

## Nightingale's Care (Gloucester) Limited

# Nightingales Home Care

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 11 and 25 October 2017. This was an announced inspection. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. The service was last inspected in June 2016 and was rated 'Requires Improvement' overall. At this inspection we found improvements had been made relating to the shortfalls found at the last inspection. However, further improvements were still required and the service has been rated 'Requires Improvement' overall.

Nightingales Home Care was established in 1998. Nightingales Home Care provides care and support to people in their own homes. The service is registered to provide personal care. At the time of our inspection 56 people were using the service.

There was a new manager working at Nightingales Home Care. They told us they had been working for the service for the last four months. An application has been received in respect of the new manager being registered with the Care Quality Commission. 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.

At the last inspection on 28 and 29 June 2016, we asked the provider to take action to improve the content of risk assessments to ensure they contained sufficient levels of detail and improve care plans to make them person centred. Following the inspection, the provider submitted an action plan detailing how they would address the shortfalls and meet the requirements of the regulations. The provider told us all of the actions would be completed by March 2017. At this inspection we found this action had been completed and the provider had met the requirements of this regulation.

The service was not always safe. The recording of people's medicines had not always been completed accurately. People did not always receive care calls at the times agreed in their contract. Risk assessments were implemented and contained clear guidelines for staff on how to support people and minimise risk levels. People were protected from the risk of abuse. Staff had received training around this. There were safe and effective recruitment systems in place.

The service provided to people was effective in meeting their needs. Staff had the relevant skills and had received appropriate training to enable them to support people. Staff received good support from management through regular supervisions and appraisals. People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements. Where required, people and relevant professionals were involved in planning their nutritional support. Where required, people were supported to access a variety of healthcare professionals and appointments were arranged.

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity. People's preferences in relation to their cultural or religious backgrounds were clearly recorded. Equal opportunities and diversity were promoted throughout the service.

The service was responsive to people's needs. People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities. Where complaints had been made, there was evidence these had been managed appropriately.

The service was not always well-led. Quality assurance checks and audits were occurring regularly but did not always identify shortfalls within the service. Staff, people and their relatives spoke positively about the new manager. There was a positive culture within the service and the vision and values of the service were clear. Staff demonstrated a good understanding of the vision and values of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The recording of people's medicines had not always been completed accurately.

People did not always receive care calls at the times agreed in their contract.

Risk assessments were implemented and contained clear guidelines for staff on how to support people and minimise risk levels.

People were protected from the risk of abuse. Staff had received training around this.

Staff had received training relating to the safe administration of medicine.

There were safe and effective recruitment systems in place.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the relevant skills and had received appropriate training to enable them to support people.

Staff received good support from management through regular supervisions and appraisals.

People were encouraged to make day to day decisions about their life.

Where required, people and relevant professionals were involved in planning their nutritional support.

Where required, people were supported to access a variety of healthcare professionals and appointments were arranged as required.

**Good** ●

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives spoke positively about the staff.

Staff demonstrated a good understanding of respect and dignity.

People's preferences in relation to their cultural or religious backgrounds were clearly recorded.

Equal opportunities and diversity were promoted throughout the service.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported.

The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

Where complaints had been made, there was evidence these had been managed appropriately.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Quality assurance checks and audits were occurring regularly but did not always identify shortfalls within the service.

Staff, people and their relatives spoke positively about the new manager.

There was a positive culture within the service and the vision and values of the service were clear.

Staff demonstrated a good understanding of the vision and values of the service.

# Nightingales Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 25 October 2017 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection was carried out by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with people who received support from Nightingales Home Care. The ExE also spoke with family members of the people using the service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with eight people using the service and looked at the records of ten people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with six members of staff and the management team of the service. We spoke with seven relatives to obtain their views about the service.

## Is the service safe?

### Our findings

All of the people we spoke with told us they felt safe with the staff who supported them. People commented how they felt the staff provided good support and ensured people were safe. One person we spoke with told us, "They (the carers) are key holders and let themselves in and out, they're always respectful and I feel safe, very safe with them." Another person commented on how they always felt safe with the staff who supported them. The relatives and health professionals we spoke with confirmed they felt people were safe. One relative said regarding their mother, "She is safe, absolutely so." Another relative said "To be perfectly candid, our feelings are that we know that she has been safe when the carers are there."

At our previous comprehensive inspection on 28 and 29 June 2016, the service had not ensured risk assessments were sufficiently detailed to enable staff to minimise risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this comprehensive inspection on 11 and 25 October 2017 we found improvements had been made and the service met the requirements of this regulation. Risk assessments associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes were present in the care files. These were person centred and contained clear guidance for staff on how to minimise risk to people. For example, one person had specialist equipment to support them to transfer. Their risk assessment contained clear guidance of how to support this person and minimise the risk of them falling. Where people were at risk of developing pressure ulcers, their risk assessments contained clear guidance for staff on how to support these people and minimise the risk of their skin deteriorating. The staff we spoke with told us they felt the risk assessments had improved and were now much more detailed.

We could not be satisfied that people had always received their medicines as prescribed. Although medicines policies and procedures were available to ensure medicines were managed safely, we found staff had not always signed the medicine administration record (MAR) when they were administering medicines to people. This meant it was unclear as to whether people had always received their medicines in accordance with the guidance from their GP. When looking at the MAR charts, there was no clear structure for staff to record when a person had declined to take their medicines and staff would leave the space for that dose blank. This meant that family members or staff attending to the person during a different shift would have no knowledge as to whether the previous member of staff had forgotten to administer the medicine or the person had declined. As a result, there was risk of being unable to promptly identify any concerns relating to a person declining their medicines and reporting them promptly to the relevant health professional.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We looked at the training staff received around medicines and found staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role.

Although people told us they always received their care visits; staff were not always used effectively to ensure people received their care at the time agreed in their service contracts. Staff would usually inform people if they were running late and prioritised visits to people who would not be safe if their care was delayed. We looked at the rotas for 15 different weeks and these all had overlapping care calls for staff. For example, one member of staff had three care calls scheduled at 8:30am on the same day. These call times had also been shared with the people receiving the service. This meant at least two people would not receive their support at the time they were expecting and had been agreed as per their contract.

A member of staff told us the problem would be worse on weekends and on occasion four separate hour long calls would be scheduled in the space of two and a half hours; which meant they would be running late for some people. The staff member went on to state how they felt their rotas make it difficult to provide care in a timely manner and made staff feel they 'let service users down' before they even got started. We discussed this issue with the management of the service who acknowledged the concerns and told us they will be reviewing staffing levels and rotas to ensure people received their care and support at the times that were agreed.

We recommend that the service seek advice and guidance from a reputable source about care visit scheduling and take action to update their practice accordingly.

The provider had implemented a procedure to ensure people were protected from abuse and improper treatment. Staff were aware of their roles and responsibilities when identifying and raising safety concerns. Staff we spoke with told us there was an open culture and felt confident reporting safety concerns to the manager or deputy manager. Staff informed us all safety concerns were taken seriously and prompt action was always taken when concerns were identified, Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any safety issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

The manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character.

The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. From looking at staff records, it was evident that where staff disciplinary issues had been identified, these had been dealt with appropriately and where required, staff had been supported to identify developmental needs to minimise any future incidents.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

## Is the service effective?

### Our findings

People said their needs were met. One person said "The staff are very good at what they do". Another person said "The staff are excellent". Relatives also said the service met people's needs. One relative commented, "They handle everything really well."

Staff had been trained to meet people's care and support needs. The manager told us training was a mixture of classroom and distance learning approaches. All of the staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence that where there were staff training was due, they had been booked to attend the next available course. The provider told us staff would be supported to enrol for a NCQ if they wished to do so.

The provider told us staff received an induction when they first started working for the service. Staff were required to complete core training such as safeguarding, first aid, moving and handling and medicines training. The provider told us staff would also be required to read the relevant policies and procedures before they worked any shifts. The provider told us they did not have a process for new staff to shadow existing staff members during care calls. The provider told us this was because all of the staff employed at Nightingales Home Care had previous experience of care work. The manager told us this would be a minimum of 12 months experience.

The staff we spoke with told us they felt they would benefit from receiving shadow shifts where they could work with existing members of staff when they first started working for Nightingales Home Care. One staff member told us they felt a more comprehensive induction which included shadow shifts for new members of staff would provide a more consistent approach to staff practice across the organisation. Another member of staff told us they had not received any shadow shifts when they started working for the company. The staff member told us they felt they would have benefitted from receiving shadow shifts. We discussed this with the provider who told us that although shadow shifts were not part of the induction process, staff members could make requests for shadow shifts at any time.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the management who were always available. The manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence meetings had taken place with their representatives to determine a care plan that was in the person's best interests.

The owner told us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. Some of the people we spoke with had support with their meals. These people told us the staff knew what their meal preferences were and provided effective support around this aspect of their needs.

The manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, where people needed specific equipment to support with moving and handling, there was evidence of involvement from occupational therapists. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

## Is the service caring?

### Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy and live a life that was meaningful and fulfilling. All of the people we spoke with provided positive feedback about the caring nature of the staff. One person said "Good carers- they are scrupulous in what they do and make my life easier." Another person said "Yes they are just right and always polite." Other people made comments such as "The carers are very kind" and "Carers are mostly good." Relatives we spoke with also provided positive feedback about the staff. One relative said "I'm satisfied with mum's care."

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they support. One member of staff said, "I love working here". Another person said, "I am very proud to be working here. There is real satisfaction when I see the smiles on people's faces." People told us they felt they received a caring service and would recommend it to others.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote this.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there was an emphasis throughout people's care files for staff to give choice to people during each care call.

It was evident from talking with people; the staff had listened to them and had worked hard to provide the level of support required by people. People told us staff would discuss their care with them during each call to determine if they wanted something to be done differently on any particular day. People told us this made them confident their care needs would be met according to their preferences on a daily basis. Relatives confirmed their loved ones were given choices by staff.

The manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. The manager told us this was done during the initial assessment prior to a person receiving any care calls and then through regular meetings with the person and their families once their service had commenced. People told us they were involved in planning their care and support. We saw information about personal preferences, and people's likes and dislikes in their care plans. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved ones care.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the home would treat people and staff equally regardless of personal beliefs or backgrounds.

## Is the service responsive?

### Our findings

At our previous comprehensive inspection on 28 and 29 June 2016, we found people's care plans were not sufficiently detailed or person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this comprehensive inspection on 11 and 25 October 2017 we found improvements had been made. Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a structure to record and review information. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, one person was at risk of choking, their care plan contained clear guidelines for staff on how to support this person with their meals. Where people required support with personal care, their care plans contained clear guidelines for staff to follow.

There was evidence of people's needs and care plans being reviewed regularly. Staff told us there had been a significant improvement around this following the last inspection. Staff told us they now felt confident that people's care plans were up to date and their needs were accurately reflected in their care plans. Where reviews had been completed, there was evidence people, their relatives and other health and social care professionals were involved where required. Relatives told us they were invited to participate in reviews and felt their opinions were taken into account when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by office staff to remain longer with people to ensure they were not left alone in the case of an emergency.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns or will call the office. There is always somebody on the other end of the phone".

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people. The service had received eight complaints in the past 12 months and there was evidence these had been managed effectively. For example, one person had complained about the behaviour of one member of staff during care calls. This had been fully investigated and management had taken appropriate action in relation to the staff member's conduct.

Formal feedback was provided to the manager complimenting the care provided. One person stated "The carers have been excellent". Another person commented "Very impressed with the staff, they are great".

Staff members we spoke with told us the feedback received from people was shared with the staff and they

found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

## Is the service well-led?

### Our findings

We looked at the quality assurance systems being used to identify quality concerns and risks across the service. These consisted of a schedule of monthly audits. The audits looked at; health and safety, infection control, care plans, medicines and other aspects relating to the running of the service. We found that although these audits had been completed as scheduled, they did not always identify areas for improvement in the service. For example, we found staff had not always signed the medicine administration record (MAR) when they were administering medicines to people. These records had been audited as part of the monthly audits and the shortfalls in the recordings had not been identified. This meant no corrective action could be taken to address staff learning needs around this. We found the audits being used in the service generally lacked detail. For example, where care plans were audited, there was no detail around what aspect of the care plan was audited. We also found that although audits had been designed to identify shortfalls within the service, there was no area within the audits to track improvements to ensure identified actions had been completed.

We discussed with the provider whether they had a call monitoring system to determine what time and for how long people received their support. They told us no call monitoring system was in place. Reports of the management of the service were therefore not readily available. The registered manager was unable to run reports which gave them information about missed visits, time critical visits, and late visits. This meant this information was not readily available to the staff or registered manager to carry out risk assessments and quality checks. An effective system was not in place for the provider or registered manager to determine whether people were receiving care calls at the times and for the durations that were agreed.

Governance systems had not always been effective in identifying shortfalls in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

There was a new manager working at Nightingales Home Care. They told us they had been working for the service for the last four months. An application has been received in respect of the new manager being registered with the Care Quality Commission. The manager was supported by a deputy manager and the owner of the service. Staff spoke positively about the manager. Staff told us morale had improved significantly since the new manager started their post. The staff told us the manager was hands on and was available to support staff with all aspects of their role. We were given examples of when the manager, deputy manager and owner would go out on care calls in emergencies to support staff. Staff told us they felt they could discuss any concerns they had with the manager. Staff used words such as "Approachable" and "Easy to work with" to describe the manager.

Staff told us there was an open culture within the service and the management team listened to them. However, the staff we spoke with told us they did not have regular staff meetings with management and felt this would be beneficial to meet with the management as a staffing group and be able to discuss common issues experienced by all of the staff. The staff acknowledged that there was a regular newsletter which provided regular updates about the service but felt they would still benefit from regular staff meetings.

In order to ensure the staff were providing high level of care, the manager told us they would carry out random spot checks on carers whilst they were delivering care. The managers would also take some time during these visits to talk to people receiving care to obtain their views about the carer. People we spoke with informed us this also gave them an opportunity to get to know the management team.

We discussed the value base of the service with the owner, manager, deputy manager and staff. It was clear there was a strong value base around providing high quality care to people and to maximise people's opportunity to remain living in their own home.

There was a clear contingency plan to manage the service in the absence of the manager. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences.

From looking at the accident and incident reports, we found the service was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems had not always been effective in identifying shortfalls in the service.17(2)(a)  Medicine records were not always maintained accurately. 17(2)(c)