

Nightingale Homecare East Sussex Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nightingale Homecare East Sussex Ltd is a Domiciliary Care Agency (DCA) that provides personal care and support to 63 people living in their own homes, some of whom were older people, and/or had physical disabilities, and some people who were living with dementia.

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.

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

People's medicines were managed safely. People were protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and were consistently followed. Staff had recognised signs of abuse and had recorded their concerns.

People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected.

People received care that was tailored to meet their individual needs and choices, while staff were responsive to changes in their needs. Care plans guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. When people wished to discuss their end of life wishes, these were captured and carried out by staff.

Systems for monitoring quality and managing risks had been improved. There were arrangements to support governance and to provide management oversight. People, their relatives and staff told us that communication was good and that staff listened to them and involved them in their care.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 August 2019). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 14 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Homecare East Sussex Ltd on our website at www.cqc.org.uk.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nightingale Homecare East Sussex Ltd

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 team included two inspectors, an assistant inspector 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.

Service and service type

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

The service had a manager 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 to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic. Inspection activity and planning started on 13 January 2021 and ended on 25 February 2021. We visited the office location on 25 February 2021.

What we did before the inspection

We reviewed information we had about the service. We sought feedback from the local authority and

professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Due to the COVID-19 pandemic we needed to limit the time we spent at the office. This was to reduce the risk of transmitting any infection. We spoke with seven people who used the service and eight relatives and representatives of people to get their feedback about the care and support they received. We spoke with five staff to find out what it was like to work at the service.

We asked the registered manager to send some records for us to review. This included a variety of documents relating to the support people received, management of the service, audits and training. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included multiple medication records. We looked at a variety of records relating to the management of the service, including staff recruitment, COVID-19 management and contingency planning, quality assurance systems, complaints and incident management.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure all risks to people had been assessed. Medicines were not always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems in place to ensure that medicines were administered safely. Staff had received training in administration of medicines and had regular checks to ensure they remained competent. One person said, "They (staff) always give my medicines to me and prompt me to use my inhalers."
- Improvements had been made in the management of prescribed 'as required' (PRN) medicines. PRN protocols were in place to guide and inform staff of when to give these medicines and what actions to take.
- Systems had improved that ensured any changes in medicines were updated efficiently and correctly on people's Medicine Administration Records (MAR). Information about the specific medicines people took, and their potential side effects, were available for staff.
- MARs were completed correctly. These records were audited regularly by the registered manager to ensure that any issues were promptly addressed with staff.
- Staff understood the importance of people's medicines and ensuring that these were administered. One staff member said, "One particular lady she often refuses medication due to her dementia. We all try a combination of things to encourage her to have it."
- Risks to people were identified and assessments were in place.
- Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred. One person said, "The carers are good, and I feel safe when they use my hoist to get me out of bed." One relative said, "I feel my husband is safe with the carers we have. They are aware of his needs and that he is unsteady on his feet. They make sure before they leave that he is sat in his chair and always asks if he needs anything else."
- Individual and environmental risks had been assessed and guidance was in place for staff to support people safely. For example, some people had been assessed by a specialist Speech and Language Therapist (SaLT) and required their food to be modified to prevent risks of choking. Guidance was clear and prominent within those people's care plans to ensure that food was prepared at a consistency for them to eat safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The registered manager had recognised when people were at potential risk of abuse and made the local authority and CQC aware of safeguarding incidents in line with their safeguarding policies.
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff demonstrated a clear understanding of the different types of abuse.
- People and their family members told us that they felt safe with the support of their carers. One relative said, "Mum is very safe with the carers. They know she has reduced mobility; they check that she has her call button for Lifeline and that doors and windows are locked before leaving her at night."

Staffing and recruitment

- There were enough staff to ensure people remained safe and to meet their needs.
- People and their family members told us that staffing was consistent, regular carers were provided as much as possible and carers stayed for their allotted time. One relative said, "They never rush Dad, in fact he has his full time and they are very good with him."
- The registered manager used an electronic call monitoring system to identify any issues or trends with late or missed calls. Records showed that issues were addressed promptly with staff to ensure that people received calls at the scheduled times.
- The management understood people's need for consistent staff and ensured, as much as possible, that people were given regular carers. One relative said, "They know exactly what is needed to be in place to keep Dad safe. He has been with this agency for five years. He has dementia and we had a discussion about the need for him to have regular carers and that happens."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Preventing and controlling infection

- People were protected from the prevention and control of infection. One staff member said, "I make sure I've got my full PPE on before I enter the house. I don't take my mask or gloves off, unless to wash my hands and use my gel or to change gloves."
- Staff were trained in infection control and had received COVID-19 training. Staff demonstrated a good understanding of how to prevent the spread of infection.
- People told us that their carers were diligent in ensuring they used the appropriate PPE when supporting them.
- Staff had been vaccinated for COVID-19 and continued to receive regular tests to ensure that the people they supported remained safe. Staff praised the communication and practical support they received from management about COVID-19. One staff member said, "They're constantly in touch with us about wearing PPE and making sure that we and the clients are safe."

Learning lessons when things go wrong

- Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. Records showed that staff had sought professional support when people needed it following an incident.
- Incidents had been reviewed to help prevent future occurrences. Records showed that the registered manager and staff had been proactive and responsive when things had gone wrong.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Improvements had been made to ensure people's end of life wishes and preferences were captured. An updated care plan for end of life had been embedded within the assessment process. End of life care plans provided guidance for staff to identify what people's end of life wishes may be if their health should decline.
- Although no one was receiving end of life care at the time of the inspection, care plans recorded people's preferences or recorded when end of life wishes were held by family members. There was information recorded on any 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) orders. These are decisions made in advance that attempting CPR would not be likely to be appropriate for a person in the event of cardiac arrest.
- Staff understood how to support people at the end of their lives and told us how they had supported those they had cared for. One staff member said, "We've had some people who have been end of life, we're told how to care for them and keep them comfortable."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans and risk assessments had been fully reviewed and updated to ensure that they were person centred. People's personal histories had been captured and guidance was in place to support people with their assessed needs. One staff member said, "The care plans are more in depth now."
- People and their family members told us that staff understood their needs very well. Continuity of care allowed staff to get to know people's preferences for how they wished their care to be delivered. One staff member said, "I look after a regular group. I think the care plans reflected the people well." One relative said, "My husband has a condition that is hard to understand, carers know what he needs and some have even undertaken research into his condition." Another family member told us, "Staff understand his needs especially with his dementia. If they feel his needs are changing, then meetings are arranged, and the right care put in place."
- Care plans were updated quickly when people's needs changed, while staff were responsive in meeting those needs. One family member said, "They are very flexible especially if more help is needed for my wife. For example, when she has had a fall and needs more support, they are very accommodating."
- The registered manager and staff were aware of the risks of social isolation and emphasis was placed on engaging people in conversation and the promotion of people's emotional well-being.

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.

- Staff understood people's communication needs well. Care plans detailed what support people needed and how staff could support them. For example, staff were encouraged to frequently engage in conversation with one person who was living with dementia and was often reluctant to communicate.
- At the time of the inspection, no one required information in an alternative accessible format. The registered manager stated that, if needed, they could provide information on people's care in different languages or formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and people and relatives told us they were aware of how to make a complaint and would feel comfortable making one if needed. One person said, "I felt quite comfortable raising issues with the manager, and she did take them very seriously." Another person told us, "Any concerns I have had I have raised with the manager and they have been resolved quickly and satisfactorily."
- Complaints records showed that the registered manager was proactive in addressing concerns that were raised. They had arranged meetings virtually with the person, or family members, on each occasion, to resolve any concerns in person.

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 requires improvement. At this inspection this key question has now improved to good. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective quality assurance systems in place. The lack of detailed records meant people were at risk of receiving support that was inconsistent or inappropriate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to ensure that care plans contained the information staff needed to provide safe, effective care. All care plans had been reviewed since the last inspection; these were now more person centred and informed staff how people wanted their support.
- Guidance was in place on how staff should support people with specific needs. For example, staff had been provided with guidance on how to support people with catheter care. Training was provided to staff on catheter care for both men and women.
- The registered manager had ensured care plans now contained information about people's mental capacity and how they were able to make decisions and choices.
- Staff were clear about their roles and understood the needs and risks of the people they supported. One relative said, "Dad's regular carers know what he needs done and how. They also write up exactly what they have done in a book here that contains a copy of the care plan. New carers check through the plan before they start Dad's care." Another relative said, "The staff are fully aware of and understand Mum's needs."
- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as people's medicines, staff training, and staff performance.
- The registered manager was clear about their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- The registered manager promoted a positive culture at the service and took a proactive approach to ensuring that outcomes for people were good.

- People, their relatives and staff spoke well of the registered manager and staff team. One relative said, "She is lovely, and we get on well with her. She regularly rings to check on how my husband is, and I appreciate all the help and support she gives to us. She is a good manager."

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 was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager had acknowledged any incidents or concerns with people's relatives and been open to the reasons that caused them.

- One relative said, "We are very happy with the manager. She is proactive and listens, taking concerns seriously. You know she is going to act on it. She is very good when we have raised a concern and we know she looks into it right away. We are very happy with the service."

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

- People and their relatives told us they felt involved and that staff respected their opinions and were able to give regular feedback about the service. One relative said, "We were involved in the setup of my husband's care plan. Carers will talk to me about the care plan and have discussed when they feel changes are required." Another relative said, "Yes we are asked for feedback and reviews are suggested and offered."

- The registered manager was proactive in engaging people and their families in the care process. Records showed that the registered manager had visited people and their families to address concerns they'd raised and feedback we received confirmed this. One relative said, "If there are any problems, we can contact the manager. She's a lot more on the ball. The other office staff are very good as well, if you have any questions, they help you."

- Staff were complimentary about the communication, and support they received, from the registered manager and office staff. One staff member said, "I've never had any issues with needing to get in touch (with registered manager). She's always responded on the phone or to my emails. I think she's approachable." Another staff member told us, "Yes I do, they're always there to talk to. We keep in touch through emails and phone calls. We get the weekly newsletter with updates or changes to PPE or clients' needs."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals such as speech and language therapists, occupational therapists and GPs.

- The service worked well in partnership with the local authority brokerage and quality teams to find ways to improve care practices.