

Nightingales Goldencare Limited

Nightingales Golden Care Limited

Inspection report

Building 1000 Lakeside, North Harbour
Western Road
Portsmouth
Hampshire
PO6 3EZ

Tel: 02392704190

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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

Nightingales Golden Care Limited is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 64 people were receiving a regulated activity from Nightingales Golden Care Limited.

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

People were happy with the care they received from Nightingales Golden Care Limited and felt the service was run well. A clear management structure in place. Feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess monitor and improve the service.

Appropriate safeguarding procedures were in place to protect people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

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. Staff sought people's consent and supported people to make choices about their care. Staff received appropriate training and support to enable them to carry out their role effectively.

Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them. People were treated with respect and dignity. Staff encouraged people to remain as independent as possible in their daily routines.

People received personalised care which met their specific needs, Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

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

Rating at last inspection

The last rating for this service was Good, the report for which was published on 06 January 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Nightingales Golden Care Limited

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in the community. The service had a manager registered with the Care Quality Commission. This means that 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 June 2019 and ended on 14 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with 11 people who used the service and 22 relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the human resource manager and care staff members.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from potential abuse. People told us they felt safe in the company of care staff. One person said, "Yes I feel very safe with the [staff]" and a relative told us, "I feel [my relative] is very safe with the carers."
- People and their relatives confirmed that staff carried ID badges so they were able to identify themselves to people. Where staff entered people's homes using a key safe, they called out to the person by name to let them know of their arrival, so as not to startle them.
- There were robust processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.
- Staff had received training in safeguarding adults and knew how to recognise abuse and protect people. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; medicines, moving and handling, mobility, dietary needs and skin conditions.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe. One person said, "[Staff] won't leave until everything is OK" and a relative told us, "Sometimes [my relative] loses his safety button. The carers always check he has his button on and takes his medication too."
- Risk assessments of people's home environment and living conditions had been completed to promote the safety of both people and staff.
- Staff used an electronic logging system, which was reviewed by office staff. This meant when staff arrived at a person's home, they were expected to log in and were unable to log out until all the expected tasks were completed. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe.
- Staffing levels were determined by the number of people using the service and the level of care they required.
- Office staff used a computerised duty management system, which detailed the staffing requirements for

each day.

- People were offered a copy of their care rota on a weekly basis, so they knew which member of staff was coming for each visit. Where this changed due to staff sickness or holiday, people confirmed they were informed of any changes in advance by office staff.
- People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. Comments included; "They are good timekeepers and we've never had any concerns", "They are never late, not without letting me know anyway. They are very considerate" and, "They are very good with their times, they ring if they are going to be late so [my relative] doesn't worry."
- Where people required the support of two staff members to help them with personal care, this was completed safely. If arriving at a person's home separately, staff ensured they were accompanied by the other member of staff before supporting people.

Using medicines safely

- Most of the people we spoke with said they or a family member managed their medicines. However, where people required support from taken, this was completed safely.
- Staff had received training to administer medicines to people safely and as prescribed. People and their relatives were confident in how they were supported by staff. One relative told us, "Sometimes [my relative] would forget their medicines and sometimes they would double dose, but Nightingales quickly assessed the situation and sorted it out. They are very on the ball."
- Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control.
- Personal protective equipment (PPE), such as disposable gloves and aprons were provided to staff to minimise the spread of infection. We saw that stocks of PPE were available for staff to collect from the office when required.
- Staff confirmed they wore gloves and aprons when completing care tasks and washed their hands appropriately. A staff member commented, "We can come in here to pick up PPE stock like gloves. We can always help ourselves."

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- The registered manager used a robust matrix to analyse accidents and incidents twice a year and identify any patterns or trends. For example, where a pattern of medicine recording errors had occurred, the registered manager changed people's MAR charts to those issued by their pharmacy, in order to increase accuracy of medicine administration recording. Furthermore, staff also completed competency assessments in people's homes to ensure they were following best practice.
- Where people had experienced a fall whilst on their own at home, this was recorded by staff and action was taken to help reduce the risk of another fall occurring. For example, where people were unable to access the community, the management team had contacted a local optician to arrange home visit eye tests for people, which they aimed to help reduce falls.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Assessments were completed before people started receiving support from Nightingales, to ensure their needs could be met. This included considering any risks and assessing for any specific equipment that people may require.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Checks of staff practice helped to ensure people received high quality care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion and gender preferences for staff support.
- Staff completed training in equality and diversity and the management team and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. One person said, "I think they are very well-trained, they often tell me they have a training course to go on, so I think the company tries to keep on top of things like that."
- People's relatives had confidence in staff abilities and spoke positively about the standard of care their family members received. One relative said, "[My relative] sings their praises all the time. They are very professional, they do everything by the book and the proper procedures."
- New staff were required to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. A person confirmed that new staff completed shadow shifts and said, "If someone new is coming, they shadow an existing member of staff first. I have double ups and when they use the hoist, they explained to [the new staff member] what they were about to do and talked them through it."
- Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act. They were also provided with training that was specific to people's needs, such as dementia awareness.
- The service employed a training manager who arranged and monitored staff training needs. This helped to ensure that training was updated in a timely way and staff with additional learning needs were provided with ongoing support.
- Staff felt they received a good standard of training which helped them to effectively support people and meet their needs.
- Staff received regular supervision sessions with a member of the management team. This provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning

opportunities to help them develop. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

- Staff said they felt supported by the registered manager and management team. One staff member said, "I have my supervisions with [the HR manager], she's very good. Supervisions are good to get feedback about what I am doing well or what I can improve on."

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

- Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff prepared meals for were happy with the way this was done.
- Staff promoted good nutrition and hydration and supported people to eat and drink enough. One person said, "They always make sure I am comfortable, and I have a drink within reach before they go" and a relative told us, "They always check whether [my relative] has enough food in the house and have gone out and bought food for her in their own time. They go over and above."
- Where required, staff used recording charts to monitor people's intake of food and fluids. This helped to ensure people maintained a balanced diet.
- People's care plans contained information about any special diets they required, food preferences and support needs.

Staff working to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely and person-centred care.
- There was good communication between staff to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care. A relative told us, "One of the nice things they do is they text the next carer visiting to let them know if there's any issues, so they aren't going in blind. There is good communication between the carers which benefits the clients. It's very well thought out."
- Staff delivered care in a timely manner, in a way that met people's individual needs and was considerate of their personal routines. A person said, "They are very willing and flexible. If I need to change the hours because of an appointment or because I'm going out, they always accommodate it."

Supporting people to live healthier lives, access healthcare services and support

- People had care plans in place which contained essential information about their general health, current concerns, social information, abilities and level of assistance required. This was shared appropriate if a person was admitted to hospital or another service, which allowed consistent and effective care.
- Where people's health needs deteriorated, staff supported them to access medical support if required. One person told us, "They have called the doctor for me in the past, they pick up on things really quickly. If I'm a bit down or not well, they are very good."
- People's relatives told us they felt reassured by the level of support that their family members received if they were unwell. One relative said, "If [my relative] isn't well, they will and have alerted the doctor and the district nurse" and another commented, "If there is a problem with [my relative's] health, they take action."
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required.

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 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.

- We checked whether the service was working within the principles of the MCA. From discussions with the registered manager and staff, they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.
- At the time of the inspection, all people receiving a service from Nightingales had capacity to make decisions about their care. However, the registered manager described the actions they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the Mental Capacity Act 2005.
- Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "I ask for their consent and make sure they are aware of what's going on, I keep them informed of what I'm doing."
- People's rights to make decisions about their care were respected by staff. A relative commented, "They respect [my relative's] rights as a client. I don't have to tell them."
- People's care plans contained a statement of consent which outlined the care and support they received and who they were happy for their information to be shared with. This had been signed by the person each time their care plan was reviewed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were supported by staff who were kind, caring and compassionate.
- Without exception, all feedback we received from people and their relatives about staff was positive. Comments included, "They really are lovely", "They are all very caring and kind. Helpful, friendly, happy and efficient. They make sure [my relative] is comfortable" and "They are thoughtful, and nothing seems to be a problem."
- Staff had built positive relationships with people to ensure they felt supported and respected as individuals. Many people described their relationships with staff as 'friendships', which gave them a sense of self-worth and value. One person told us, "They always call out when they come into the house, so I know they are here, and they knock on my door and check before coming in. We have a good relationship, we know each other, we are friends." A relative said, "It's lovely, her face just lights up when they come in. She regards them as her friends and loves their visits. I often hear them laughing together."
- Staff had also formed positive relationships with people's relatives and recognised the importance of offering kindness and support to them. One relative told us, "They really are very kind, not just towards [my relative] but towards me as well. They are considerate of both of us, and they are as much concerned for me as they are for him."
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training in equality and diversity and were open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against.

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

- Staff showed a good awareness of people's individual needs, preferences and interests. People's care records included information about their life histories and their preferences.
- People were supported to express their views about the care they received. Staff worked well to be adaptable and support people in the way they preferred. One person said, "Sometimes I like different things done when [the staff] come, and they do that" and a relative commented, "They always involve [my relative] in her care. I hear them open the wardrobe door and ask her 'What colour dress would you like to wear today?' It's all about her and what she wants."
- People and where relevant, their relatives, told us they were fully involved in making decisions about the care provided. A relative told us, "We were fully involved in the drawing up of the care plan and it has been amended and reviewed when needed. The manager is very approachable, and I am emailed weekly with the rota and any updates that might be relevant."

- People and their relatives told us they were frequently asked by care staff and management if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff, who encouraged them to be as independent as possible in their daily routines. One person said, "They asked me what I want help with and what I want to do for myself, they don't push themselves on me, they ask. It's about respect."
- Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain their independence. For example, one care plan stated, "Ask me if I need any support with washing and only support me where needed so that I maintain my independence as much as possible."
- Staff described how they supported people to maintain their abilities. One staff member said, "I don't just go in and take over, I say, 'Would you like to wash your face' and pass them a flannel or a towel so they can dry themselves."
- Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care. One person said, "They are very caring and discreet. They know I don't find this easy, but they are sensitive to my dignity and cover me up when helping me wash. They don't stand staring at me."
- People's relatives spoke positively about the privacy their family members received. One relative said, "They shut the doors, pull the blinds down and cover his lower half up so he's not embarrassed. I think they are excellent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received personalised care and support which met their needs and preferences.
- People's care plans were clear and person centred. They contained information in relation to people's likes and dislikes, personal preferences, health, social needs, communication requirements and tasks they required support with during each visit from staff.
- Daily records showed people received care and support according to their assessed needs.
- People and their relatives confirmed that staff knew them well and understood their needs. One person said, "I wouldn't want to be without my regular carer, she is so good and knows just how I like things done, she's an absolute marvel."
- Staff provided people with choice and control in the way their care was delivered. One person's relative said, "They let him choose what he wants for his meal and he 'helps' getting it ready, so he always feels in control of the support he is receiving." Another relative said, "[My relative] is in control of what [staff] do and is involved with how they do it. She always gets given the choice of what she wants to wear, what she wants to eat and drink. I feel she is in very good hands."
- Staff demonstrated a focus on delivering care in a patient manner, which met people's specific needs. One person said, "Everything they do for me is about what I want, they never rush me. It's all done at my pace."
- Most people were supported by a regular group of staff, which meant their needs were met consistently and helped staff to build familiar relationships with people. A relative said, "The same carers are sent each time. [My relative] has Alzheimer's so it helps to have the same carers as they get to know the changes in them. There is consistency of care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, "I need you to speak slow and repeat what you want me to do." Another person's care plan described how staff should use a diary and a white board to write down messages for the person.
- Staff received training that was specific to people's communication needs, in order to support them effectively. For example, the registered manager told us about two staff members who had received training to communicate better with a person who had a hearing impairment and was not able to verbally communicate.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure in place to ensure concerns were investigated thoroughly.
- People and their relatives knew how to complain and were confident that action would be taken if they had to raise a concern. One person said, "I did have a complaint and it was dealt with straightaway."
- The registered manager, office staff and care staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. One person said, "The manager comes out from time to time to check how things are going, but I've never had any cause to moan."
- The registered manager completed an analysis twice a year of complaints and concerns raised by people and their relatives. This meant they could track any common themes in concerns and take action where needed. For example, where some people did not find the time of their care calls suitable, office staff used the electronic rostering system to reorganise and improve the timing of calls in line with people's preference. The analysis identified that during the following six months, there were no concerns raised regarding the timing of people's care calls.

End of life care and support

- At the time of the inspection, no one using the service was receiving end of life care. However, the registered manager provided us with assurances that people would receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- An end of life policy was in place and staff had received training in end of life care to enable them to support people in a dignified way.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and audits had been developed to assess, monitor and improve the service, which were monitored by the registered manager and office team.
- Personal care documentation such as daily notes, MAR charts and food and fluid charts, were returned to the office from people's homes regularly and scanned onto a computerised system. The registered manager advised that documents were checked by the administrator during this process, in order to identify any errors or follow up action required. We found there was no system in place to document or evidence these checks had occurred for all documentation returned to the office, however daily notes viewed showed that people were receiving care and support as required. Following the inspection, the registered manager informed us of arrangements in place to record all reviews of documentation when returned to the office.
- A comprehensive tool was in place to audit people's care plans and associated care documents, including information kept in people's home file, MAR charts and any issues of concerns raised by the person. The registered manager advised they aimed to complete audits of at least five randomly selected care plans each month, however we found this was not always consistent for each month. We raised this with the registered manager and following the inspection, they advised us of their intentions to improve their care plan auditing processes to ensure all people's care plans were reviewed periodically. We found the impact of this was minimal, as office staff regularly contacted people to discuss any queries or concerns regarding their care. In addition, people and their relatives told us their care was delivered appropriately in line with the information recorded in their care plans.
- There was a clear office management structure in place, consisting of the registered manager, human resource manager, assessments manager, training manager and care co-ordinator, each of whom had clear roles and responsibilities. The office team were also supported by an account's person and administrator.
- Care staff understood their roles and communicated well between themselves and office staff, to help ensure people's needs were met. Staff confirmed they were always made aware in advance of any changes to people's health and support needs where necessary.
- Care staff used daily notes to record each care visit and highlight any changes to people's needs. Staff described how this helped them to support people effectively. One staff member said, "When I start, I spend a bit of time going through the week's notes, seeing how everything has been and having a catch up. If there are any changes, like if someone started on antibiotics, we will get a text message about it, so we know in advance."
- The office management team worked together to ensure the smooth running of the service and regularly held management meetings to discuss any concerns or areas for improvement.

- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.

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

- People and their relatives were happy about the service they received from Nightingales and gave positive feedback about all staff members. One person said, "The girls are lovely, and the office staff are really helpful. I can't go out at all, but I really feel as if they bring social life to me. They chat with me and tell me what they've done, where they've been etc. It's a little bit of sunshine for me."
- People felt the office staff were supportive and helpful. Without exception, everyone we spoke with told us they would recommend the company. Comments included, "I think it's very good company. The manager is approachable and friendly, I can't think of any improvements needed", "If I have any queries I know I can just pick up the phone and talk to someone and it will be sorted out" and "I have found them very good and think I am very lucky to have them."
- The service promoted a positive culture which empowered them to live well in their own homes. People's care plans included a section of desired outcomes with an achievement plan that staff supported them to work towards, such as staying independent in their own home. One person said, "The management has a positive attitude and a willingness to meet needs. I felt comforted that the agency said they would be able to meet my changing needs in the future."

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

- The registered manager demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- Staff spoke positively about the management. They told us they felt fully supported by management and that they enjoyed a good working relationship with their colleagues. Staff comments included, "It's fantastic here. The management are very helpful, if you ever have a problem they are always there" and, "[The registered manager] is brilliant and a really nice person. If you need to speak with him, he gives you his mobile number and is very approachable. The on call is good too, they always answer you."
- Staff told us they were proud to work at Nightingales and felt valued in their roles. Where staff received compliments from people, the registered manager made sure this was passed on to the staff member and thanked them for their hard work.
- There was an open-door policy. People felt confident to contact the office to speak to staff about their care package.
- Feedback about the service was gathered from people and their relatives in a range of ways including, annual surveys, one-to-one discussions and telephone contact. A person told us, "The management are really dedicated. I regularly fill in a card about the service saying if I know of any improvements and they get made."
- Staff meetings were held regularly in the way of 'forums', which provided all staff with an opportunity to discuss any issues or concerns and stay up to date with any changes within the service. Staff confirmed they found staff forums useful and felt listened to by management when raising issues.

Continuous learning and improving care

- There was an emphasis on continuous improvement. The registered manager attended regular meetings with providers of other domiciliary care agencies and had subscriptions with key organisations in the care sector. This helped to ensure they stayed up to date with best practice and guidance.
- The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent a reoccurrence.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision. Staff used a computer programme which enabled them to access a range of useful tools relevant to their role; this included online training courses, best practice documents, staff handbooks, standard guidance and policies and procedures.

Working in partnership with others

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.
- The management team completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.