

Mr Shane McClelland

Nightingales Home Care

Inspection report

343 Blackburn Road
Darwen
Lancashire
BB3 0AB

Tel: 01254771574

Date of inspection visit:
17 July 2018
18 July 2018

Date of publication:
26 July 2018

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

We inspected Nightingales Home Care on 17 and 18 July 2018.

Nightingales Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection the agency was providing personal care to seven people.

The last inspection was carried out on 8 and 9 March 2016. Whilst we rated the service as overall "Good", we found there were shortfalls in the recruitment of new staff. During this inspection, we found the necessary improvements had been made and the service was meeting all the current regulations.

At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were happy with the care and support they received and made positive comments about the staff. They told us they felt safe and staff were caring. People had developed positive trusting relationships with staff. Staff understood how to protect people from abuse.

The information in people's support plans was sufficiently detailed and risks to their health and safety had been identified and managed safely. People's care and support was kept under review and they were involved in decisions about their care. Staff worked in partnership with relevant health and social care professionals when people's needs changed.

A safe and robust recruitment procedure had been developed since our last inspection. The management team were aware of the process to be followed to ensure new staff were suitable. Arrangements were in place to make sure staff were trained and competent. People considered there were enough staff to provide them with a reliable, flexible and consistent service.

People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's diversity and promoted people's right to be free from discrimination; people's dignity and privacy was respected.

People's nutritional needs were monitored as necessary and staff knew their likes and dislikes. People told us they were happy and did not have any complaints but were confident they would be listened to. Staff administering medicines had received training and supervision to do this safely.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people. People and staff were consulted and their views were acted upon.

Further information is in the detailed findings below.

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 has improved to Good.

Staff were trained to recognise any abuse and they knew how to report any concerns.

There were enough staff available to provide flexible support and to keep people safe.

Risks to people's wellbeing and safety were being assessed and managed.

Safe recruitment procedures were followed and processes were in place for people to receive support with their medicines.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Nightingales Home 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 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The announced comprehensive inspection started on 17 July 2018 and ended on 18 July 2018. The inspection was carried out by one adult social care inspector.

We visited the office location on 18 July 2018 to meet with the registered provider and the care manager and to review care records and policies and procedures. Prior to the visit to the agency office, we spoke with three people using the service; two care staff and the care manager over the telephone.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer and staff satisfaction survey.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we contacted the local authority contracting unit for feedback and we checked the information we held about the service and the provider. The inspection was informed by feedback from questionnaires sent from us to six people using the service and six relatives; we received six completed questionnaires from people using the service. One questionnaire was returned from community professional staff.

Is the service safe?

Our findings

At our last inspection, we found the provider had failed to operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

There had been no new staff since our last inspection visit. However, we noted the recruitment and selection policy and procedure had been updated to reflect a safe process. We discussed the process with the registered manager and care manager; they were aware of the safe and robust procedure to follow when recruiting new staff. We will review this at our next inspection.

People expressed a high level of satisfaction with the service and told us they felt safe whilst receiving care. They told us, "I trust all of them implicitly", "I have the same staff and know who is coming", "I know them and they know me; I trust them and feel safe with them" and, "The staff are lovely and totally trustworthy."

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

We found staff understood their role in keeping people safe from harm. They were aware of the different types of abuse and actions they would take if they became aware of any incidents. Staff said they would not hesitate to report any concerns to the registered manager or to the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Records showed they had also received training on how to keep people safe, which included moving and handling, infection control and first aid.

Some people were supported with shopping; a record of any transactions on the person's behalf had been maintained. Records were kept of any accidents or incidents. All accident and incident records were checked to make sure any action taken was effective, to identify any patterns or trends and to see if changes could be made to prevent incidents happening again. Accidents and incidents were discussed to identify any lessons learnt and minimise the risk of reoccurrence.

People were happy with the staff team. They told us, "They have never missed a visit. They are always on time and will let me know if there are any changes" and, "The carers have never let me down; the office let me know if they are going to be delayed."

There were sufficient staff to provide safe and effective care for people. Staff said they had adequate time to travel between visits without rushing. People confirmed the staff arrived on time and stayed the agreed length of time. People told us staff had time to ask them about their preferences and were flexible in their approach. All people spoken with told us they received care and support from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and

preferences.

Staff were provided with personal protective equipment, including gloves and aprons. People using the service and staff were given a telephone contact number for any difficulties during and out of hours; this meant there were processes in place to help minimize risks and keep people safe. There was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated once a year or more often if people's needs or circumstances changed.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. There were suitable records in place to record the administration of medicines; we discussed how the guidance around the application of 'when needed' external medicines (creams) could be improved; the management team assured us this would be included in the support plan. There was a policy and procedure for the administration of medicines which staff were required to follow to ensure safe practice. All staff had completed appropriate medicines training and had access to a set of policies and procedures. Records showed that staff were observed on a regular basis to ensure they were competent to manage medicines safely.

Is the service effective?

Our findings

People felt the staff had the skills and knowledge to provide them with effective care and support. They were very happy with the care and support they received. They said, "The carers are very good and they know what they are doing" and, "I'm very happy with the service. I have no concerns at all with the way they do things." People also said they would recommend the service to others.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Records showed all staff had achieved a recognised qualification in care.

There had been no new staff employed since our last inspection. Records showed existing staff had received an induction into the routines and practices of the agency. This included a period of time working with more experienced staff until they had the confidence and skills to work independently. Records showed their practice and conduct was kept under close monitoring until their probationary period had ended. Any staff who were new to care, would complete induction training based on the Care Certificate when they commenced work with the agency. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff received regular one to one supervision, which included observations of their practice, as well as an annual review of their performance. They told us they had the support of the management team and could discuss anything that concerned them.

There had not been any new people receiving a service from Nightingales Home Care since our last inspection. However, the registered manager described the process of assessing people's needs and abilities before they used the service. A thorough assessment of their physical, mental health and social needs were undertaken to ensure their needs could be met.

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 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. 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. Any application to do so must be made to the Court of Protection.

Although people in their own homes were not usually subject to the Deprivation of Liberty Safeguards (DoLS), we noted that staff received training in the MCA and DoLS to ensure they were aware of the principles of this legislation. Staff spoken with understood the principles of the Act and understood the need to ask people for consent before carrying out care. People using the service confirmed this approach. For example, one person said, "They ask me if I want any help with anything." People's capacity was considered

as part of the assessment and care planning processes in order to identify if they required support to make decisions about their care.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted from the records that staff received food safety training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

Is the service caring?

Our findings

People told us the staff always treated them with care, respect and kindness and were complimentary of the support they received. People described staff as 'loving', 'devoted', 'brilliant' and, 'caring'. They said, "The carers are top class. They are genuinely caring and kind", "My carers are regarded as friends and welcomed accordingly." A member of staff said, "I get to know people who I visit; I get attached to them."

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they were treated with dignity and respect and care staff were kind and caring.

During our time spent in the agency office, we observed people's telephone queries were responded to in a sensitive and understanding manner.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. Comments included, "Thank you for the care you provided" and "I'm very thankful for all you have done. You enabled [family member] to stay in her own home with independence." All the people we spoke with told us they would recommend the service to other people without any hesitation.

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them.

Staff had access to a set of equality and diversity policies and procedures and had received training in this area. This helped staff to understand the importance of treating people equally and promoting people's right to be free from discrimination. People were asked if their needs relating to culture, race, religion and sexual orientation were being met in the customer satisfaction surveys. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office.

People were involved in developing their support plans and their views about their care and support were listened to and respected. The process of developing support plans helped people to express their views and be involved in decisions about their care. People's care records included information about their family,

interests and preferred daily routines, which helped staff to develop meaningful and caring relationships with people.

People told us they could express their views on the service on an ongoing basis, during reviews, unannounced observations and the customer satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their support plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service. People were also given information advising where they could access advocacy services.

Is the service responsive?

Our findings

People said staff were always responsive to their needs and they were involved in decisions about their care. They said, "I can ask them to do anything", "They know what I like", "I look forward to their visits; they make a difference to my day", "I have had no cause to complain" and, "I have no complaints at all with the service."

People had an individual support plan which was underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. We found the information identified people's needs and provided guidance for staff on how to respond to them.

The plans were reviewed at least once a year or more frequently if there had been a change in need. People told us they were consulted and involved in decisions relating to their care and support. Staff said the support plans were easy to read and they were confident they contained accurate and up to date information. Staff confirmed there were systems in place to alert the management team of any changes in people's needs in a timely manner.

Records of the care and support provided to people were completed at each visit. This enabled staff to respond to any changes in a person's well-being. We noted the records were sufficiently detailed and written in a respectful way.

People were provided with the agency's complaints procedure when they started receiving care. People told us they were aware how to raise their concerns and were confident any concerns would be listened to. They told us they were regularly asked if they were happy with the service and with the staff providing care.

There had been no complaints made about this service in the last 12 months. There had been a number of compliments made about the agency.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found the support plans highlighted how people could communicate and information such as the complaints procedure and service user guide, could be made available in other formats if needed.

The agency office was equipped with computers to support the day to day management of the service and to support staff with their training. Mobile phones were used to communicate with staff and to communicate any changes or emergencies.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the agency. People said, "I have no concerns; they do a very good job", "They provide a great service", "Someone comes around to ask if I'm happy with everything. I am happy it is a very good service" and, "Everything seems to run well." Staff said, "It is a small service and it is family run" and, "The service is run really well. The managers care about people and they listen to the staff too."

The owner was registered with the Commission as the provider and was also responsible for the day to day management of the 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 supported by a care manager in the day to day running of the service. This person had relevant qualifications in health and social care to help ensure they could effectively carry out their role in the organisation.

The management team were committed to the continuous improvement of the service and had a good understanding of people's needs. Planned improvements for the service had been set out in the Provider Information Return.

Staff were aware of their roles and responsibilities. They were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the management team.

Staff felt valued and worked well together as a team. They told us they enjoyed working in the service and found the management team to be approachable and always available for advice or support. One member of staff said, "I love my job." Regular staff meetings had taken place. Staff told us they could contribute to the meetings and their views were always listened to. Staff had completed a satisfaction survey in December 2017; the results were very positive and one staff member commented, 'Nightingales is great to work for'.

We saw regular unannounced observations were undertaken to review the quality of the service provided, which included observing the standard of care provided in people's homes and asking them for their feedback; people using the service and staff confirmed this. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. We also saw checks had been completed on the standard of records returned to the agency office.

People were given the opportunity to complete customer satisfaction questionnaires. We looked at the results of the survey carried out in April 2018 and noted people indicated they were very satisfied with the

overall service provided. They described the service as 'excellent'.

The management team carried out regular checks and audits to monitor the quality of the service. These included checks on records and files, staff training and supervision and accidents and incidents as well as an analysis of complaints and comments. Systems were in place to identify and respond to any shortfalls.

There was evidence the agency worked in partnership with other agencies such as the district nursing team, the speech and language therapist and with local GPs. Agency staff accompanied people when they attended health appointments.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. We noted the service's CQC rating and a copy of the previous inspection report was on display in the agency office and on the website. This was to inform people of the outcome of the last inspection.