SG Care Ltd

Nightingales (Chichester)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 December 2016 and was announced.

Nightingales (Chichester) is a family run, domiciliary care service providing support to 72 people living in their own homes, 22 of whom were in receipt of the regulated activity of personal care. The service supports older people and people who are living with dementia or other conditions, to enable them to continue living in their own homes. Some people privately funded their care whilst others had their care funded by the local authority. The service is based in Bognor Regis and provides a service to people within the local area as well as Pagham, Chichester and Selsey in West Sussex.

The service was owned by two providers, one of which was the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were asked their consent and were involved in day to day decisions. However, practice and the lack of records confirmed that there was a lack of understanding in relation to the practical application of the Mental Capacity Act 2005 (MCA). There was a lack of mental capacity assessments and best interests decisions, in relation to specific decisions for people who lacked capacity.

People were protected from harm and abuse as they were supported by staff who had undertaken the relevant training and who knew what to do if they had concerns about peoples' safety. Risks had been assessed and managed to ensure peoples' safety. People told us that they felt safe, one person told us, "Definitely, when I go in to have a shower, I don't have to worry about slipping, I just feel very safe when they're there". Another person told us, "I'm not very good on my legs and they make sure I'm safe, I've not fallen down for a long time". People received their medicines on time from staff with the necessary training and who had their competence assessed. Peoples' health needs were assessed and met and they had access to medicines and healthcare professionals when required.

People were supported by skilled, experienced and competent staff that had access to relevant training. One person told us, "Oh yes, they're very proficient, they do everything I want them to do". People and their relatives, if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Care plans documented peoples' needs and these were reviewed and updated regularly to ensure that they were current. One person told us, "Oh yes, somebody came to the house to discuss what I wanted done and things like that". Staff worked in accordance with peoples' wishes and people were treated with respect and dignity. It was apparent that staff knew peoples' needs and preferences well. Positive relationships had developed amongst people and staff. One person told us, "I can only talk about my own carer, but they're a wonderful person, they're like a best friend". People were treated with respect and dignity and their privacy was maintained. One person told us, "Yes. It's a very private sort of

thing, having a shower isn't it? But they're always very pleasant and understanding". Another person told us, "I've had no bother yet. I've had over 20 people in a year and I've had no trouble with my dignity yet". People, when required, received appropriate support with their nutrition and told us that they were able to choose what food they had to eat.

The registered manager welcomed feedback and used this to drive improvement and change. People and relatives were aware of the procedures they needed to follow to make a comment or complaint. There were quality assurance processes in place to enable the registered manager to have an oversight of the service and to ensure that people were receiving the quality of service they had a right to expect. People, relatives and staff were complimentary about the leadership and management of the service. One person told us, "Well, I think they manage everything quite well. I'm quite happy. I would've changed the company if I wasn't". One member of staff told us, "They are brilliant, they are constantly checking to make sure we are okay. If I did have any issues I could ring them, there isn't anything I couldn't approach them about".

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.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Risks to peoples' safety were assessed and appropriate action taken to ensure their safety.

People received their medicines on time, these were dispensed by staff that had undertaken relevant training and whose competence was assessed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were involved in day to day decisions that affected their care. However, there was a lack of understanding and practical implementation of legislative requirements in relation to gaining consent for people who lacked capacity.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The service was caring.

People and relatives consistently commented on the kindness and caring nature of staff.

People were actively involved in the care that was provided to them. Staff had an awareness of peoples' individual needs and independence was encouraged.

Peoples' privacy and dignity were promoted and maintained. There was consistent feedback regarding the respectful nature of staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was centred around them. Changes in people's needs were recognised and appropriate actions taken.

People were supported by staff to maintain their individuality, to participate in events in their community and engage in pass times of their choice.

Feedback from people and their relatives was welcomed and encouraged. People felt that their views and opinions were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management and culture of the service.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received.

Nightingales (Chichester)

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.

The inspection took place on the 12 December 2016 and was announced. This meant that the provider and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of one 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.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people, four relatives, five members of staff and the two providers, one of which was the registered manager. We reviewed a range of records about peoples' care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was the first inspection since the service had been registered in 2014.

Good

Is the service safe?

Our findings

People and relatives told us that people received a good service that made them feel safe. One person told us, "Definitely, when I go in to have a shower, I don't have to worry about slipping, I just feel very safe when they're there". Another person told us, "I'm not very good on my legs and they make sure I'm safe, I've not fallen down for a long time". A comment within a recent quality assurance survey that was sent to people to gain their feedback, stated, 'The staff at Nightingales keep me safe and happy and without them I would be in hospital or a care home. I'm very grateful for them taking the pressure off of my relative".

People were cared for by staff that had undertaken the relevant checks to ensure they were safe to work within the health and social care sector. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

The National Institute for Health and Care Excellence (NICE) Guidance for home care: delivering personal care and practical support to older people living in their own homes, state that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. The registered manager had worked in accordance with this guidance. Records showed that the registered manager had liaised with people and the local authority, who in some cases funded people's care, to ensure people received appropriate length of calls to meet their needs. Travel time was taken into consideration as well as the geographical area that people lived in when allocating work to staff. People told us that staff spent the required time with them, were patient and that they never felt rushed. One person told us, "If they finish early, they'll always ask if there's anything else and make me a cup of tea, things like that". Another person told us, "They've never let me down and if they are going to be late, they always ring". There were sufficient staff to meet peoples' needs. Staff confirmed that they were allocated sufficient time to spend with people and that although there had been a period of staff sickness, they had worked together to ensure the calls were covered. The registered manager told us, "The calls are always covered, that comes first". One member of staff told us, "They pay us for travel time and allow for this and the areas in which the calls are when planning, it is planned very well". When asked if there was sufficient time to spend with people, one member of staff told us, "Yes there is that is what I like about this job, it's not just about helping with their needs, you can have conversations with people and it makes their day".

People were supported by staff that had undertaken safeguarding adults at risk training which was updated regularly. Staff were aware of the signs and symptoms of abuse and how to report their concerns using the providers' policies and procedures. One member of staff told us, "I'd phone the office and get some advice from my manager or I could contact social services". Staff told us that the management team operated an 'open door' policy and that they felt able to share any concerns they had in confidence. Records further confirmed that staff had an awareness of their responsibilities in relation to reporting concerns. Body map

charts had been completed detailing any scratches, bruises or wounds on peoples' bodies so that these could be monitored to ensure their safety and well-being.

Peoples' safety was maintained through the completion of risk assessments and the knowledge of staff. Records showed that risk assessments had been completed when people first joined the service and their care plan reviewed if there were any changes in their needs. Risk assessments recognised risks in the environment to both people and staff. There were risk assessments in relation to lone working for staff and mechanisms in place to ensure that their safety and whereabouts were known. For example, the risk assessment stated that staff were required to phone the on-call manager to inform them that they had finished their final call when working during an evening shift. The registered manager had plans to improve this even further and was in the process of introducing an electronic system to monitor the whereabouts of staff to assure their safety. Risk assessments in relation to the person's home, were also conducted. These took into consideration factors such as the presence of smoke detectors, lighting, temperature of the building and ventilation. Risks with regard to peoples' individual needs were also in place. For example, risks were managed for one person who had been assessed as being at high risk of falls.

Staff were provided with clear guidance as to how to support people safely when assisting them with moving and positioning. People had been fully involved in the assessment of their needs and in the guidance that was provided to staff. For example, one person's care plan provided guidance to staff about the type of hoist and equipment to use as well as how to move and position a person's legs using a towel whilst assuring their comfort.

There were minimal accidents and incidents. Those that had occurred had been dealt with effectively and were used to change practice. For example, an accident had occurred at a person's home, when staff were not present. As a result the registered manager had ensured that the person's care plan was updated to inform staff that they needed to assist the person back to their bed before they left the home. Records showed that this had also been reiterated during a staff meeting.

People received support with their medicines according to their needs and preferences. Staff received training in medicine administration and had their competency assessed before being able to dispense and administer medicines on their own. People, who were able, were encouraged to dispense and administer their own medicines and medicine management risk assessments had been devised to ensure their safety. These considered the storage and type of medicines. One person, who didn't require assistance from staff with their medication, told us, "I don't need help with it, but they make sure it's delivered on time". Medicine Administration Records (MAR) showed that staff were provided with appropriate information on the administration of medicines, they detailed the type of medicine, dose, route and frequency. The management team monitored the administration of medicines during regular observations of staffs' practice. Medicine Administration Record (MAR) sheets were also regularly collected and analysed to identify any errors or areas of concern.

Requires Improvement

Is the service effective?

Our findings

People told us that they were cared for by competent, skilled and experienced staff. That they had regular carers, who they knew and who knew their needs well. One person told us, "I've always found them efficient and reliable". Another person told us, "Oh yes, they're very proficient, they do everything I want them to do". A relative told us, "I'm satisfied, I've been with another agency and Nightingales are much better, it's more personal". However, despite these positive comments, we found an area of practice that needs improvement.

People told us that they were asked for their consent and were involved in day to day decisions that affected their care. However, there were concerns regarding the lack of understanding and practical application of relevant legislation. 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 make 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.

We checked whether the registered manager was working within the principles of the MCA. Although staff had received training there was a lack of understanding with regard to the MCA and its implementation and impact on people who lacked capacity to make certain decisions. Records for one person showed that they were living with dementia. When asked if the person had capacity to be involved in certain decisions the registered manager explained that the person did not. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where peoples' movement is restricted, this could be seen as restraint. Bed rails and lap belts for wheelchairs are implemented for peoples' safety but do restrict movement. The registered manager explained that an occupational therapist had recommended that the person used both bed rails and lap belts to ensure their safety. However, the registered manager had not ensured that appropriate risk assessments, for the use of the bed rails, were in place, and therefore had not considered the risk, how to eliminate the risk or identify that the least restrictive options such as the use of low profile beds or crash mats, had been considered. It was not evident how this was decided in the person's best interest or was the least restrictive method to use. There were no mental capacity assessments to show that the person's capacity had been considered in relation to them giving consent to the use of bed rails or lap belts. When this was raised with the registered manager they told us, "We've never had to do that as there has always been a partner involved". When asked if the person's relative had a lasting power of attorney enabling them to legally make decisions on their relative's behalf, the registered manager told us that they were unsure.

When a person lacks capacity to be involved in a particular decision and there is no lasting power of attorney for a person's health and welfare, a best interests decision meeting should take place, enabling relevant parties to discuss, agree and document that any decisions made are in the person's best interests. There were no mental capacity assessments in place to determine the person's ability to be involved in certain decisions and therefore staff had assumed that the person was unable to give their consent because they were living with dementia. Although a formal best interests decision meeting had not taken place, the

registered manager had ensured that she had consulted with the occupational therapist and the person's relative to ensure that they were in agreement that the use of bed rails and lap belts were in the person's best interests. When the lack of formal mental capacity assessments and best interest decision meetings were raised with the registered manager they took immediate action to ensure that these were implemented. However, this is an area of practice that needs to be further embedded in practice.

The registered manager understood the importance of workforce development and was committed to this from the outset of staff's employment. They ensured that staff had access to learning and development opportunities to ensure that they were able to deliver care that was consistent with the providers' aims and vision for the service. One member of staff told us, "The training here is very good, we're paid to attend and it is put on our rota to come into the office. It is mostly DVDs and completing workbooks". When asked if this training suited the member of staff's learning needs they told us, "Definitely, you also learn a lot from shadowing other staff when you first start". New members of staff had completed the care certificate as part of their induction. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff told us about their experience of undertaking the induction process, one member of staff told us, "I'd already done this type of job before, so I didn't have to do much but I still completed the training that I didn't feel up to scratch with and shadowed other staff to enable me to get to know people". Another member of staff told us, "Going out shadowing worked well for me". One person told us, "Well, they're trained, they go out with a professional first and when they come, well yes, I'm quite happy". People were cared for by staff that had undertaken essential training, as well as training that was specific to the needs of the people that they were supporting, such as dementia awareness. Staff told us that they were happy with the training and development that was offered. One member of staff told us, "It's not just the DVD and workbook training that we get. I was asked to work with someone I hadn't worked with before so the manager came to the call with me to show me what to do".

The registered manager had mechanisms in place to monitor and ensure that the induction training was effective. Records showed that new staff were observed and had formal meetings with someone from the management team each week for the first ten weeks of employment. Regular observations were also conducted for all staff to monitor their competence and interaction with people. Regular supervision meetings were conducted to review staff's competence and identify further areas of learning and development. Staff told us that they were supported well within their roles. Links with external training providers and organisations were maintained such as the local hospice. A majority of staff had undertaken diplomas in health and social care or were working towards them.

People had access to relevant healthcare professionals to ensure their health and wellbeing. Records showed that people had been supported to attend appointments such as to the opticians, dentists or chiropodists. One person told us, "For two days I wasn't feeling right and when they arrived I said 'I think I need the doctor', so they phoned and stayed with me until they came and then I went to hospital in an ambulance". Another person told us, "Yes, they would help me, but I can do it myself. They do take me to the dentist and the hearing-aid clinic".

People, who required assistance with their communication, were provided with appropriate support. Records showed that one person had experienced a stroke that had affected their communication. In order to ensure that the person was able to communicate their needs to staff, staff had been advised, 'When they require the toilet they will make a circular motion with their hands to indicate they require assistance. They may also use an emotions board, signs or pen and paper'. Effective communication continued amongst the staff team. The registered manager ensured that staff were kept up to date and provided with information about peoples' changing needs, as well as the running of the service. Regular phone calls or texts were sent

to staff as well as information sheets and memos. Team meetings were held on a regular basis. Staff told us that they were able to raise and discuss issues of importance in an open way.

Records showed that people who required support to maintain their nutrition and hydration received appropriate support according to their needs. Food and fluid charts were maintained to enable staff to monitor the amount people were eating and drinking. People told us that they were happy with the support they received and had a choice of food. One person told us, "I have food delivered, but they put it in the microwave and serve it up". Another person told us, "I like 'dippy eggs' and they'll make that when I want. They always tell me what is in the freezer, so I have a choice". A relative told us, "They always make sure there is a fortified drink by their chair".

Good

Is the service caring?

Our findings

People and relatives told us that people were supported by kind, caring and compassionate staff. People were extremely happy with the care they received and consistently told us that they felt staff were kind and caring. One person told us, "They are very pleasant and caring". Another person told us, "They're very understanding". Results of a recent quality assurance survey sent to people, who used the service, were equally positive. One comment stated, 'Nightingales provide a caring, professional service and help me achieve my goal of living in my own home, as independently as possible'.

The service is family run and it was evident that a caring attitude was at the core of the service provided and that this was cascaded to staff and people using the service. One member of staff confirmed this, they told us, "It's like a little family, it's lovely". New members of staff or staff that had not supported a person before were formally introduced to people by familiar members of staff before being allocated to support them. This demonstrated respect for people, enabling them to meet staff before they provided support to them. One member of staff told us, "I was introduced to people I would be supporting and they have been my consistent clients ever since. It's just a matter of courtesy, it's nice for people to see a familiar face when I go and see them in the future". This was confirmed by one person, who told us, "If I get a new one, they're always brought by somebody else". A comment that had been received from a friend of a person who used the service, stated that they were so pleased that the carer and the person had bonded so well and that they seemed to have a great relationship. People told us that members of staff were rarely late for their visits. However, when this did occur they received a telephone call advising them of the reasons for this and of the time to expect the staff to arrive. This demonstrated respect for peoples' time and acknowledged the anxieties and disruption that a late call might create for people.

People told us that they were happy with the caring approach of staff and that staff appeared happy in their work. This was confirmed by one member of staff, who told us, "I can go home after work and know I've done a good deed that day. I love it". People told us that in addition to providing support with their personal care needs, staff took time to get to know them. One person told us, "Yes. In fact, if I've got a personal problem, I'm happy to talk to them. I consider myself lucky". Another person told us, "Oh yeah, we have a good old chin-wag". A third person told us, ""Oh definitely. I can only talk about my own carer, but they're a wonderful person, they're like a best friend". People were asked for their feedback in a survey. Comments included, 'I can't think of any better girls to provide my care' and 'Very satisfied with care and find all the carers charming and helpful, it is a brilliant service'. One person told us, "I always say they're excellent, the people what come and look after me". Another person told us, "It's the first time I've had care and I think I've got a good deal".

People and relatives were able to express their needs and wishes and were fully involved in peoples' care. Regular meetings with the person and their relative took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. Records showed that people had commented that they were happy with the care provided and did not require anything changed. For people who were unable to express their wishes, referrals to advocacy services could be made to enable them to access additional support to express their needs and wishes. An advocate is someone who can offer

support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. People's differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit twice per week whereas others had several calls each day. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose.

Peoples' privacy and dignity were respected. People consistently told us how staff maintained their privacy and dignity. Comments included, "Yes. It's a very private sort of thing, having a shower isn't it? But they're always very pleasant and understanding", "I've had no bother yet. I've had over 20 people in a year and I've had no trouble with my dignity yet", "They always talk to me, they're discreet and don't gossip to me". "Oh yes, definitely, especially with regards to if it's dark, they'll always make sure the curtains are closed so that you're not overlooked". People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One member of staff told us, "They know what they want to do and it's important to let them be as independent as possible".

Observations of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way. Confidentiality was promoted and records were stored in locked cabinets within the office. Records of a recent staff meeting showed that staff had been reminded about the importance of not discussing people's needs with other people who used the service.

Good

Is the service responsive?

Our findings

People told us that they received a service that was responsive to their needs. A comment within a recent quality assurance survey stated, 'In an emergency they do all they can to help as they did for me, an excellent service'. Records, people and relatives confirmed that peoples' care was person-centred and specific to them. A relative told us, "Each person has individual needs and they respect that". Another relative told us, "They look after them as an individual, all their clients have different needs".

People told us that when they first joined the service their needs and preferences were discussed and respected. One person told us, "Oh yes, somebody came to the house to discuss what I wanted done and things like that". Records confirmed that an initial assessment of people's needs was conducted and this was used to devise the person's individual plan of care. The assessment was enabling and person-centred, encouraging the person to discuss their preferences and identify areas that were important to them. It recognised the skills and abilities that people had, whilst also identifying aspects of peoples' lives that they required further support with. Peoples' needs were assessed holistically. People's emotional, social and physical needs were taken into consideration. Care plans contained information on people's health and physical needs and risk assessments had been completed to ensure that people were supported in a safe manner. Care records provided comprehensive, pertinent information that provided staff with guidance as to how the person liked to be supported and what was important to them. For example, one person's care plan stated that they needed assistance with certain aspects of their personal care but that staff should encourage them to continue to be as independent as possible. Care plans recognised what was important to people. For example, care plan records for one person stated that they liked to have their hair styled and wear make-up. Daily records showed that the person had been supported to have their hair styled, face cream and makeup applied as well as to wear their jewellery.

The registered manager had plans to develop the care plans even further and was in the process of implementing a life history document that would, if people were in agreement, detail their likes, dislikes, hobbies and interests as well their previous occupation, to enable staff to have a better understanding of peoples' needs before they had started using the service. It was apparent that staff knew people well. A relative confirmed this, and told us, "They speak to them about the job that they used to do. Oh yes, they talk to them about lots of things from their past". This demonstrated that staff valued the person and acknowledged aspects of their life that were important to them.

People were able to choose, as much as possible, what times they had their visits and if they received support from a male or female member of staff. One member of staff told us, "We used to have a male carer but it is just women now, however, when there was a male carer people could choose". People told us that the service was responsive to their needs and that they were able to alter their requirements at any time. One person told us, "I haven't had to change anything, but I could". Another person told us, "I've had to cancel visits occasionally because I've been at my daughter's and that's been fine". This demonstrated that staff respected peoples' rights to make decisions and change their minds.

People's needs were regularly reviewed on a monthly basis by staff and support was adapted in response to

people' changing needs. Records showed that people and their relatives were also involved in regular reviews to ensure they were happy with the care being delivered. One person told us, "When the supervisor came about a month ago, they asked me whether I needed any more help or any less help". Another person told us, "I have close contact with the manager who comes out and does some caring themselves, and I get the occasional telephone call to ask how things are going." Care plans showed that the registered manager had been responsive to peoples' needs. For example, one person required additional support following a change in their needs. Their care was adjusted to minimise the risk of falls and ensure their safety. People's support requirements were monitored on a daily basis. Records showed staff passing on information to one another about any changes in the person's needs or condition. There were also regular texts sent to all carers if they needed to be alerted to any changes in peoples' condition before they met at the next team meeting.

People's social needs were taken into consideration and the registered manager and staff ensured that, even when this type of support was not included in their care package, people had access to the community. For example, the registered manager and staff had supported people, in their own time, to go out for trips to the beach to have ice-cream, to listen to a Christmas carol concert in a nearby town and to watch the 'Battle of Britain' displays whilst having a guinness or a sherry. One person had been identified as requiring additional support to meet their social and emotional needs. Records showed that staff had spent time playing board games, painting and going out with them in a wheelchair for a walk. Further measures to reduce people's social isolation were implemented. For example, the registered manager explained that on Christmas day, if anyone was going to be on their own, then a Christmas dinner would be cooked and taken to them along with a cracker, so that they had a chance to celebrate the day.

The provider had a complaints policy which was provided to people when they first joined the service. One person told us, "There is a form in the book and it's quite easy to pick the phone up to them". There had been minimal complaints received, those that had been made were dealt with appropriately and according to the provider's policy. A relative told us, "Yes, I have complained and I do know the process". Another relative told us, "Yes, I did, it was put right within 24 hours". People told us that they were happy with the care that they received, that nothing was too much trouble and that they had no reason to complain. One person told us, "They do such a good job and there's nothing I would complain about".

Good

Is the service well-led?

Our findings

People, staff and relatives were complimentary about the leadership and management of the service. One person told us, "Well, I think they manage everything quite well. I'm quite happy. I would've changed the company if I wasn't". One member of staff told us, "They are brilliant, they are constantly checking to make sure we are okay. If I did have any issues I could ring them, there isn't anything I couldn't approach them about".

The service had two providers, one of which was the registered manager, who, as well as managing the service, also continued to provide care to people. People and staff both told us that this was something they valued. A member of staff told us, "It's well organised, it's nice that the manager goes out and works too, she gets involved and it's important because she can see both sides". The provider had a philosophy of care that stated, 'Nightingales offers professionally managed support to clients' living in their own homes, allowing them enhanced quality of life whilst respecting their privacy, dignity and independence at all times'. This was echoed in a comment made by the registered manager, who told us, "We pride ourselves on providing really good quality care and a good service where the clients come first, nothing is too much trouble". It was evident that this was embedded in the culture of the organisation, through the attitudes of staff, documentation of peoples' needs and in the delivery of care.

The service had a warm and welcoming atmosphere. Staff told us that they were treated with respect and their suggestions and input valued. Records of a team meeting further confirmed that staff were valued and appreciated. The team had been provided with feedback from the registered manager that stated, 'Thank you for your continued commitment and dedication to Nightingales, which does not go unrecognised and is greatly appreciated.

There were good systems in place to ensure that the service was able to operate effectively and to ensure that the practices of staff were meeting people's needs. There were quality assurance processes such as surveys that were sent to gain feedback as well as regular observations of staffs' practice and interactions with people. The registered manager explained that any areas of concern were addressed with members of staff through the supervision process and access to further learning and development opportunities were provided. In addition to this regular audits of care plans, medication records and daily notes were conducted, providing the registered manager with an oversight and awareness of the service and to ensure that people were receiving the quality of service they had a right to expect. Action had been taken as a result of the audits that had been conducted. For example, it had been identified that feedback from healthcare professionals should be gained to provide further insight into the opinions of others. The registered manager had further plans to improve their oversight of the service, they were in the process of implementing an electronic call monitoring system to enable them to monitor the effectiveness of call times, late or missed calls.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their

knowledge and skills up to date by undertaking essential training as well as maintaining links with the local hospice. They were aware of the implementation of the Duty of Candour CQC regulation and had informed staff of this. Records of a recent staff meeting, contained information which stated, 'If you accidently cause injury to a client, give wrong medication or make a mistake it is your responsibility to apologise to the client and their family and to record this information'. The intention of this regulation is to ensure that providers are open and transparent with people who use services.