

Nightingale Homecare Suffolk Ltd

Nightingale Homecare (Lowestoft)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nightingale Homecare (Lowestoft) is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service was providing the regulated activity of 'personal care' to 74 people.

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.

Rating at last inspection

This service was registered with us on 13 November 2019 and this is the first inspection. The last rating for the service under the previous provider was Good (published on 2 May 2018).

Why we inspected

This was the service's first ratings inspection since it registered with us on 13 November 2019.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Nightingale Homecare (Lowestoft)

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

This inspection was carried out by one inspector and an Expert by Experience telephoned people using the service or their relatives to find out about their 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 one hour's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2021 and ended on 5 May 2021. We visited the office location on 28 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 16 people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager and care workers.

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

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in the principles of safeguarding people from abuse and understood their role in safeguarding people from abuse.
- The service had a system in place to respond appropriately to concerns about a person's safety and welfare. Where concerns were identified, these were investigated and responded to appropriately. A policy was in place setting out the actions the service would take in response to safeguarding concerns.

Assessing risk, safety monitoring and management

- The service carried out risk assessments for each person which were capable of identifying areas of risk to the individual. This included risk assessments around falls, moving and handling, pressure ulcers and risks in the environment. Care planning was in place for all identified risks.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs in line with their preferences. People told us they benefitted from being supported by a regular group of staff they knew well.
- People told us that staff attended at the time they had agreed and stayed for the agreed length of time, and this was confirmed by reviewing people's daily notes.
- A system was in place to introduce new staff to people prior to them starting to work with the person.

Using medicines safely

- Assessments were carried out about the support people required with medicines. Where the service supported people with this, there was a care plan in place setting out what staff should do.
- The service carried out audits of medicines administration records when these were returned to the office. We reviewed a sample of medicine's administration records which had been returned to the office and found that there were no gaps or omissions in these records.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) to do their job and reduce the risk of the spread of infection.
- Policies and procedures were in place with regard to how the service limited the risk of the spread of Coronavirus. This included routine testing for staff.
- People told us that staff arrived in appropriate PPE, kept their home clean and that they felt confident staff were taking steps to protect them from the risk of contracting Coronavirus.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and there was a system in place to analyse these. This led to reviews of people's care plans where required.
- The service had a system in place to identify shortfalls in staff practice and address these individually through supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The service carried out an assessment of people's needs before the package of care started. This assessment included collecting information about what the person would like staff to help with, when they want staff to visit them and other preferences.
- Care was planned in line with best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People told us that they felt the staff were well trained for the role and that new staff carried out shadow shifts to get to know people. One person said, "The staff are well trained. New ones watch when they first start."
- Records confirmed staff received training in a range of subjects relevant to the role. Training staff received included subjects such as moving and handling, safeguarding, fire safety, first aid, nutrition and the Mental Capacity Act 2005.

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

- Care plans were in place to guide staff on what support people required to eat and drink. This included information about their preferences.
- People told us staff supported them with eating and drinking where this was required. One person said, "They prepare the food and prepare what I want. I'm happy with the way they do it. They encourage me to eat and drink."

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

- The details of other professionals involved in people's care were documented in their care records. For example, GP's and community nurses.
- Care planning reflected whether people required support to make appointments with other professionals.

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.

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

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

- People's capacity to make decisions about their care and treatment were assessed. People were appropriately involved in making decisions about their care and treatment in line with their capabilities.
- Where people had a power of attorney, information about this was included in their care records. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so. Any power of attorneys in place were fully involved in the process of planning and reviewing people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us staff were caring and treated them with kindness and understanding. One person said, "They talk to me and make me happy." A relative said, "[Relative] has built a relationship with the carers. 3-4 come in and chat and make [relative] laugh. They've really helped us. We were lost in the beginning. They are brilliant."
- Staff had training in equality and diversity and care records reflected people's individuality.

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

- People told us they were involved in the planning of their care. One said, "My care plan has just been updated. I have a copy in my own home. The content was discussed and I'm happy with it".
- People's views about their care were recorded in their care plans. These included step by step information about what people would like to happen at each visit, in what order and when they would like their visits scheduled. These preferences had been considered in the way their care package was arranged.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of them, their home and upheld their dignity and independence. One said, "They respect my dignity. I'm not rushed in any way." Another person said, "They ask before they do anything and ask if it's alright. I'm never rushed".
- People told us staff checked with them how they liked to be addressed and respected their preferences. One person said, "They use my preferred name. They ask me how to do my care".

Is the service responsive?

Our findings

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

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

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

- People's care records reflected them as individuals, with their interests, hobbies and preferences on their care recorded. People told us they benefitted from receiving care from regular staff who knew them and their needs well.
- People and any representatives, where appropriate, had been involved in the planning of care. Their views and preferences were reflected within care plans. People and their representatives were involved in regular reviews and their views on whether changes were required were recorded and acted upon.

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.

- Information was provided to people in a way they could understand.
- Staff had an understanding of how to communicate with people who had a variety of needs. Information about how people communicated was included in their care records.

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

- The service is not required to provide social support as part of the regulated activity. However, the service chose to go further than providing personal care to people.
- The service actively encouraged and supported staff to go 'above and beyond' to enrich the lives of people they cared for and show them they matter. For example, one person told staff they would like to go to specific place overlooking the sea. A staff member arranged to take them on their day off. Another person had a milestone birthday and a staff member baked and decorated a cake for them. Another person had suffered a bereavement, and a staff member got them a pillow with their relative's photograph printed on it as a comfort. All these gestures by staff and the service meant that people felt important and like they mattered.

Improving care quality in response to complaints or concerns

- The service had received two complaints at the time of inspection. These were investigated and dealt with promptly and the complainant informed of the outcome.
- An appropriate complaints policy was in place and people were provided with a copy of this.

End of life care and support

- People's wishes in coming to the end of their life were reflected in their care records.
- Where people using the service were approaching the end of their life, appropriate care planning was in place to guide staff on the support they needed from the service and other professionals to remain comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The culture of the service and provider was positive at all levels. Staff were actively encouraged and enabled to provide person centred care and spend meaningful time with people.
- Staff were encouraged and supported to take actions to enrich people's lives by making kind gestures and making them feel as if they mattered.
- The provider had set up a scheme which encouraged staff to volunteer ideas and identify opportunities which would make a real difference to people. This scheme included funding for ideas staff had which may make a difference to people. In one example, someone using the service was admitted to hospital, leaving their relative who did not require care at home alone. The scheme funded carers attending as usual to spend meaningful time with the person, so they were not lonely.
- Meetings were held with staff to discuss changes to the service and communicate messages. Staff felt able to express their views and suggest improvements.

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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- Robust quality assurance systems were in place, these included audits of care records, spot checks on staff practice and audits of staff compliance carried out by the provider.
- There was an ongoing plan of development in place for each branch, which set out aspirations for the coming year and encouraged ongoing learning and development.
- People made positive comments about the service they received and how it was managed. One person said, "I'm quite happy and satisfied with everybody, I call them angels."

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

- People told us they were asked for their views on the service through telephone calls, reviews of their care plans and questionnaires. One person said, "I had a questionnaire before Christmas. We have had a couple of reviews."
- We reviewed the results of the most recent survey and these were all positive. 100% of the respondents said they were 'extremely likely' or 'likely' to recommend the service.

Working in partnership with others

- The service had developed positive working relationships with other professionals involved in people's care. This allowed for effective sharing of information between organisations to ensure people received joined up care.