

Fogarty Care Services Limited







Nightingales Homecare

Inspection report

Beech House
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Oldham
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Tel: 0161 628 4222
Website:

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Ratings

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

Overall summary

This inspection was carried out by a visit to the service office on 18th December 2014 and telephone contact with staff and people who used the service in January 2015.

We last inspected Nightingales Homecare in November 2013. At that inspection we found that the service was meeting all the standards we assessed.

Nightingales Homecare provides personal care to people in their own homes. Most people who used the service

were funded by the local authority, although there were some people who were privately funded. At the time of our visit there were approximately 170 people using the service and 38 care staff.

Nightingales Homecare is legally required to have a 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

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had been in post for several years.

All the people who used the service who we spoke with were positive about the service. This included the attitude and competence of the staff and the reliability and consistency of the service.

Staff who we spoke with told us they were appropriately trained and that support from the registered manager and other members of the management team was good.

There was a range of systems in place to monitor the quality of the service and people's satisfaction with it. These helped the service provider to assess and where necessary, to plan improvements.

We identified one area where improvement was required because the service provider was not complying with the

relevant regulations. When staff are recruited to work for a domiciliary care agency there are certain checks which the service provider must undertake. These checks are listed in the relevant Regulations. The reason for those checks is to help ensure the service provider has enough information about a prospective employee to make a reasonable decision about their suitability to work with vulnerable people. Although references and DBS (Disclosure and Barring Service) checks were obtained, other specified checks were not. This meant the service provider was not taking all the steps they needed to, to help ensure people's safety. You can see what action we told the provider to take at the back of the full version of the report.'

We contacted health and social care professionals to ascertain their views of the service. None expressed any concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

This was because staff were not vetted as thoroughly as the law requires. This meant that the service provider did not gather all the information from applicants to enable them to make a reasonable judgement about their suitability to work with vulnerable people.

All the people who used the service, who we asked, told us they felt safe with the staff visiting them. Staff were trained about actions they needed to take if they were concerned about a risk to anyone.

Potential risks were assessed and managed. Staff were provided with equipment to minimise risk.

Requires Improvement



Is the service effective?

The service was effective

People who used the service told us staff were competent. Staff had received training covering a variety of relevant topics to assist them in acquiring the necessary skills to provide appropriate support to people who used the service.

Policies were in place in relation to the Mental Capacity Act 2005. The registered manager had received training in connection with this act.

Staff had access to effective support and supervision.

Good



Is the service caring?

The service was caring.

All the people who used the service, who we asked, were positive about the attitude and approach of the staff who visited them.

The service was experienced by people as reliable and usually providing visits from the same staff.

Good



Is the service responsive?

The service was responsive.

All the people who used the service, who we asked told us that they believed they were listened to by the service and the individual staff members. People were involved in their assessment and care planning.

People could complain if they were not happy with any aspect of the service and were confident their complaint would be dealt with.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager had been in post for several years and was found by staff to be approachable and supportive.

There were effective systems to continually monitor the quality of the service provided.

Good



Nightingales Homecare

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 the 18th December 2014. The provider was given 48 hours' notice because the location

provides a domiciliary care service and we needed to ensure the registered manager was available. People who used the service and staff were contacted by telephone in January 2015.

The inspection was carried out by one inspector.

To assist with our inspection we asked for information from some local health and social care professionals.

We looked at a sample of records which included three people's care plans, three staff personnel files, the staff training matrix, and a sample of quality monitoring records.

We talked with four people who used the service, three members of staff, the registered manager and the owner of the service.

Is the service safe?

Our findings

All the people who used the service, who we asked, told us they felt safe with the staff who visited them. When asked if they felt safe comments included “very much, couldn’t be better” and “I’ve never had [any] trouble”.

Staff who we asked also believed that the service they and their colleagues provided was safe. One person told us they were aware of “nothing I would worry about”. Staff were confident that they could and would report any concerns to their colleagues in the office or directly to the registered manager. All the staff who we asked were confident that the registered manager would deal appropriately with any concerns. They also told us they understood their responsibility to take any concerns further (whistle blowing) if they remained concerned.

The service provider told us they had a written safeguarding policy and procedure. We saw this and we saw that the service had a copy of the Local Authority Multi Agency safeguarding procedure. The service provider also told us staff had received training in how to deal with any safeguarding concerns. We saw a training matrix (chart) which provided evidence of staff training. All staff who we asked told us they had received training in connection with safeguarding.

Neither the local authority commissioners nor the local authority safeguarding team identified any concerns with the service.

We looked at a selection of needs assessments and care planning records for people who used the service. These all contained records of potential risks having been assessed and strategies for minimising any identified risks. Risk assessments included issues relating to the individual such as moving and handling, as well as to their home environment. Staff who we asked confirmed that these documents were available in each person’s home. They also told us that assessments were undertaken by the service’s care coordinators, and were always in place before the service started. Staff also confirmed they were expected to report immediately any ‘new’ risks, such as damaged equipment.

Staff told us that they always received training in the use of specific equipment such as hoists and were never expected to put themselves or any person who used the service at risk.

The registered manager told us that when they were approached to provide a service which they thought was unsafe, or could not be safely provided with the staffing resources available, they did not accept the referral.

Staff told us they were provided with personal protective equipment (PPE) such as disposable gloves and aprons. People who used the service told us that staff appropriately used their PPE.

All the staff who we spoke with who had any involvement with people’s medication told us they had received training in the administration of medication. People who used the service who we spoke with and who were receiving support with their medication were confident that staff were helping them appropriately. One person told us “I know my tablets and I am confident they do it right”.

Staff who we asked told us that they had been subject to a rigorous recruitment and vetting process before they were allowed to start working for the service.

We looked at a sample of personnel files relating to staff recruitment. The files we looked at all had a DBS (Disclosure and Barring Service) or CRB (Criminal Record Bureau) disclosure. Each file also contained an application form, and written references to help establish an applicant’s good character. However, not all had a full employment history, or a written explanation of any gaps in the applicant’s employment history. Not all files had information in connection with the person’s conduct in previous employment (where applicable) concerned with health or social care or involving work with children or vulnerable adults, nor a satisfactory explanation of why that employment ended. Without this information the service provider could not make a reasonable decision about the risk posed by an applicant to people who used the service. This is a breach of Regulation 21 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

We asked people who used the service if they found the staff who visited them to be competent to undertake the tasks expected of them. Everyone who we asked said they were. Comments included “the staff are competent – well mine are”; “they are good girls and they train them well – the shadowing works [helping staff to know how to do things]” and “they know what they are doing”.

All the staff who we asked said they had good access to relevant training. They also told us they were not asked to undertake tasks they did not feel competent to do. We saw that training requests were included in supervision notes. We were shown the training matrix which identified which staff had received what training and when, if necessary, refresher training was due. We saw that in addition to core training, many staff had attended courses on dementia care and some on end of life care. The registered manager told us that training in end of life care was planned for all staff.

The service provider told us they had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA). The registered manager had undertaken some training in the MCA. The MCA sets out what must be done to make sure the human rights of people who may lack

mental capacity to make decisions are protected. Support staff who we asked told us that the original care assessment and plan was always undertaken with the person using the service and their consent was sought at that point. They also told us that they would respect anyone’s right to refuse all or part of the service, but would always report that refusal to their office colleagues to ensure any potential risks were reassessed.

All staff who we asked told us they had regular supervision sessions with a senior member of staff. We saw a selection of supervision notes on staff files to confirm this. We were shown the diary system in use to help ensure sessions were not overlooked and a matrix confirming when supervision with each individual had taken place.

Staff told us that they were always able to seek support in-between structured supervision sessions. Staff were confident that if they needed to contact the care coordinators or the registered manager they could, and they would get a helpful response. One member of staff said “if you have any concerns you can always pop in [to the office] or [talk to someone] on a Friday when you collect your rota.” Another said they found the office staff to be open to discussion and added “Coordinators or the manager don’t know if you don’t tell them”.

Is the service caring?

Our findings

All the people who used the service, who we asked, were positive about the attitude and approach of the staff who visited them. Comments included: “brilliant, no need to complain, they are very good”; “I get on with them” and “they are good with you, do what you want and always ask “is there anything else before I go?”” Another person said “if I didn’t like them I’d finish the service”.

We asked people what they thought was the best thing about the service. One person said “they have never let me down. They walk up the hill if it is snowy and they can’t get here by car”. Another person told us the best thing was that staff “assess and explain”.

Everyone who we asked said they thought they were treated with respect and had their dignity maintained. The service provider told us “As an organisation we ask the question is this the service we would want for our elderly relatives, do we see the human being not just the care plan.”

In discussion the registered manager said they expected staff to treat people who used the service “like they would their parents”. Staff who we asked, were very clear that

treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was “drilled into you on training”. Another said “it’s about how you would want to be treated”.

Staff who we asked understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service. Files in the office containing personal information were seen to be securely locked in filing cabinets.

The service provider told us “We endeavour to keep the same support staff with service users for prolonged periods, or indefinitely”. They also said “... it is the human to human contact / interaction that is vital to a service user feeling they are cared for ...”.

People who used the service confirmed that they usually had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff who we asked said that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that “it is important that I have regular service users”.

Is the service responsive?

Our findings

All the people who used the service, who we asked, were positive about the attitude and approach of the staff who visited them. Comments included: “brilliant, no need to complain, they are very good”; “I get on with them” and “they are good with you, do what you want and always ask “is there anything else before I go?”” Another person said “if I didn’t like them I’d finish the service”.

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Is the service well-led?

Our findings

We asked people who used the service what was the best thing about it. Replies included “[they are] reliable” and “they have never let me down”. Other comments included “I know who is coming ... they let me know if they are going to be late”, and “[the service is] brilliant”.

The registered manager had been in post for several years. This helped to provide continuity to the provision of service. Staff who we asked told us that they felt confident that they could approach any of the management team, including the registered manager, and that they would get a positive response.

The registered manager told us that on occasions she and the office staff also provided direct care to people who used the service. They believed this helped them to keep in touch with the actual service delivery and maintain a good working understanding of the needs of the people receiving the service.

The registered manager told us that they had daily contact with the owner of the service who also visited the office at least weekly.

There was a written Statement of Purpose and a business continuity plan. The Statement of Purpose sets out what the service provides, and who it is intended for.

The service used a variety of quality monitoring (QM) and quality assurance (QA) processes. These included records audits, spot checks, telephone calls to people who used the service and questionnaires.

We saw records of spot checks being undertaken on staff. Staff who we asked confirmed that they were subject to

spot checks when visiting people. The service used an electronic call monitoring system which automatically recorded the time and duration of each visit. The spot checks were unannounced and were used to ensure other aspects of the service such as that staff were wearing the correct uniform, had supplies of personal protective equipment and that the person they were visiting was happy with their attitude and approach.

The records of each visit were kept at the home of the person using the service but periodically returned to the office for auditing and safe storage. Both the registered manager and a care coordinator responsible for the auditing confirmed that it was done and any issues identified were taken up with the staff involved.

People who used the service confirmed that they were contacted by someone from the service to check that they were happy with it. They told us this was by ‘phone as well as by a questionnaire. One person told us the questionnaire could be anonymous and other said “I could say if it [the service] was not OK”.

We saw returned questionnaires which had been sent out in November 2014, and evidence that where issues had been raised they were addressed. The results of the 2014 questionnaire survey analysis were not available when we visited, but we saw evidence of previous years analyses.

Staff confirmed that periodic staff meetings were held. They also told us that they could express views about how the service might be improved. One person said “if you have an idea they will take it on board” and another said management were “receptive to ideas”.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that people who were using the service were not protected from potential risks posed by the service provider not being able to make a reasonable decision about a potential employee's suitability. This was because all the required information about an applicant was not obtained. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>