to visit the person would have the latest information on their support needs. People and their relatives said communication from the service was good, and that staff always ensured they had current information on how people wanted and needed to be supported. One relative told us, "They are very proactive and will contact me or the doctor if there are any problems." Another relative said, "Lovely girls with just the right balance, they keep me informed but don't fuss unnecessarily. If they tell me something needs doing I know it needs doing."

People's communication needs were assessed before they started using the service to ensure all necessary arrangements were in place to support them. At the time of our inspection nobody had any sensory impairments that impacted on their communication, but the registered manager described how people would be supported in this way should this be needed.

The service provided end of life care where needed. The registered manager had a background in end of life care, and all staff received training in this area. The registered manager was knowledgeable about best practice in end of life care and was passionate about ensuring it was provided in a way that involved people and their relatives and provided dignity and compassion. The service had received a number of written compliments from relatives of people who had received end of life care. One compliment read, 'The care you gave was exceptional and we can't thank you enough.' Another compliment read, 'In summary, we couldn't have asked for better care, that was delivered in a friendly manner by people who were a pleasure to have around.'

The provider had policies and procedures in place to investigate and respond to complaints. People and their relatives were provided with the complaints policy when they started using the service. This set out how issues could be raised, how they would be investigated and the timeframe for doing so. Records confirmed that where issues had been raised they were investigated in line with the provider's complaints policy.

People and their relatives said they knew how to raise issued but had nothing they wanted to complain about. One person told us, "I've certainly never had any reason to complain and if things continue like this I never will have." A relative we spoke with said, "If we were unhappy with anything we would phone the office and talk to them. We've always found them very approachable." Another relative said, "There is info in the file about how to make a complaint but I've never had to do so."

Good

Is the service well-led?

Our findings

People and their relatives described the service as well-led and spoke positively about the registered manager and provider. One person told us, "I think they are a really well run company. Nothing is too much trouble for them and I would recommend them without any hesitation. They couldn't have been more helpful to me." A relative we spoke with said, "It is a well-run, wonderfully caring service. They really care about the people they are caring for. The managers work as part of the team, the office staff are helpful." Another relative said, "I know the manager and she comes out and does some of the visits sometimes. I think it is a lovely service, I wish they were all like that. I would definitely recommend them."

Staff spoke positively about the culture and values of the service, and of the leadership provided by the registered manager and provider. One member of staff said, "We provide professional, good quality care. We're able to talk with managers, and are like one, big happy family. It's all about teamwork. We're all there for each other." Another member of staff said, "We're very caring. People are put first, always. We're very thoughtful about people and their relatives." A third member of staff told us, "The manager is very helpful and friendly." Staff meetings took place regularly, and staff said these were useful occasions to raise any support needs they had. Minutes of meetings confirmed this.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and provider both carried out support calls to people using the service, saying that as well as being passionate about providing care this also gave them an insight into how the service operating. The registered manager and provider said this also allowed them to check care records were being completed to the high standards they wanted. One relative we spoke with said, "It is a well-run, wonderfully caring service. They really care about the people they are caring for. The managers work as part of the team."

Other checks included audits of care records, medicines and training. The registered manager said they usually picked up any issues almost immediately, but where audits identified problems remedial actions was quickly taken and records confirmed this. We did see that not all of the provider's medicine checks had been recorded. For example, the provider reviewed everyone's medicine administration records (MARs) every month but if no problems were identified did not make a record of the checks. We asked about this, and the provider said they would introduce an audit sheet to record all checks undertaken.

Feedback was sought from people and their relatives through a survey carried out every six months. We looked at a sample of these and saw that they contained positive feedback on the service. For example, one person had responded, 'The care delivery we receive is of a very high standard and I cannot think of any improvement we require.' Another person had responded to a question on whether they could think of anything that would improve their care, 'Not a thing. Everyone has been wonderful.' People and their relatives said they were encouraged by the manager to raise any issues they had and that the service was always responsive in addressing them. One relative we spoke with said, "The management are very

responsive and approachable and I can speak very frankly to the girls about any little concerns I have. I don't think there's anything they could do to improve. I cannot recommend them highly enough." Another relative said, "I've never met the office staff but when I've spoken to them over the phone they've always been very helpful and always return calls. The manager visits and checks that everything is as we want it."

The registered managed told us about the links the service had with other agencies and groups that benefited people using the service. They said, "We do training with local nurses, work with local care centres and are Dementia Friends. We always access NHS guidance if we're supporting someone with conditions we haven't worked with before."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.