

Nightingale Healthcare Solutions Ltd

Nightingale Healthcare

Solutions Head Office

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?

Good ●

Summary of findings

Overall summary

About the service

Nightingale Healthcare Solutions is a community-based provider that provides personal care to people living in their own homes. At the time of our inspection there were two people using the service who were in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

Staff received training in safeguarding and knew what actions to take to keep people safe. There were safe recruitment processes in place, staff received training and their competency was regularly checked.

People's care and support was planned in partnership with them and risk assessments updated accordingly. People's medicine administration records were up to date and regularly reviewed to ensure people received their medicines as prescribed. People were supported by staff who were kind and caring and knew them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had implemented a number of checks and audits of the service to oversee the quality of care provided. People were asked for their feedback about the quality of service and this was used to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nightingale Healthcare Solutions Head Office

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who had applied to be the registered manager with the Care Quality Commission. This means that once registered, 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at statutory notifications we had received. These are events or important information that the service must tell us about, by law.

During the inspection

We reviewed a range of records, this included two people's care records and Medication Administration Records (MAR). We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We also spoke with the manager.

After the inspection

We reviewed records the provider sent to us which included policies and training data. We spoke with one person using the service and one relative about their experience of the care provided. We also spoke with three members of staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse. One person told us, "I feel safe with the staff they know me."
- Staff knew how to recognise signs of abuse and the actions they should take to protect people from risk of harm. One member of staff told us, "I would refer to my manager if I suspect a person is at risk of harm or abuse; they are always available and are supportive." Staff had completed training in relation to safeguarding and were aware of how to report concerns both within the organisation and externally.

Assessing risk, safety monitoring and management

- People had their individual risks assessed and records seen explained actions to be taken to reduce the risk of harm. Such as in relation to moving and handling equipment.
- The service had processes in place to record and monitor any accidents or incidents that occurred. Actions taken and lessons learnt were documented and discussed. For example medicine errors.

Staffing and recruitment

- Staff were recruited safely. The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. This included reference and Disclosure and Barring (DBS) checks. These checks help providers reduce the risk of employing unsuitable staff.
- People were supported by a regular team of care staff who knew their needs well. One staff member told us, "There are enough staff and you are not rushed."

Using medicines safely

- People's medicines were managed safely. Medication administration records (MARs) showed people received their medicines as prescribed.
- Staff had received training in administering medicines and competency checks had been completed.

Preventing and controlling infection

- Staff told us they were trained in effective infection prevention control practices. This included specific processes for the use of Personal Protective Equipment (PPE). One member of staff told us, "We have plenty of PPE and have been trained how to use it."
- The provider ensured staff had access to PPE such as facemasks, gloves and aprons for personal care.
- The provider had infection control policies and procedures in place.

Learning lessons when things go wrong

- The provider had in place a system to analyse incidents and accidents and were able to explain the actions they had taken to reduce the risk of re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an assessment so that they could be sure they could meet people's care and support needs safely. This included taking into account people's protected characteristics as part of the Equalities Act 2010, which include disability and religion.
- People and their relatives told us they were fully involved in the assessment and care planning process. One person said, "I am involved in all my care planning."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their need.
- Staff completed an induction which included training and working alongside more experienced staff before working alone.
- Staff received one to one support which included competency assessments. One member of staff said, "I feel well trained."

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

- People were supported to eat a balanced diet and staff were aware of people's individual needs.
- People's dietary needs and preferences were recorded in their care records.

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

- The provider worked with other agencies in order to meet people's specific needs.
- Concerns about a person's health care needs were escalated as required to ensure people's healthcare needs were being met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People told us they were involved in decisions about their care and staff asked for their consent before supporting them. One person told us, "I am fully involved in decisions about my care."
- Staff told us they understood the importance of involving people in decisions about their care.

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.

This is the first inspection for this newly registered service. This question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff and they were happy with the care they received. One person said, "Staff listen, and I am happy."
- People said staff knew their preferences and choices and respected what was important to them. For example, one person had a routine which staff were aware of.
- People's diversity and equality were respected, and individual likes and dislikes were documented in their care records.

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

- The manager kept in regular contact with people and their relatives to obtain feedback on the care provided.
- People were encouraged to express their views about how they wanted to receive their care and were involved in reviews and decisions about their care needs.
- Quality surveys were completed to ensure people were happy with the service provided.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "Staff don't rush and work with me."
- The provider encouraged people's independence, staff were able to explain how they supported people to maintain and improve their independence and care records reflected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their care and support was centred around their choices and preferences of how they wanted their care delivered.
- Care records and risk assessments were in place which reflected the support people needed.
- The manager and staff understood people's needs well and encouraged them to make decisions about their daily lives.
- People's care records were reviewed regularly and updated when their needs changed. Information held in care records were reflective of people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager and staff were aware of people's individual communication needs and reviewed as necessary.
- Information if required could be provided in different formats, in a way people could understand such as in large print.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise complaints or concerns if they needed to. Information on how to complain was provided to people when they started to use the service. One relative explained how they had raised concerns and how the provider had dealt with them.
- The provider had a complaints policy in place; we saw any concerns raised were investigated by the manager and improvements made where required.

End of life care and support

- No one was receiving end of life care or support during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the provider and the service they received. One person said, "I am very happy with the care I receive."
- Staff we spoke with gave positive feedback about the provider and manager. One member of staff said, "It's the best company I worked for [Manager] is very supportive and always available."
- The manager and staff told us the culture of the organisation was transparent and open and that they felt valued and respected. Staff confirmed they felt appreciated and were listened to by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of the inspection there was not a registered manager in post, however the new manager had applied to register with CQC. The new manager had identified several areas for improvement and was addressing these.
- The manager was aware of their responsibilities regarding the duty of candour and had developed good relationships with staff, people and relatives.
- People were asked for their views about the service they received which included quality surveys.

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

- The manager and staff understood their roles and responsibilities and knew who to speak with if they had any concerns.
- The new manager had implemented audit processes to review the quality and safety of the service provided. These included medicine audits, care record reviews and staff competency checks.

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

- Staff told us they felt comfortable raising any issues or concerns with the provider. They were familiar with the service's whistleblowing procedure. Whistleblowing means reporting concerns about care being provided by a person who works at the service.

Continuous learning and improving care

- Continuous learning and development was encouraged. Staff training, supervision and competency were

used to ensure learning and improvements took place.

Working in partnership with others

- Information was shared with external healthcare professionals, to support people to maintain their health.