

Nightingales Care Limited

Nightingales Community Care

Inspection report

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Date of inspection visit: 25 and 26 August 2015
Date of publication: 11/09/2015

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 

Overall summary

This inspection visit took place on 25 and 26 August 2015 and was announced.

This is the services first inspection since it registered with the Care Quality Commission (CQC) in August 2014.

Nightingales Community Care is managed from a domestic residence located in a residential area of Thornton-Cleveleys. Services are provided to support people to live independently in the community. The

range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit Nightingales Community Care provided services to 52 people.

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

Summary of findings

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.

We spoke with eight people who were supported by the service. They told us they were receiving a reliable and consistent service and they liked the staff who supported them. They said staff were caring and conscientious and they felt safe when receiving their support. One person we spoke with said, "The staff who visit me wear identification badges. I have no concerns about my safety when they visit me."

People told us they were usually supported by the same group staff. This ensured people were visited by staff who understood their support needs and how they wanted this to be delivered. One person we spoke with said, "It is so important to me that I know the staff who are visiting me. I cannot think of anything worse than strangers arriving at my door not knowing what they have to do. I know all the girls who visit me and they are wonderful."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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 safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Nightingales Community Care

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 checked 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 visit took place on 25 and 26 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 25 and 26 August 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we went to the Nightingales Community Care office and spoke with a range of people about the service. They included the registered provider, business director, and four staff members. We also spoke eight people who used the service.

We looked at the care records of four people, training and recruitment records of four staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. One person said, “I have complete confidence in the staff who support me. They do not rush me and I am treated with dignity. I have never felt unsafe in their care.” Another person said, “I have the same group of staff who visit me. They are well trained and professional and have a good understanding of my needs and how I want them met. I feel safe and look forward to their visits.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure which was on display in the hallway. Staff spoken with told us they were aware of the procedure. They said they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. There was evidence that the service had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who used their service.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. We noted both applicants had been sent a letter of appointment offering them a position at the home subject to successful clearances. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. Staffing levels were determined by the number of people being supported and their individual needs.

The majority of people supported by Nightingales Community Care lived in Thornton- Cleveleys. The registered provider told us the service tried to employ staff who lived locally to decrease the risk of staff not being able to make the agreed appointment times. The service had procedures in place to cover visits if staff were unable to attend an appointment. People we spoke with said they received a call from the service if their care worker was running late or unable to attend their visit. One person said, “There have been occasions when they have phoned to say my carer was running late. I know they can get held up if they have to deal with an emergency.”

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded. The staff members we spoke with confirmed guidance was provided to ensure they provided safe and appropriate care. One staff member we spoke with said, “The information we have about care delivery is thorough and detailed. The company take the safety of their clients and staff seriously.”

We looked at the procedures the service had in place for assisting people with their medicines. The registered provider told us his staff prompted people to take their medicines and were not involved in handling their medication. People supported by the service confirmed they or a family member administered their medicines. Records we checked were complete and staff had recorded they had reminded people to take their medicines.

All staff employed by the service received medication training during their induction. Discussion with four staff members confirmed they had been trained and assessed as competent to support people to take their medicines.

Is the service safe?

We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. One person told us, “I look after my own tablets which are

delivered in blister packs by my chemist. The staff who visit me check I have taken my tablets when I am supposed to. It’s an arrangement that I think works well. I can be forgetful sometimes.”

Is the service effective?

Our findings

We found people were supported by staff who had the knowledge and skills required to meet their needs. People told us they felt members of staff understood their needs and said they received a good level of care and support. One person supported by the service said, "I think the staff are well trained. The staff who visit me are very professional and reliable." Another person said, "I have had the same group of staff visiting me for years. I know them all and look forward to their visits. They look after me really well."

We spoke with staff members, looked at individual training records and the services training matrix. The staff told us the training they received was provided at a good level. One staff member said, "We receive all the mandatory training required. I had a good induction when I joined the agency and felt well trained and confident when I began supporting people."

Records seen confirmed staff training covered a range of subjects including safeguarding, MCA/DoLs, moving and handling first aid and food hygiene. All staff employed by the service had received medication training and had been assessed to ensure they were competent before they could support people with their medicines. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. The staff we spoke with said this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

The registered provider demonstrated an understanding of the legislation as laid down by the (MCA). Discussion with the registered provider informed us he was aware of the 'process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety.

Staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt

supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern. One staff member said, "I find the service is very supportive. During my supervision we discuss my performance and training opportunities."

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to staff members. Records seen confirmed meetings had taken place. We saw during a recent meeting staff had been reminded the importance of using the service's telephone monitoring system. This system is used by the service to check staff are arriving and leaving people's homes at the correct times. The registered provider said the system helped management to monitor the reliability of their service.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, "The staff assist me with my meals daily. I tell them what I want to eat and they make it for me."

We saw staff were documenting the meals provided confirming the person's dietary needs were being met. Staff spoken with during our visit confirmed they had received training in food safety and were aware of safe food handling practices.

People's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs. For example we saw on one person's care plan the person was unwell when staff arrived for their visit. The staff had requested a visit from the person's GP and then contacted person's relative to update them. The staff had recorded on the person's care plan they remained with them until their relative arrived.

Is the service effective?

People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “The group of staff who visit me are lovely caring people. I do not know what I would do without them. I so look forward to their visits.” Another person said, “The staff who visit my [relative] are polite, courteous and caring people. I find them very patient when supporting my [relative]. I have no concerns about the care provided.”

We looked at the care records of four people and found a person centred culture which helped people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people’s needs reflected the support and care they required.

People supported by the service told us they had been involved in their care planning arrangements. They said they were satisfied the staff who supported them had up to

date information about their needs and this was delivered in the way they wanted. One person we spoke with said, “My care plan is very clear about the support I need and how I want this to be delivered. I have to say I am happy with the care provided. The staff who visit me are excellent.”

Staff had an appreciation of people’s individual needs around privacy and dignity. They told us they had received training around respecting people’s privacy and this was a high priority for the service. One staff member we spoke with said, “This is a very important area of our training. We are going in to people’s homes and we are constantly reminded not to forget this.” People supported by the service told us staff spoke with them in a respectful way. One person we spoke with said, “I have no issues with the staff who visit me. They are compassionate and sensitive when delivering my personal care. I thought I would feel uncomfortable but I am treated with respect.”

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We noted people's care plans had been kept under review and updated to reflect their current needs. The staff we spoke with told us the care plans were detailed, easy to follow and ensured people received the appropriate level of support to meet their needs.

We looked at care records of four people. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

We saw the service had procedures in place to respond to emergencies. Records seen showed how the service had responded to an identified health concern during one staff member's visit. We saw the person's General Practitioner (GP) had been requested to visit. We saw the action taken by the staff member including contacting the person's relative and the service had been documented. The service had contacted people the staff member was due to visit

and advised their visit would be delayed. One person supported by the service said, "There has been times when my carer has been running late. I have been contacted by the office and made aware of this."

People we spoke with told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person said, "I find the office staff very obliging if I need a change to my visits."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "I have had cause to complain about the service in the past. They listened to my concerns, sent someone from the office to visit me and dealt with the matter to my satisfaction. I was happy with the outcome and have no concerns at present."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. The registered manager had ensured (CQC) were notified of any incidents or issues relating to the service in a timely manner. This meant that we received all the information about the service that we should have done.

Comments received from staff and people being supported were positive about the registered manager's leadership. One member of staff said, "The manager is approachable and I enjoy working for her."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to members of her management team including team leaders. These included undertaking supervision sessions and annual appraisals. Spot checks were also being undertaken whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction surveys. Care reviews with people and their

family members were also being undertaken. We looked at a sample of 15 client reviews that had been completed with people who used the service. People were asked a number of questions. These included asking if they were happy with the service provided, did carers arrive on time, were they polite and helpful and were their complaints responded to promptly. We noted the responses received were generally positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members.

Regular staff meetings were also being held and records confirmed these were well attended. Issues discussed at a recent meeting included the importance for staff to ensure they log in and out when they visit people's homes. Staff were informed this was a contractual agreement with the local authority who monitor the reliability of the service provided.

Records seen during the inspection visit confirmed appropriate supervisory arrangements were in place for staff members. The staff we spoke with told us they could express their views about the service in a private and formal manner. They told us they were well supported as a staff team and had access to the management team when they needed them. All staff members spoken with were aware of whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the service to enable staff to question practice and suggest new ideas.