Nightingale Social Care Staffing Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 27 October 2016 and was announced. The manager of Nightingale Social Care Staffing Agency Ltd was given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager and some office staff would be present to talk with.
Nightingale is a domiciliary care agency that provides personal care and support approximately 1000 hours per week to people in their own homes in the Barnsley area. They are registered to provide the regulated activity of personal care.
There was a registered manager in post. 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 service did not have safe recruitment procedures as there were not adequate pre-employment checks carried out, and where risks were found these were not investigated and mitigated.
We found the management of medicines was not in line with good practice. The management of medicines was not safe, and the records relating to medicines were not always correctly completed or audited.
People's needs had been assessed when they started to use the service but not all care plans were reviewed and up to date.
There were some systems in place to assess and monitor the quality and safety of the service provided. However some of these were not effective, and in some cases information was not acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.
Staff told us they received supervisions and appraisals, however not all staff received an annual appraisal of their performance.
There was no system to monitor accidents and Incidents . This meant there was no process for managers to learn from such events and put measures in place to try and ensure they were less likely to happen again.
Generic risks to people were identified. However, specific risks and the measures required to protect people were not always evident. Moving and handling care plans did not include detailed methods for staff to follow.
The registered provider had not understood their responsibilities under the Mental Capacity Act 2005 and no capacity assessments or best interest decision had been recorded.
There was no evidence of best interest arrangements being pursued where people lacked the capacity to consent, meaning that decisions were made for people without appropriate legal processes being followed.
Our inspection confirmed staff had received training in how to keep people safe. The staff we spoke with showed they understood their role in safeguarding people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported.
Staff received regular training to develop skills and knowledge in their role.
Staff knew how to ensure privacy and dignity were protected at all times.
Staff spoke highly of the registered manager and the organisation and told us they were supported in their role.

We found six breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 12; Safe Care and Treatment, Regulation 11; Need for consent and consent, Regulation 16; Receiving and acting on complaints, Regulation 17 Staffing; Good governance. Regulation 18;Staffing, Regulation 19 Fit and proper persons employed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
The processes which were in place for the recruitment of staff were not safe as there were not adequate pre-employment checks carried out, and where risks were found these were not investigated, assessed and mitigated.
The management of medicines was not safe. Records relating to medicines were not correctly completed or audited.
Generic risks were identified. However, specific risks and the measures needed to protect people were not always evident.
Moving and handling care plans did not include detailed methods for staff to follow.

Is the service effective?

Requires Improvement

The service was not always effective
Staff were not well supported. Staff did not receive supervision, direct observation or appraisals in line with the organisational policy.
The registered provider had not understood their responsibilities under the Mental Capacity Act 2005 and no capacity assessments or best interest decision had been recorded.

Is the service caring?

Good

The service was caring
Staff were kind, caring and compassionate.
Staff knew how to ensure privacy and dignity were protected at all times.
People using the service spoke highly of their staff and people told us staff were caring and went over and above to meet their needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Care plans were person centred, however they lacked the detail to evidence how staff were to support people in some areas.
The service did not have an effective process in place to ensure concerns and complaints about the service were recorded, investigated and acted upon.

Is the service well-led?

Requires Improvement

The service was not well led.
There were some systems in place to assess and monitor the quality and safety of the service provided. However, some of these were not effective. Action was not always taken to ensure risks were managed safely and the service achieved and maintained compliance with the regulations.
People found the manager supportive and approachable.

Nightingale Social Care Staffing Agency Limited

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 took place on 27 October 2016 and was announced. This meant the registered provider had been given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager and some office staff would be present to talk with.

The inspection team was made up of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we contacted an officer from the local authority's quality monitoring team to gather their views about the service.

Prior to the inspection, we reviewed information we held about the service. We looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law

During the inspection we contacted 13 people who were supported by the service, but we were only able to speak over the telephone with seven people supported by the agency and six relatives about the service they were provided with. We visited one person in their own home and we looked at their care records.

We visited the office and spoke with the registered manager, the finance officer, two care coordinators and four care staff. We looked at five care records during the visit to the agency's office and viewed records relating to the running of the agency, which included four staff training records and files, audits, complaints records and written policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Every person we contacted told us they felt safe using the service, and they believed their care workers protected them from harm. One person told us, "They talk to me about anything I want to know. I feel very safe, they are very helpful if there is anything I need.

The service had policies and procedures for safeguarding people against abuse Staff we spoke with were all able to tell us about different types of abuse and potential signs, which may indicate possible harm or abuse. For example, one staff member told us, "They (person) may be quiet or act out of character." Each of the care staff we spoke with told us they would record and report any concerns to their manager.

Both the registered manager and staff told us there had only been one safeguarding concern. In May 2016 there was an incident when a member of staff had given tea time medication instead of morning medication. Records showed that the provider had taken appropriate action by alerting the relevant safeguarding authority and conducting an investigation into the concerns. The carer was offered additional training and a competency check was completed by the provider and no harm came to the person using the service..

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They told us how potential risks were assessed before care started, and explained that it was important to follow risk assessments. When we were at the agency's office, we observed care coordinators discussing people's care needs with staff. The coordinators had a good understanding of the care and support people needed. We spoke with two care coordinators and they confirmed that they undertook care duties themselves to ensure they understood people's needs and how people's needs should be met.

We looked at three people's care records to see if they had assessments to identify and monitor any specific areas where people were at risk, such as how to move them safely. We found that staff did not have clear guidance about how they should assist people and the action they needed to take to protect people from harm.

The service had a general risk assessment tool, which covered environmental risks at each property, personal safety of staff, and household equipment. We saw risk assessments in people's care files in relation to moving and handling, medication and finances. Care plans did not include risk assessments for other areas such as nutrition, skin integrity and falls to give staff clear guidance about the action they needed to take. For example in one persons care plan, we found risks concerning tissue viability had been identified, but there were no measures in place to reduce the risk. Another person had a history of falls however there was no falls risk assessment in place.

We saw risk assessments for moving and handling. There were specific moving and handling tasks that required assessment and care planning to ensure staff undertook these manoeuvres safely. However, we found the methods which required to be employed were not clearly described in people's care plans and this posed a risk of inappropriate poor practice. For example, one persons care records showed the person needed to be assisted using a hoist, however there was no care plan in place to show how the person should be supported or how the sling should be fitted. Another person needed assistance to transfer using specialist equipment however there was no risk assessment in place to guide and support staff to use the equipment safely.

We found risk assessments were not adequately completed as they did not include all the assistive equipment which was referenced in other sections of the care files, for instance in one case the person used

a hoist to transfer from their bed to the wheelchair, yet the moving and handling risk assessment did not give staff clear guidance on the use of the hoist.
We spoke with the registered manager about the systems in place to ensure that people's care calls took place at the correct time, and lasted for the correct duration. The service used an electronic rostering system to monitor calls and to create staff rotas for support calls. Rotas were sent to staff's mobile phones. Staff were required to use their phone to scan a barcode when they arrived at a person's home, which alerted the office they had arrived, staff also needed to scan the code again to record they had left the person's home. The coordination staff monitored people's calls on a daily basis using the electronic records which were created when staff scanned into and out of people's homes. The coordinators told us any call that were half an hour late were considered to be a missed call. When this happened the co-coordinators told us they would arrange for another carer to do the call. The people we spoke with confirmed staff usually arrived within half an hour of the expected time. Comments from people we spoke with included, "They say there are coming at 8 but sometimes they come at 9 or half 9."Another person told us " They are sometimes a bit late, usually on time."
The provider did not provide safe care and support is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
The provider had a recruitment policy, however we found evidence the provider had not followed the guidelines of their own policy. We looked at the recruitment files for four staff and we found gaps and inconsistencies in their records. For example, one file held information for a post applied for was but this was different to the job the person was currently doing. We reviewed the records for disclosure and barring (DBS) checks and found discrepancies. For example, two staff files had DBS checks from previous employers. The Disclosure and barring service (DBS) helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. This meant the registered provider did not ensure adequate pre-employment checks were carried out prior to staff being employed.
The above demonstrates a breach of Regulation 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was not acting appropriately to ensure their recruitment decisions were safe.
The service had a medication policy that outlined the safe handling of medicines. We looked at the "dangerous medication occurrence file" and found that there were no entries. We looked at the medication audits which had been carried out to see if any shortfalls had been identified. Audits enable organisations to identify errors, concerns and areas for improvement to ensure they are working to continuously improve the services they provide for people. We found that the auditing systems were a tick box process and were not robust. There were issues that had been identified for example staff incorrectly signing on MARs medication administration record Mars sheets but there had been no action plan created to rectify the short falls identified and there was no evidence that any action had been taken. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take them safely. A MAR was also in place which staff used to record the medicines they had administered or prompted people to take.
We found a number of concerns regarding one person's medicines. Staff had hand written a medicine on the MAR but there was no record of the strength of the medicine or the correct dosage. We found records did not provide a clear and accurate record of the medicines staff had administered to people. A lack of adequate details about how a medicine should be administered increases the risk of staff administering the medicine incorrectly.
This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).
Staff told us they were provided with personal protective equipment, which enabled them to carry out their caring duties safely. Supplies were kept in the office and in people who used the service's homes.
We asked to see the records that were kept in relation to accidents and incidents that had occurred in the service. The registered manager told us there was no system for recording accidents and incidents. This meant there was no opportunity for analysis of the information which allows managers to learn from such

events and put measures in place to ensure the same issues were less likely to happen again in the future. We spoke with people who used the service to confirm whether the same staff supported them on a regular basis .One person told us "We've got to know them [the staff] really well. We've become friends". Relative's comments included "They are a brilliant team" and "Regular carers, they are very good."

Requires Improvement

Is the service effective?

Our findings

We asked people using the service whether the staff that supported them had the knowledge, skills and training to care for them effectively. One person said, "I don't know about know about training but they get it right."

We looked how new members of staff were supported in their role. All new staff received a two and half day induction to the service and this included introduction to care training and a minimum of four days shadowing experienced care staff in people's homes. Following this they were observed and shadowed to assess they were competent to perform in their role.

Staff told us they undertook refresher training, the records we reviewed showed this was the case; this refresher training consisted only of moving and handling people, medication, health and safety wellbeing and safeguarding. Staff had access to other training including emergency first aid, catheter care, hydration and nutrition, fire safety and condition specific training for example supporting people who are living with dementia. Staff we spoke with were not clear about the frequency with which they should receive one to one supervision meetings, direct observations or appraisals.

We found appraisals and supervisions were not always completed in line with the providers own policy. Whilst there was no evidence that these had negatively impacted upon people, the lack of information, meant that people may not be protected against the risk of receiving inappropriate care. Staff told us they had regular supervisions but they were unsure how often they should have them. They also told us they should have a spot check were there practice was observed an assessed by a supervisor, and an annual appraisal. Records confirmed that supervision and appraisals were not carried out in line with the organisational policy. The above demonstrates a breach of Regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

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. We checked whether the service was working within the principles of the MCA.

The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure the individual who lacks capacity reflect that they are at the heart of the decision making process and enabling the person to make his/her decision.

Staff we spoke with were able to describe the main principles behind the MCA. Staff described how they sought consent from people before assisting them with any care tasks. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. This demonstrated that staff understood the importance of gaining consent from people and giving them a choice. The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure the individual who lacks capacity are at the heart of the decision

making process and enabling the person to make his/her decision. For example we saw in one care plan the person's wife had signed on behalf of her husband, however, there was no evidence that the person would have been unable to sign in their care records and no explanation of why the care plan had been signed by their wife. This was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their care and support, and then consultation with the person's authorised decision maker. The needs assessment and care planning processes did not explore whether people had power of attorneys (POA's) appointed to act on their behalf for specific decisions. This demonstrated a breach of Regulation 11 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to obtaining and recording of the consent in line with the Mental Capacity Act 2005 (MCA).

People told us staff supported them to remain healthy and had involved other professionals when necessary or when they were unwell. One relative told us "[My relative] is incontinent and they checked up everything and spoke to me and it's all been done seamlessly". Another person said, "Obviously if they are concerned they would phone the GP and let me know, we have a good relationship."

Good

Is the service caring?

Our findings

All the people who used the service told us the care staff were kind and compassionate. One person told us, "They're absolutely brilliant" another person said, "I'm quite happy with them. They're always really kind and cheerful. They are always really nice to me". Another person said, "Those staff are absolutely marvellous. Because they do care – they are gentle and very tolerant. [My relative] is kept lovely and clean." Other comments included "They do their job – they are very good," and "[My relative] can be a handful and they do a really good job".

Relatives told us "They [staff] are efficient, they are kind and they know how to handle[relative]. Realistically They are considerate and speak to [relative]as a person, friendly rather than matter of factly". One relative we spoke to told us "One [staff member] has got to know [My relative] quite well and knows what [relative] likes. For example [My relative] likes their bed make in a certain way and [relative] likes their hair in a certain way and the [staff] is very good."

People told us staff respected their dignity and privacy when carrying out personal care. Comments included "They put [relative] on the commode and cover them with a towel and then shower them. [Relative] is fine with it". Another person told us "I feel they are very respectful – they'll dress [relative] in their bathroom – I can't grumble." Other comments included "Because of their illness. [relative] can be difficult. They've got used to [relative]they know [relative] and know [relative's] ways "and "They [staff] are always polite and friendly with [relative]."

There was very little information about people's cultural or religious needs in the care plans and needs assessments we reviewed, which would mean staff would not have access to any information about any aspects of their life which were particularly important to them.

There was no evidence in any of the care plans we reviewed that any conversation had taken place about the person's thoughts and wishes for the end of their life. It is very important to gain this information whilst people are able to express their preferences and choices.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they had not been involved in the planning of their care, and most people were not aware of the content of their care plans.
One person said "When we first had the service they discussed everything with us but since we have the new service, nobody came out to speak to me about what he needs now – so the girls don't know what to do. We've worked it out between us." Another person told us "I was given that (care plan) the first day they came" and "I think my eldest daughter saw them and told what we wanted".
We reviewed three care plans as part of our inspection process. We found the records were person centred and detailed people's needs, choices and preferences about how they wanted their care to be provided. We found the plans contained guidance for care workers on the support needed, and people's preferences regarding how support was to be provided. For example, how the person preferred support with washing, what products to use and where these were located in the home.
We found in all the care plans we reviewed there were inconsistencies in the information that was contained in different sections, which meant that the whole file needed to be read to gain a clear picture of the person's medical conditions, medication needs and any equipment that was in place for staff to support people who were not independently mobile. For example, one persons assessment stated "I wear a catheter" however there was no guidance in place for staff to advise on how to support the person with catheter care. The lack of consistent information meant that staff could miss critical information that put people at risk of harm.

All of the people and their relatives spoken with said that their regular care workers knew them well and were responsive to their needs. "They're lovely I can't fault them. If I did have a problem at all I would usually discuss it with (team leader), it's a good relationship". Another person told us "Once a chap came at 6.45 in the morning and the daughter rang them up and it hasn't happened again".
Staff we spoke with told us how they responded to people's needs and in the main they were positive about the information available to them to help support people. Staff said, "If I arrived on a call and the client was not very well I would ring a doctor or an ambulance and then call the office."
We checked the procedures for dealing with complaints and were told they did not have a system in place for recording or dealing with complaints. The manager was unable to tell us how many complaints they had received and confirmed there was no method for monitoring, investigating, resolving, responding to and evaluating complaints. We found from speaking to people complaints had been made, for example, one person told us about a formal complaint they had made. They told us they had spoken to staff at the office who assured them that their concern would be looked into. We spoke to the registered manager about this and they said they would look into this immediately.
The person told us they had not heard from the office in response to their call. We spoke to the registered manager about this and they told us they would take immediate action to address this and to try and resolve the complaint. Another person had complained at their review about the times of the visits and the support they gave to their relative. However the care plan review stated "nothing has changed in the above persons care or home environment."
These examples demonstrate the provider's failure to record, investigate and take proportionate action in relation to complaints was a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

We checked whether the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.
On the day of the inspection there was a registered manager in place. 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.
Our inspection confirmed staff had received training in how to keep people safe.
The registered manager had a 'hands on approach' with people who used the service continuing to provide support in the community. Staff told us they had regular opportunities to speak to the registered manager. We were told by staff the registered manager was approachable. One staff member said, " [Registered manager] is always around, we can always talk to the [registered manager] or ring if we have any problems
Staff we spoke with told us that they felt well supported to undertake their role. One member of staff said to us: "I love it here." Another told us that they felt that Nightingale supported staff as well as people using the service. They said: "The team support each other; it's just like a family." Staff told us they felt they got information when they needed it from the management team and all of whom said they felt they could contribute their views in relation to how the service was run.
We saw the provider had used surveys to gain people's views about how the service was operating. The most recent survey available was from August 2016. The summary of the 2016 survey indicated that overall people were happy with the service provided.
During our inspection we found areas where quality of service provision had not been managed effectively and audits had not driven up standards. We found that the auditing systems were not robust and did not enable the registered provider to monitor and address quality issues or address risks. We identified concerns in relation to risk assessments and risk management, recruitment, staffing, management of medicines, supervision and appraisal, implementation of the MCA and Deprivation of Liberty Safeguards, care planning. For example, we found medicines management audits had not identified the issues we found in the safe management of medicines. Care plans did not contain adequate information about people's needs in relation to medicines, and some did not contain information about specific risks. There was no evidence of best interest decisions being made when people lacked the capacity to consent to specific decisions, meaning that decisions were made for people without appropriate legal processes being followed. The frequency of staff receiving formal supervision and appraisal to discuss their personal development was not in line with the provider's policies
There were gaps and inconsistencies in the Staff recruitment process's found the processes were not followed which led to unsafe recruitment practices. These included not seeking references from previous employers, not gaining a full employment history including accounting for gaps in employment, and we found instances where a person had been allowed to work before their disclosure and barring service (DBS) check had been received.
Accidents and incidents were being reported and recorded by staff. However the registered manager was not recording and monitoring the actions that should be taken to prevent the incident reoccurring. They did not carry out analysis of the incidents to identify if there were any patterns or trends in the accidents and incidents occurring, or any lessons which could be learnt.
We reviewed several of the provider's policies. We found that although policies had been updated they did

not reflect current practices and legislation The systems in place to assess, monitor, action, evaluate and mitigate any risks relating to the welfare of people, staff development and the quality of the service was not effective. People's care records did not always reflect their needs and risks. The registered manager acknowledged that there were gaps and inconsistencies and there was work to do to ensure these records reflected the standards expected within the service. We discussed this with the registered provider who agreed and told us they were in the process of reviewing all quality assurance processes.
The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality of the service provided .This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service were did not work within the principles of the MCA.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was no system for recording and reporting safety concerns, incidents and near misses The systems for the safe management of medication were not always effective.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints No system for recording or monitoring complaints

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not robust enough

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Recruitment procedures not robust enough and

there were gaps and inconsistencies in appraisal and supervision