

Nightingales Services Limited

39 Wick Farm Road

## Inspection report

39 Wick Farm Road  
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Southminster  
Essex  
CM0 7PF

Tel: 01621778874

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection it was providing care to 57 people.

People's experience of using this service: People told us they had experienced a good, and reliable service, with care delivered by compassionate, and kind staff. They told us staff knew people well. Despite this feedback, some areas of the service required improvement.

People were at risk of not receiving their medicine in a safe and effective way, because there was a lack of robust systems to manage and monitor people's medicines. Care plans relating to medicines were not always completed and, if reviews had taken place when there had been a change, these hadn't been recorded.

When the registered provider assisted people with their medicines, or accessing their finances, they did not follow nationally recognised guidance. Risk assessments that were individual and personalised were not always in place.

The registered provider did not always work within the principles of the MCA, and the registered manager and staff were unclear about how the MCA should be applied in practice. Care plans did not explore if people lacked capacity or how this may affect their day to day lives, so we could not be assured that people were supported to have maximum choice and control of their lives.

The way the service had been managed continued to be inconsistent, because there was a lack of defined roles. Quality assurance frameworks had not always been used in an effective way. Systems to seek the views of people who used the service and monitor the quality of the service people received needed to improve.

People were supported by consistent staff and told us they turned up on time and stayed for the duration. People were protected from the risk of infection.

Positive relationships had developed between people and the staff that supported them. Despite the lack of information being recorded, people and their families told us they were involved with care planning and staff knew people well and could explain their personal preferences.

Staff were provided with training to ensure they could meet people's needs. Staff told us they received regular supervision from the registered manager. We have made a recommendation about supervision because this was not always recorded.

People told us they knew how to complain and were positive about the service they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This service was last rated Good. (16 August 2016) At the previous inspection (06 July 2015) we inspected the domains of safe and well led, both were rated as requires improvement. This is the second time the service has been rated requires improvement in these domains.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement / Improvement action we have told the provider to take:

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, the need for consent and good governance. Please see the action we have told the provider to take section towards the end of the report.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated requires improvement.

## 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 dropped to requires improvement.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service dropped to requires improvement.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service dropped to requires improvement.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 39 Wick Farm Road

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, an assistant inspector and one 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. This person had experience of this type of service.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit, because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out on the 14 May 2019 and 15 May 2019.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

We also spoke with four people, eleven relatives, five members of staff, and the registered manager.

We inspected eleven care plans, and three staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. When commissioners or visiting health professionals have provided feedback, we have included this within our report.

# Is the service safe?

## Our findings

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

RI:  Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People told us they were satisfied with the support they received to take their medicines. However, the providers policies relating to the management of medicines, did not follow nationally recognised guidance. Because nationally recognised guidelines were not being followed, we could not be assured that people would always receive their medicine correctly, and this increased the potential for risk.
- The registered provider did not have systems in place to ensure the administration of medicines were carried out in a safe way, because Medication Administration Records (MARs) were not being used. Audits were not carried out to check if people were getting their medicine in the right time and in the right way. One staff member said, "We don't fill out MAR sheets. There aren't any."
- Care plans relating to medicines were not always completed and, if reviews had taken place when there had been a change, these hadn't been recorded.
- When staff assisted people to administer patch medication, there were a no body maps or guidance for staff about how to do this.
- Observations of staff practice had not been carried out. This meant that the registered manager did not check if staff were competent to administer medicines to people.
- The registered provider could not identify potential issues effectively because there was a lack of robust systems to manage and monitor people's medicines in a safe and effective way. This meant that there was the potential for harm. This was a breach of Regulation 12 (1) (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risk assessments that were individual and personalised were not in place. This meant that we could not be certain staff would always know how to work in a safe way. Risk assessments were either partially completed or absent within the care plans we inspected.
- The lack of effective systems in place to assess and monitor risk meant that there was the potential that people were at risk of not receiving safe care and treatment. We recommend that the registered provider obtains advice and guidance from a reputable source which enables this area of the service to be improved.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager did not understand how the principles of safeguarding should be applied when the person had fluctuating capacity. On these occasions the management team did not know when safeguarding concerns should or should not be raised.
- The providers did not have a policy in place relating to the management of finances and did not work within these nationally recognised guidelines. Because nationally recognised guidelines were not being

followed, we could not be assured that people would be protected from the risk of financial abuse, and this increased the potential for risk.

- When the registered provider assisted people to access their finances, they did not follow nationally recognised guidance. For example, when they assisted people to access their money, financial records were not clearly auditable. There were no financial profiles as part of their overall care plan, and risk assessments had not been carried out. Capacity had not been considered and written consent had not been obtained.
- The lack of effective systems in place meant that there was the potential that people could be put at risk of abuse. This was a breach of Regulation 12 (2) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff had been trained and understood, how to recognise any occurrences of abuse.
- People told us they felt safe with the staff that supported them. One person said, "Yes we do feel safe. Everything is working well. [Name] has regular staff so they get consistent care."

#### Learning lessons when things go wrong

- The registered provider had not always made changes when things had gone wrong. For example, a few months prior to our inspection, they had been supported by Essex County Council. They had told the registered provider that the way people's medicines were currently being managed needed to improve. These changes had not yet taken place.
- Discussions took place at team meetings, which looked at areas of the service that needed to be improved. One staff member said, "Team meetings are useful. Some staff were not writing the times when they supported the person in the book. This was raised and now it has improved."

#### Staffing and recruitment

- People spoke positively about the timekeeping of staff and told us they knew who would be coming to each visit.
- The geographical location the provider operated in, contributed to the difficulty to recruit staff. Despite this challenge the registered provider had managed to retain a number of staff who had worked for them for a very long time. These long-standing staff members were positive, motivated and knew people's needs very well.
- Staff were grouped together to work in small geographical patches.
- There were no formal systems in place which monitored when someone had experienced a late or missed visit. However, when we spoke with people, no one highlighted any issues. People told us staff turned up on time and stayed for the duration. One person said, "Their timekeeping is excellent. It is usually the same two people."
- The registered manager had obtained references and undertaken a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and had been given personal protective equipment (PPE) to use. For example, disposable gloves and aprons.
- People told us staff used PPE when they were providing personal care.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Everyone we spoke with, told us the care being provided to them was consensual. Despite this feedback being given, some improvements were needed.
- Signed consent was not routinely obtained when care had commenced and had not always been recorded within six of the care plans we inspected.
- When people held either Enduring or Lasting Power of Attorney (EPA or LPA) copies of these documents were not retained within the care plan, and there was no evidence that these had been checked to ensure people were legally allowed to act on a person's behalf. An Enduring or Lasting Power of Attorney (EPA or LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity.
- Staff, and the management support team, had completed training in the principles of the MCA but could not always explain how this was applied in practice.
- Care plans did not explore if people lacked capacity or how this may affect their day to day lives.
- The registered manager and staff were unclear about how the MCA should be applied in practice. This was a breach of Regulation 11 (1) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People told us staff understood their needs and had the knowledge and skills to care for them effectively. One person said, "The staff are all very good and seem to know what they are doing."
- Newly appointed staff completed an induction which covered a variety of areas. The registered manager explained that whilst they didn't support staff to complete the Care Certificate, that they were planning to introduce this. The Care Certificate is an agreed set of standards people who work in social care need to understand.
- Staff told us they were supported by the registered manager and had regular discussions about the care

being delivered to people. In the staff files we inspected, we were unable to find any records of supervision being carried out. The registered manager told us they did not always keep a record when these sessions had taken place. One staff member said, "Every time I go to the office, I always sit down with [Name of registered manager] and we share even the slightest things."

We recommend the registered manager seeks to implement professional guidance in relation to the supervision of staff.

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

- Everyone we spoke with indicated that there had been an assessment completed with them at the beginning and that they were involved. Despite this feedback, the care plans that we inspected did not include assessments.
- People told us the registered manager and staff knew them well and carried out their wishes. They told us they were asked their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.

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

- At the time of the inspection, the registered manager told us no one was being supported with a textured diet. Care plans had information about how to support people to eat and drink and their meal time preferences. One relative said, "It all works really well. I usually do the shopping and they offer her a choice of meals."

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

- Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing.
- Referrals were made to other professionals, such as, district nurses or occupational therapists. One staff member explained that on one occasion a person needed a profile bed. This was raised with the registered manager who proactively liaised with relevant professionals to help resolve the issue.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with, without exception, told us that the service was very good.
- People continued to receive support from staff, who treated them with dignity, respect, and upheld their rights to privacy. One person said, "The staff are so very caring. They noticed when I was not well and got help for me straight away." One relative said, "The staff are very respectful, which has help build up trust." Another relative said, "The staff are always polite and very pleasant."

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

- Despite the lack of records, people told us they continued to be involved in decisions about their care. One relative said, "We can't fault the service and the help they provide us."
- The service did not have any male staff trained to deliver care at the time of the inspection, so they could not offer a choice of gender specific care to people at this time.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's wishes. One relative said, "They are very, very good and after our previous experiences. This one is so caring."
- People confirmed staff were polite and respected them, their homes and their possessions. One person told us, "It keeps [Name] safe and well looked after."
- People told us staff supported them to maintain their independence. One person said, "This service helps [Name] to stay at home and whilst they are still quite mobile. They help with a bath if needed."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were overwhelming positive about the service, and told us staff were responsive to their need, and knew them well.

- Some care plans gave staff information about how the person's care needed to be delivered, in the way the person wanted. However, information in other care plans were brief and didn't always reflect the care, the registered manager said was being delivered.

- People and their relatives said they were involved in making decisions about the care they received.

However, in the care plans we inspected, there were no records to indicate that a review had taken place.

One relative said, "They've got to know [Name] really well so they can also notice any changes and keep me informed if they are worried about anything."

Improving care quality in response to complaints or concerns

- When the service started, people were given an information pack which outlined how the service operated and how to make a comment or complaint.

- When a complaint had been raised this had been responded to and resolved to the persons satisfaction.

- Numerous compliments about the service had been received, and the registered manager explained they always encouraged people to post their feedback to an online website. One compliment said, "All your staff always arrived with smiles and laughter. I know [Name] thought the world of you. You looked after [Name] with so much care and dignity."

End of life care and support

- Staff had not been given training in end of life care. Policies and procedures which followed nationally recognised guidelines needed to be implemented.

- At the time of the inspection, the registered manager told us they were not delivering end of life care to people.

- When people had been supported at this stage, their relatives told us, their instructions had been carried out and staff had worked proactively with other health and social care professionals to ensure people had a good end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: □ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by two of their relatives, who assisted them with the management function. However, they were unable to clarify who was responsible and accountable for which area of the business.
- The registered manager told us they preferred to deliver 'hands on' care to people rather than manage the service.
- A manager registered with the Care Quality Commission means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager did not have a clear oversight of the service, and there was a lack of quality assurance systems in place to monitor the quality of the service. For example, audits were not always carried out which looked at how the service could be improved.
- The registered manager did not understand regulatory requirements and was unclear about when they should submit notifications to the Commission. For example, the registered manager did not know when they should submit a death or safeguarding notification.
- The lack of robust quality assurance meant that people were at risk of receiving poor quality care and should a decline in standard occur, the lack of systems would potentially not identify the issues effectively and could potentially put people at risk of harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager did not consider how information could be used to improve the service. For example, Essex County Council had told the registered manager improvements were needed but these had not been carried out in a timely way.
- There was a lack of effective systems in place to monitor the quality of care people received. For example, quality assurance surveys were not always completed, and the registered provider told us this was something they were planning to carry out.
- The service was situated in a rural setting and the registered manager knew the areas well. They had good links with local organisations. Some people have been supported for many years and it was clear they had developed strong relationships with the people they provided care to.

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

- Despite the registered manager not always following national guidance, everyone spoke positively about the service they received. One person said, "I am very satisfied, and I would recommend it one hundred per cent. It is excellent."
- Staff had been retained and, many staff had worked for the service for a very long time. This had resulted with staff developing strong relationships with people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff continued to be proud of their reputation for being caring and providing a person-centred service. Everyone spoke highly of the service they received, and it was clear that the registered manager communicated effectively and knew the people they were delivering care to well.
- The registered manager had worked in social care for several years and spoke very passionately about delivering care to people. It was clear from our discussions they knew people well. One person said, "We are very happy and would definitely recommend it due to the quality of the care."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager and some staff were unclear about how the MCA should be applied in practice.</p>   |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider could not identify potential issues effectively because there was a lack of robust systems to manage and monitor people's medicine and risk in a safe and effective way. This meant that there was the potential for harm.</p>             |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of robust quality assurance meant that people were at risk of receiving poor quality care and should a decline in standard occur, the lack of systems would potentially not identify the issues effectively and could potentially put people at risk of harm.</p> |