

## Nightingales of Kidderminster Limited







# Nightingales of Kidderminster

### Inspection report

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### Ratings

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

### Overall summary

This announced inspection took place on 14 October 2015. We gave the registered provider's 48 hours' notice of the inspection. This was because the organisation provides a domiciliary care service to people who live in their homes or a family members home and we needed to be sure someone would be available at the office.

The provider registered this service with the Care Quality Commission (CQC) to provide personal care and support for people with a range of varying needs including people who were living with dementia. People either lived in the own home or with a relative or friend. At the time of this inspection the agency was providing personal care to about 22 adults.

# Summary of findings

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was however on holiday when we carried out our inspection and therefore was not available. The registered manager was also registered to manage another service on the same site. People we spoke with and all the staff told us they rarely spoke with the registered manager but liaised more with the care coordinator.

People and their relatives told us they had no concerns about the quality of care provided by staff working at the agency. We were told staff treated people with dignity and respect and were caring while they provided support. Staff were aware of their responsibilities in the event of abuse taking place and had received appropriate training.

People confirmed that their consent was obtained prior to them receiving care and support and staff we spoke with had an understanding of the importance of this to

ensure they were working in line with the law. Staff told us they received training to provide them the skills and knowledge to care and support people and meet their individual needs.

People told us they received support with preparing meals where this was needed. People were confident they would receive suitable support if they were unwell. Relatives told us staff had contacted them if they were concerned about their family member and had accessed health care professionals.

People and their relatives were confident they could raise any concerns they had with office based staff and believed these would be taken seriously. People told us staff arrived on time and they received care from a regular team of staff who they knew. People told us they were made aware of any changes or if staff were delayed for any reason.

Systems were in place to monitor the quality of the service provided. The monitoring of the service was not always fully effective to identify issues within the care records. When shortfalls were highlighted as part of satisfaction surveys or staff meetings these were not always followed up in a timely way.

# 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.

People felt safe when they received care from staff supporting them. People knew who would be visiting them to provide their care. Staff knew people well and were aware of any risks identified in providing care and support.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had received training and were supported in the work they provided. People told us their consent was obtained before care and support was provided. People were supported to access healthcare professionals were needed.

Good



### Is the service caring?

The service was caring.

People received support from staff who were kind and caring and aware of their needs. People and their relatives were involved in planning the care provided. People's privacy and dignity was respected while they received care and support.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care. People confirmed staff were aware of their care needs and provided support to ensure these were met. People and their relatives were confident any concerns about the care and support provided would be listened to.

Good



### Is the service well-led?

The service was not consistently well led.

People could not always be assured the quality of the service was monitored effectively and suitable action taken in the event of shortfalls been identified. People, their relatives and staff were confident in the management of the agency. Management knew the people they were providing a service to and were aware of their care needs.

Requires improvement



# Nightingales of Kidderminster

## 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 over a period of one day and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We looked at the information we held about the provider of the service such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission (CQC) about these events.

We asked the local authority if they had any information to share with us about the service provided by the registered provider. The local authority are responsible for monitoring the quality and funding some people who use the service. They told us they had no concerns about the service.

Prior to our inspection the registered manager completed and returned to the CQC their Provider Information Return (PIR). A PIR is a form which asks the registered persons to supply some key information about the service they provide, what the service does well and improvements they plan to make.

During the time we spent at the office we spoke with the two providers of the company, the general manager and the care coordinator. Following our time at the office we telephoned people who received a service from the agency about their experiences. We spoke with six people who used the service and four relatives. In addition we spoke with five members of staff. Some of these staff members were senior support workers while others were support workers.

We reviewed the care records held at the office for three people and viewed two staff recruitment records. We also viewed records relating to the management and quality assurance of the service including audits and survey results.

# Is the service safe?

## Our findings

People who used the service told us they felt safe when they received care and support provided for them by staff working for the provider. One person told us, “I feel safe with the staff when they are with me”. People told us they felt staff knew them well and were aware of their needs and as a result made their care safe.

Relatives we spoke with told us they believed their family member to be safe when they received care and support. One relative told us, “I am very happy with what they do”. A further relative told us they were confident their family member was, “In safe hands” as staff knew them so well and were confident they would be informed of any concerns.

Staff we spoke with were aware of their responsibility regarding any concerns they had about the safe care and treatment of people who used the service. One member of staff told us, “I would tell my manager”. The same member of staff added, “This would need sorting out”. Another member of staff told us they had a card with a number on it to contact an abuse reporting advice line. Staff we spoke with confirmed they had received training including training on safeguarding people and the actions they would need to take.

We spoke with staff who were working at the office on the day of our inspection. One of the directors described the process they would take in the event of a concern or allegation of abuse coming to their attention. The process described included suspending staff while investigations took place as well as informing other agencies such as the local authority and if necessary the police. Contact numbers for relevant agencies were readily available for staff to use if the need arose.

People we spoke with and relatives confirmed any risks identified in the provision of care and support were discussed with them and were held where people who used the service lived. Staff were aware of any risks such as

in relation to the environment in which they were working and regarding care practices such as moving and handling. We were told risk assessments were completed by the management team and some of the senior support workers. Staff we spoke with confirmed these arrangements. We saw copies of risk assessments were available at the office if staff needed to refer to them.

Staff we spoke with confirmed they had sufficient time to get to their calls. One of the providers told us the agency covered a particular geographical area which assisted staff keep to their scheduled timetable. At the time of our inspection the provider was recruiting additional staff in order so they could take on additional care packages.

We looked at the recruitment records of two recently appointed support staff. We found the provider had systems in place to ensure staff were suitable to work with people. Before staff were able to work with people the provider carried out checks on potential staff member's backgrounds with the Disclosure and Barring Service (DBS). The DBS is a notional service that keeps records of criminal convictions. The registered provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk through recruitment practices.

Some people who used the service needed staff to assist them with their medication. One person told us, “Staff take my medicines out and make sure they are taken”. Relatives we spoke with confirmed staff administered medicines to their family member correctly and raised no concerns about staff competency. One relative told us, “I have no problem with them doing the medication”. Another relative told us they found everything to work very well in relation to the administration of medicines. Staff we spoke with confirmed they had undertaken training in medicine management. Medicine records were returned to the agency office monthly and audited. We saw queries noted from reviewing these records were discussed with the staff member concerned.

# Is the service effective?

## Our findings

People we spoke with were confident staff knew the people they were caring for and had the necessary skills and abilities to meet their needs. One relative told us they believed the staff to be suitably trained and experienced to meet the care needs of their family member and told us, "They know what they are doing". Other relatives told us of similar observations they had made of the care carried out and of their conclusion that staff were trained and held the required skills and abilities to care for their family member.

Staff confirmed they received training in order to meet their identified training needs. We spoke with newly appointed members of staff as well as more established staff members. All the staff we spoke with were complimentary about the induction training provided. We were informed the induction training included shadowing (observing experienced staff) opportunities. One member of staff told us, "They (management team) don't just send new staff out in to people's homes they train them and provide shadowing first". When we spoke with staff about the training provided two members of staff described it as, "Very good". A further member of staff told us, "Staff are always kept up to date with their training." Staff told us they felt well supported and would contact the office if they needed anything.

We spoke with people about whether staff sought their consent prior to providing personal care. One person told us, "They always ask before they do anything". Other people confirmed their permission was sought before staff had provided any care and support. We spoke with staff

members and they were aware of people's right to refuse care or choose the care and support they wanted. One of the registered providers told us staff had received training in the Mental Capacity Act 2005 (MCA). This was confirmed by staff we spoke with. The Mental Capacity Act sets out the requirement to carry out an assessment and of the decision making process to protect people who are assessed as not having capacity regarding individual decisions. Staff we spoke with told us they always sought people's permission and consent before they provided care in line with the person's care plan.

People we spoke with told us staff would contact healthcare professionals for them if needed. One person told us, "Staff are so caring. They would telephone the GP for me if I was not well." One relative told us staff would, "Ring me if (family member) was unwell and say what they believed needed to be done such as contacting the district nurse". Staff we spoke with told us of occasions when they had found people to be unwell and what they did about this. These actions included contacting the relevant healthcare professional such as emergency services, the person's doctor or community nurse as well as informing staff at the office.

We found staff prepared meals for some people. People we spoke with were happy with the arrangements and told us staff did what they could in the time they had. One relative told us staff had contacted them due to concerns about their family member not eating sufficiently. The relative was happy with the action taken by staff and felt the monitoring arrangements put into place to be effective and had kept their family member safe and healthy.

# Is the service caring?

## Our findings

People who used the service and the relatives we spoke with were complementary and positive about the care and support provided by staff. One person who used the service told us, "The staff are all lovely. I like speaking with the younger staff. I get on well with all of them." The same person told us, "Staff really care. They don't just go through the motion". A further person described the staff who attended the calls made to them by telling us, "All the staff are lovely, they are great each one of them. I have four staff visit and they are all really good."

A relative told us they were, "Delighted with the care provided" and described the staff as, "Kind and caring". The same relative added, "I am more than happy with the care. Staff are so bright and cheerful it is a pleasure to have them in the house." Another relative told us the service provided was, "As good as it can be" and told us they were happy with the level of care provided. A further relative told us, "The staff do a good job. They are kind and helpful".

Staff we spoke with were passionate about the care they provided. One member of staff told us, "I think we provide excellent care." Another member of staff described the care and support provided as, "Very caring". Two further members of staff both described the care and support provided to people as, "Brilliant".

People told us they were involved in the care provided and confirmed staff consulted them about the level of support they needed and in making decisions about their care. Relatives we spoke with described their experience of

involvement in their family members care plan and told us they had no concerns. A member of staff told us of the importance of getting to know people well and their ability to provide care which met people's needs as a result.

People and their relatives told us they knew who would be coming to provide the care and this gave them confidence the care provided would be done so in a safe way. One person who used the service told us, "I always know who is calling as they e-mail a list out to me".

People told us they received care from a regular team of staff members. This was confirmed by relatives we spoke with as well as staff members. People we spoke with told us this resulted in consistency in the care provided which was appreciated.

People confirmed staff were respectful of their privacy and dignity. One person told us how the staff provided the care and support they needed and how they made them feel comfortable while having intimate care. The same person told us, "Staff always chat with me" while personal care was provided and this made them more relaxed. All the people we spoke with told us that staff were polite. This was also confirmed by relatives we spoke with.

We spoke with staff and they were able to describe the actions they took to ensure people's privacy and dignity. One member of staff told us "I put people at ease" and described methods they used such as closing curtains and making sure people were appropriately covered while care was provided. Other staff told us of similar care practices they used to ensure people were protected and had their human rights upheld.



# Is the service responsive?

## Our findings

People we spoke with confirmed they were involved in their care plan when they first received a service from the agency. People informed us a member of the office staff visited them on their first day of receiving care from the agency and introduced them to the staff who would be providing the care. People who had recently commenced a service told us they found this to be beneficial. Five people told us their care plan was regularly reviewed and up to date. People told us staff were aware of their needs and were able to meet these needs.

One relative told us they were involved in their family member's care plan from the start and had input in changes and amendments to the plan. All but one person we spoke with told us their care plan was up dated to reflect their changing care needs and they confirmed they were involved in these changes and asked for their views.

We spoke with the care coordinator who had a good knowledge of people's care needs and the care packages provided by staff. Staff we spoke with were able to describe the care and support people who used the service required. We found staff had a good knowledge of people's likes and dislikes and about the routine people preferred. People who used the service told us staff encouraged them to remain as independent as possible. Some people told us they had improved and as a result were now receiving less care input from the agency. Other people told us they liked

going out doing things with a member of staff supporting them. One person told us, "I welcome the ability to be able to out with carers (the staff). They look after me and help me".

People we spoke with and relatives told us staff arrived on time and stayed the allocated amount before leaving. Another person confirmed staff to be, "Punctual" while a further person told us, "The staff are very reliable. I have never had a late call". A relative told us, "I have no problem with their time keeping". A further relative described the time keeping as good and were pleased their family member saw a familiar face the majority of the time.

People we spoke with and their relatives told us they had not needed to complain about the service provided. Everyone we spoke with was confident if they needed to raise any concerns or complaints about the service provided they could do this and their comments would be taken seriously and acted upon. One person told us, "I would 'phone the office" the same person added, "The senior would sort it out". Another person told us, "I would speak with (one of the registered providers) if needed but have never had to. I am very satisfied." One relative told us, "I have no complaints. I would not accept if (family member) was not looked after". The relative concerned was confident their concerns would be listened to. We saw the registered provider had taken a complaint about the service seriously and had fully investigated the incident to prevent future re occurrences.



# Is the service well-led?

## Our findings

We saw a survey to seek people's views of the service provided and as a means to involve people in the development of the service had taken place. The majority of the comments recorded on the returned surveys were positive. We saw some surveys included comments where people believed improvement could be made. For example care plans not up dated to reflect an improvement in care needs and inconsistency in care. A summary of the findings from the survey was in place however this did not reflect any areas where the need to make improvement were highlighted. An action plan was in place. The action plan stated the registered providers were pleased with the results but did not show specific actions. We brought these comments to the attention of the registered provider who acknowledged some areas from the survey remained to be addressed and needed to be responded to.

We saw audits were in place to review records once they were returned to the office from people's own homes. We saw the audits were completed monthly. The most recent audit identified records were not always completed fully. For example staff had not always completed the medicine records. Although there was no indication people had not received their medicines these audits did nevertheless identified where improvements in these areas were needed. However we saw some areas for example actions recorded by staff members were not identified as part of the audit. Therefore the provider was not effectively following through the actions recorded by staff to ensure people received the care they required. For example records made by staff did not match the outcome of a discussion with a healthcare professional. The registered provider was unable to provide us with evidence to show staff had undertaken the monitoring which was agreed.

Staff members confirmed meetings took place during which they were able to bring matters to the attention of senior staff. Minutes following these meetings were not available for us to view as part of our inspection. We saw

some handwritten notes from a staff meeting held in July 2015 stated supervisions and spot checks needed to be done. The registered provider confirmed actions from the meeting had not taken place in relation to spot checks on some members of staff. Spot checks are a way of ensuring staff carry out the call to an individual at the correct time and carry out the work specified to meet people's identified needs. The registered provider acknowledged this was an area for improvement within the service and had identified this as part of their Provider Information Return (PIR) which was sent to the Care Quality Commission before the inspection.

People we spoke with were positive about the service they received and told us it was well managed. People told us they were confident they could contact the registered provider at any time if they had any concerns. People told us they mainly dealt with the care coordinator rather than the registered manager. One relative described the care coordinator as a, "Lovely person". Another relative described the same person as, "Helpful" and told us they had good links with the agency and the staff who worked there. Throughout the inspection we heard the registered provider take telephone calls from people. It was evident from the discussions we heard people who used the service knew the registered provider and other office based staff.

Staff were complementary about the support they received from the office based staff. Staff were aware of the registered manager and other people who were office based including the directors of the company. Staff we spoke with told us their main point of contact was the care co-ordinator. Staff told us they rarely saw the registered manager. However they were aware of the registered manager and believed they could contact her if needed. One member of staff told us, "It's a family run business and has family values." The same member of staff added, "It's a nice company to work for". Another member of staff described the office based staff as, "Not too bad. They are there if needed".