Fogarty Care Services Limited

Nightingales Homecare

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?	Requires Improvement

Summary of findings

Overall summary

This announced inspection was carried out on 29 and 30 May 2018. Nightingales Homecare provides support and personal care to people living in their own homes in the Oldham area of Greater Manchester. At the time of our visit there were over 150 people using the service

The service had a registered manager in place at the time of our inspection. 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.

This was the first inspection of this service at their current address, but we had inspected Nightingales Homecare in December 2014. At that inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) in that the recruitment records for new staff did not contain enough information to determine their suitability to work with vulnerable people. At this inspection we found that safe recruitment policies had been adopted, with all employment checks undertaken.

During this inspection however, we found that there were no systems in place for the registered manager and owner to evaluate and improve practice, or undertake audits and checks to monitor and improve service delivery This was a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us that they felt safe. They said that staff were attentive to people's safety, especially when leaving people's homes. Care staff understood how to keep people safe, and any potential risks were assessed as an ongoing process. We saw that care staff were given time to complete their tasks, and had some flexibility with their rotas so that they could arrange visits at times most convenient to the people they supported. When we asked, people who used the service and their relatives were happy with the times of their visits and the continuity of their care.

All staff new to care completed the Care Certificate, and we saw all staff employed by Nightingales Homecare had, or were working towards appropriate health and social care qualifications. Staff understood the importance of infection control and had been trained to administer medicines safely. They were knowledgeable about diet and nutrition, and when we asked people for whom care staff prepared meals they told us the food was cooked to their liking.

People were well cared for by friendly and accommodating staff, who, we were told, always asked for consent before completing tasks. Staff were not rushed and spent time talking with the people they supported, and ensured that care was delivered the way people wanted it to be. The care staff we spoke with could tell us how they had supported people nearing the end of their life to die with compassion and dignity. The service had received few complaints, but when people did complain about the service we saw

that appropriate action was taken to follow up and respond to the complainants.

There was information in people's care records to guide staff on the care and support needs required and this included information about their likes and preferences. However, care plans kept in people's own homes were not always up to date, and contained some incorrect details about the care and times of visits. Although care plans were reviewed on a regular basis, the reviews emphasised the delivery of care rather than focussing on any changes in need for the person.

People who used the service and the staff we spoke with told us the service was well run. They informed us that they were listened to, and felt comfortable speaking to any of the staff if they had any concerns. Staff worked in small teams which meant that the number of people providing care and support was kept to a minimum and people were supported by staff who knew them well.

The home had a registered manager who was respected by staff, residents and their relatives, and had a visible presence throughout the home.

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.

Consistent staff teams ensured that people were supported by people with whom they were familiar.

Staff understood how to keep people safe and protect them from harm.

People were supported to take their medicines safely.

Recruitment procedures ensured that staff were suited to work with people.

Is the service effective?

Good

The service was effective.

People were supported by well trained staff who knew them well.

People were offered choices and their consent was sought regarding their care and support.

Staff received regular supervision and spot checks ensured they provided good care and support.

Is the service caring?

Good

The service was caring.

People were supported by the same staff, who demonstrated a caring and friendly nature.

Care was person centred and care workers felt that they had enough time to spend with individuals.

Staff were well trained in ethnicity and diversity issues and respected peoples cultural norms and customs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and services were planned in line with people's wishes.

Regular spot checks allowed managers to act to improve the quality of care.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were no systems in place to monitor the quality of the service.

The service had a manager who was registered with the Care Quality Commission (CQC).

Staff told us the management team were supportive and people who used the service told us that they were kept informed of any changes which affected their care and support.

Nightingales Homecare

Detailed findings

Background to this inspection

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

The inspection was conducted on 29 and 30 May 2018 and was announced. In line with our methodology we gave short notice of the inspection visit. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of two inspectors on the first day and one inspector on the second.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Nightingales Homecare and were satisfied with the level of care provided.

During this inspection we visited and spoke with nine people who used the service. We spoke with the service owner, registered manager, and ten care workers. We observed how staff cared for and supported people. We reviewed six people's care records, eight staff records, the staff training plan and weekly staff rotas and other records about the management of the service such as complaint records, surveys, and staff meeting minutes.

Good

Is the service safe?

Our findings

We asked people who were supported by Nightingales Homecare if the staff ensured their safety. One told us, "They make me feel safe and secure. Anything on my mind, they'll listen and I always look forward to them coming." When care workers told us their daily routine all mentioned how they ensured that the person was secure as they left the building and how they were attentive during their visit to their personal welfare and safety. For example, one described how they were mindful when assisting a person to take a shower, and another told us how they double checked medicines to ensure people had taken the correct medicines at the right time. A person who used the service said, "They're all alert and looking out for me. Anything dangerous, they check to make sure I'm safe. They use the key safe and always lock the door when they leave". Staff were aware of the vulnerability of people living alone. Where people had difficulty answering the door, keys were secured in key safes, with care taken to ensure combination numbers were only provided on a need to know basis. This minimised the risk of uninvited people being able to enter the property.

We spoke with ten members of staff who were able to tell us about the action they would take in the event of suspected abuse, or potential abuse. Staff told us they would speak with the registered manager and were aware of the possible intervention of other agencies such as the local authority. All staff received training in safeguarding as part of their induction and this was updated each year. One care worker told us 'The managers are approachable and will listen to any concerns we have, they would act if I suspected or saw any abuse'. This meant care workers knew how to identify the signs of abuse and would report any suspicions appropriately.

The registered manager told us that any risks people faced were identified when they started to use the service. They told us that they carried out an assessment of people's homes to ensure they could provide their care and support safely. People received their care and support in a way that had been assessed for them to receive this safely. Where people required assistance with moving and handling using equipment such as hoists and electronic wheelchairs, or use of medical supplies such as catheters or feeding systems, staff had received appropriate training to ensure the equipment was used correctly. These people told us they felt safe with the staff when they used the equipment.

When we looked at care files we saw assessments which identified risks to people, and care plans directed staff on how to minimise these risks. Where risks were identified we saw that risk assessments gave instruction on how to minimise the risk and ensure dignity, comfort and safety. In addition, generic risk assessments were carried out and reviewed on a regular basis, including checks on electric sockets and consideration of whether hazardous items may need to be made safe when people who used the service were left alone, for example, kettles, or gas appliances. One member of staff told us that when they supported people in their own homes they would conduct a visual check of the premises and any hazardous equipment to ensure it was safe. Where they identified issues they would speak to the person and seek their permission to either fix the issue or report it. On leaving the premises they would check that people with limited mobility or who were supported in bed had a trolley nearby with snacks and drinks and any other items such as mobile phone, reading glasses and television remote control were within easy reaching

distance, and that those people who used assistive technology such as Careline as a means of summoning help were wearing their pendant.

All care workers worked in small teams or 'runs' which were based in geographical areas. This minimised the need to travel long distances between visits, and helped to ensure consistency of staff visiting people who used the service. Because care workers were allocated the same runs each week, they were able to build up a relationship with the people they supported, and this limited the number of unfamiliar staff working with individuals. One person who used the service told us that they had five regular carers, with some changes when people were on holiday. When we asked staff about their work schedule they told us that they had sufficient time to ensure needs were being met. One care worker told us, "The rotas are fine, we get them in advance and can plan. There is no pressure getting from one person to another, travel time is always taken into consideration". Another person told us that people may have medical or social appointments, and once they were aware, they could plan their visits to accommodate people's needs. For example, they told us "[A person I support] has a hospital appointment tomorrow morning, so I will go to see them first to help them get ready, and shuffle the rest of my schedule around. I've already spoken to people on my round, they are all happy with this".

The nature of their work meant that care workers would sometimes be unavoidably delayed. One told us, 'If I'm running late I ring the office so they can let the next person know…this doesn't happen very often but sometimes something urgent comes up and I get delayed'. One person who used the service confirmed that if the care worker was late they would receive a call from the office, but another told us that this was not always the case, but added, "Sometimes they are a bit late, and apologise, but I understand; they have to support people who are a lot worse than me."

We were informed by the registered manager that missed visits were very rare and had not occurred for a long time. Each care worker was provided with a mobile phone which they used to log in and out of visits. This allowed the service to check calls had been completed and the length of time carers were at any given visit. However, they would not alert managers if there was a missed call. The registered manager told us this was something the service was considering, so that they could further reduce the risk of any calls being missed.

The last time we inspected Nightingales Homecare we found that the service was not always recruiting staff safely, as some of the staff records we looked at did not contain all the required information about an applicant, such as a full employment history or information about the person's conduct at their previous workplace. This meant that people who were using the service were not protected from potential risks, and was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that new employees were appropriately checked through robust recruitment processes. We looked at records for newly recruited staff. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. The personnel files we looked at contained a copy of the original application which included full employment histories. Each file contained two written references and records of their interview. This meant that new care workers employed were suitable to work with vulnerable people.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. When we asked them, people told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "They are very good with my tablets. They always check to make sure I am taking the right things, and are really careful with writing down what I have taken. I don't know what I'd do without the carers". Creams applied as necessary

and in accordance with instructions.

For those people who required support a medicines administration record (MAR) was kept in the person's home. Care workers told us that they would always check the record sheet, and if there were any changes, they would double check with the person and the office before giving the medicines. Once medicines had been administered the care worker would note this in the daily record sheets, tick that they had given the medication and record and sign the MAR sheet. We looked at three MAR sheets and saw that these had been completed correctly.

Where medicine errors had occurred, there was evidence that the service took action to ensure mistakes were not repeated. One care worker informed us that following an error with medicines they were brought back to retrain. They told us, "even though it was a minor mistake, a medicine error could have bad consequences. Getting it wrong has been the best lesson. It has helped me to learn".

When we visited people in their own homes they told us staff used personal protective equipment such as tabards, and vinyl gloves. One person who used the service told us. "They always put gloves on when they are helping me to wash." Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. A member of staff told us that they picked up a supply of gloves each Friday when they went into the main office.

Nightingales Homecare had a contingency plan which explained what steps would be taken by management and employees in an emergency to provide continued care. Some of the people who were supported by Nightingales Homecare lived in rural or hilly areas which were difficult to access in poor weather. The owner had purchased a pool car. The owner had purchased a 4x4 car equipped with snow chains to ensure that the service could continue to provide care during adverse weather conditions.

Good

Is the service effective?

Our findings

The staff we spoke with and the staff files we looked at showed that the workforce reflected the different backgrounds and cultures of the local community and the people Nightingales Homecare supported. Access to employment initiatives were supported, and the service employed people with disabilities who would not normally be considered for work in domiciliary care with appropriate adjustments made.

People told us that they had confidence in the skills of the care staff who supported them. One person told us, "I have no complaints, none at all. They [the staff] are all well trained, and it's good that they know what they're doing. They know where everything is and they know how I like things done."

Each care worker had received an induction when they began working for Nightingales Homecare services. They would undergo full essential training, including food hygiene, manual handling, dementia care, medicine administration, safeguarding, infection control, fire safety, and emergency first aid. Staff with no previous qualifications in care would complete the Care Certificate. This is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Ongoing training was provided. For example, refresher training each year in moving and handling and medicine administration. Most of the courses were carried out online although some was also provided at the main office such as moving and handling. One staff member told us 'On moving and handling training we get put into a hoist – so we know how it feels for people'. Copies of all relevant certificates were stored in staff personnel files at the main office.

Care workers told us they received supervision every three months, and a yearly appraisal of their performance. Supervision meetings provided staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The staff we spoke with valued the opportunity to speak in private with their supervisor. Appraisals reviewed performance over the previous year and set objectives which were agreed with the care worker. In addition, all staff had spot checks from care coordinators to assess their competence. These spot checks took place in people's home during care visits; care workers were assessed in terms of how they interacted with the person, whether they offered choice, on their appearance and time keeping. Records we saw supported these checks took place, and the people who used the service we spoke with told us that they were asked about staff performance, punctuality, and length of visits.

People were supported to have enough to eat and drink by staff who understood what support they required, and care records included details about any likes and dislikes people had. We asked staff how they ensure people have an appropriate diet, and they demonstrated a good understanding of dietary needs, and were able to talk of people who used the service who had specific nutritional and cultural needs. When we spoke to people supported by Nightingales Homecare, they commented on the food prepared by their care workers. One told us, "They are all good cooks; make sure I eat the right things, and make it how I like it". Another told us that they prepared meals well, and "leave me a sandwich cut into nice little triangles.

They are really thoughtful".

Because staff worked in small teams, and were often required to 'double up' where a visit required two care workers to support a person, for example, who had difficulty mobilising, they had developed good systems of communication, and worked collaboratively to meet people's needs. Daily notes would alert the next staff member to any changes in health, mood or appearance. One care worker told us that when they arrived at someone's house they would check the previous daily communication record to see if there was anything out of the ordinary, or instructions left by the previous care worker.

People's records included contact details for health professionals who may be involved in their care, including specialist nurses and GP's. Care plans showed attention to people's clinical requirements and people told us that staff were diligent in meeting their health needs. People told us that the staff were vigilant to their health needs. For example, one person told us, "They watch out for my water infections, and send in samples," and another said "The care workers help to arrange equipment for me. They contacted the disability people and got me a lever strap and bed strap to help me get up".

We asked staff if they helped people book appointments to see other healthcare professionals, such as GPs or district nurses. One care worker told us 'I have contacted GPs for people and some people we take to appointments if this is part of their care plan'. Another gave an example to show how they monitor people's general health and wellbeing. They said, "One of my service users was having mobility problems so I informed the office who referred them to the moving and handling team. They then sorted it out for the person to have a glide about commode and perching stool." Another person who lived alone showed us an emergency 'grab sheet' with details of medical conditions, medicines and contact details, and told us the staff "Set this up for me in case I need to go to hospital".

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 we looked at people's care records we saw that people had provided written consent to their care and treatment. Staff were aware of the Mental Capacity Act and sought consent to support people. We saw people's choices were respected, and that staff did not use their role to impose their own values on people. They recognised that people whom they supported who had the capacity could make decisions themselves, and that they may not be in their best interests, and considered ways to reduce risk. For example, one care worker told us that some of the people who used the service may refuse food when they arrived for their visit. This could be for various reasons, but "I don't want them to starve, so I'll leave a sandwich close by, so if they get hungry later they have something there to eat". The people who used the service told us that staff always sought their consent. One said, "They always ask me about my care, but they know what I want. Sometimes I might fancy something different so they always ask. If my needs change, they make a note of it and pass it on, but they always ask."

Good

Is the service caring?

Our findings

When people supported by Nightingales Homecare spoke with us, they used such adjectives as 'friendly', 'kind', patient, and 'smiling' to describe the care workers, both individually and collectively. One told us, "It's not the most important thing, but it's great that we get on and can have a laugh". People told us that they nearly always had the same care staff, and were able to tell us their names. They told us that they had developed good caring and friendly relationships with their staff. One person said, "[Named care worker] is a little gem. But they all are. They all ask, 'Is there anything else I can do?' They do the full works, always with a smile and nothing is ever a problem". Another remarked, "I had carers for my Mum, so I can honestly say how good and caring they are."

We asked staff how they develop a caring and supportive role with the people they support. They told us that having well organised runs, and visiting the same people each day meant they get to know them, their likes and dislikes. One told us, "I like to look at old photographs and talking with people – some like that, some don't it just depends on the individual and you get to know them well over time". Another, reflecting on the differing personalities of people they supported, told us, "Some people don't like it when your full on (too bubbly/loud) … some like you to be quiet and you get to know what approaches people prefer and I respect that. It's about being person centred". Staff recognised that they had professional boundaries, as they were employed to provide care and support to people. One care worker told us, "We get to know who wants to talk and who doesn't, and can build up good relationships with the people we support. However, we know why we are here, and it's not to make friends. There is a line, and we know not to cross that line".

All the care staff we spoke with demonstrated a warm and caring nature. One told us, "I love my job, because it's about helping people. It's great going in to someone and seeing a smile on their face". They showed a willingness to help and support people as much as they could. For example, one care worker told us, "Sometimes I might need to stay with someone longer. There is one person who has a thirty-minute call. I do [them] last, so I can take my time and spend some time with them". Another said, "I've been working with [named person] who recently had a stroke. I have been encouraging [them] with their rehabilitation exercises to try and help regain as much independence as they can". A person supported by the service told us that when they were having difficulty with the local council regarding an issue with their bins and bin collection, their care workers assisted them to arrange for an improved and appropriate service.

Staff told us that they felt listening to people was an integral part of their job, and one that they enjoyed; "'I like to hear people's different stories,"' one remarked. They told us that this helped them to support people in a person-centred way, as they could begin to get to know how and why they liked things done in a certain way. They were able to tell us details about the people they supported, such as how they liked their eggs to be fried: 'not crispy, and just the right colour'. They told us that they support people from different ethnic backgrounds and underwent ethnicity and diversity training as part of their induction. They said that this had helped them to understand and build positive relationships with the people they supported, and respect their culture and traditions. One person told us, "We're always learning, some cultures need their food to be prepared in an exact way, so I always ask first. I don't want to be insensitive".

People were supported in a way which protected their dignity and staff were respectful of people's home environments. One care worker told us "We have to take our shoes off in some people's houses" and, "I tell people what I'm doing, I ask them for permission before I do anything, I make sure doors are closed along with the curtains or blinds". When we asked people who used the service they told us that the care staff respected their dignity when performing personal care tasks. One person explained how the staff supported them with a shower, escorting them to the shower in a dressing gown to protect their privacy, and then leaving them alone whilst they showered and washed, encouraging them to wash and dry their own private parts. They told us, "They respect me and protect my dignity".

Staff recognised that people like to remain independent. One care worker told us "A lot of [the people we support] like to be very independent and we encourage that. We support people to do as much for themselves as possible. They may not be able to put their socks on, but could fasten their belt or tuck in their shirt".

People who used the service told us that they were given opportunities to say when they wanted their care to be provided, and their wishes were respected. For example, the times of visits could be altered to fit in with people's plans, and they could negotiate with care staff to have an earlier or later visit.

Good

Is the service responsive?

Our findings

We wanted to find out what care workers did when they were asked to support a new person to the service or one they had not met previously. Each of the care workers we spoke with said they would introduce themselves and then read their care plan; all said they felt care plans provided sufficient detail for them to support people safely and appropriately. "We get information provided on the phones but we also check the care plans."

We looked at six care records. These contained a copy of the person's assessment of need and were split into separate sections around meeting the person's personal care, health and medical requirements and general wellbeing. Plans considered specific aspects of need and the person's wishes, for example the times they liked to eat, or their preferences for a bath or shower. Issues such as support required to eat meals, how they communicated, continence issues, mobility, general health and personal safety were included, along with any religious observance or cultural needs.

Where risk had been identified these were assessed and appropriate care plans put in place to minimise the likelihood or consequences of accidents and incidents. We saw one risk assessment for mobility and dexterity considered risks when rising from a chair, standing; walking; toileting and general transfers, as well as consideration of night time risk such as rolling out of bed. The service had identified that another person was at risk of developing pressure sores, and a subsequent care plan showed that this risk had been averted through diligent monitoring of the person's skin and appropriate application of ointments to reduce the risk.

Care plans had been signed by the person where possible to say that they agreed to the care being provided

We saw that care plans did not provide comprehensive instruction to staff. When we asked them, however, staff told us that care plans were useful as a guide to tasks required but they had a good understanding of how to provide care in the way people preferred, and through regular vigilance they were able to see any changes in need. One person told us, "If I notice someone's needs have changed I will report any need for reassessment. If people are struggling I will pass this back to the office and see if we can have some extra time". They told us it can work the other way. For instance, a number of people were supported by the service after a stay in hospital. Once the person regained their independence the service would inform the commissioners and reduce the care support provided.

All care records were kept in the service's main office with a copy in each person's home. We were told that when any changes were made both copies were amended. However, when we visited one person we saw that their care plan did not match the level of support being received, but referred instead to an older care package. This meant that staff who were unfamiliar with the person may provide inappropriate care, or miss important tasks. When we raised this with the registered manager she immediately arranged for the newer care plan to replace to discontinued one at the person's home.

The registered manager and care coordinators completed a yearly review of each person's care. This had previously been completed with the person in their homes, and provided an opportunity to reflect on the person's current situation, including any changes since the last review, any achievements by the person, concerns about service provision and if there were any changes needed to the plan. However, the service had recently changed the way reviews were conducted and more recently these were conducted by telephone. When we looked at these reviews we saw that they were not always person centred as the emphasis of the review related to the provision of the service rather than consideration of the person's needs and wishes. We spoke to the registered manager and service owner about this and they agreed to revisit the way reviews were conducted.

However, people who used the service confirmed that the registered manager or another member of the management team would complete spot checks on a six-monthly basis. These were conducted in people's own homes, and the person who was supported was given an opportunity to contribute to the spot check. They were asked about the care package they received overall and this provided an opportunity for the service to undertake a holistic review of the person's care package. Any identified changes in need were reported and fed back to the commissioning team.

Following each visit the care staff would make notes recording their intervention which people who used the service could see if they wished. Times of visits were recorded and these corresponded to the times set out in the care plans. When we visited people in their own homes we looked at how care staff were recording their interventions. The records were comprehensive and gave a good account of the visit, noting any issues, changes in demeanour and appropriate issues addressed.
The service had a complaints procedure and a copy of this was available in the service user guide. When we asked them, people supported by Nightingales Homecare told us that they had regular contact form either the registered manager or care coordinators so any issues they had they would contact them in the first instance. One person told us, "Any gripes, I'll ring the office and they sort it out." The service had received three formal written complaints in the last 18 months. We read the complaints and the documents relating to each investigation and resolutions and compared the procedure taken to the service's complaints policy. One recent complaint did not clearly record the outcome. We asked the registered manager to clarify this which she was able to do and assured us the outcome would now be clearly documented.

Some of the care staff had undertaken training to support people at the end of their lives. We asked staff how they supported people approaching death and one care worker told us, "We've got to be able to accept this is part of the job, but it can be hard after we have built up a relationship." They explained how they would support the person, considering their needs and wishes. They recognised that extra support may be needed and gave an example of how they had liaised with family members and health professionals, such as district nurses, to ensure that the person did not die alone, and to deliver anticipatory medicines. Another care worker spoke fondly of a person they supported at end of life and how they had assisted them when they were on the care pathway, ensuring their comfort, and assisting with personal care to maintain their dignity in death.

Requires Improvement

Is the service well-led?

Our findings

We asked the registered manager and the owner to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. They told us that they dealt with incidents and concerns as they arose, for example, if an incident occurred they would address the issue, consider the implications and if necessary amend working practices. We saw evidence that this was the case. For example, where a complaint about incorrect medicines being administered was received and upheld the care worker was asked to undertake further training. However, neither the manager nor the owner were able to tell us how they evaluated the information they held about the service, or if they used this to improve the delivery of care and support. Audits or checks were not undertaken to gauge the quality of service delivery. Whilst they held information about key indicators such as accidents and incidents, safeguarding concerns and staff sickness, there was no follow up analysis to indicate any trends, patterns or consideration of actions which could be taken to improve the service.

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

When we spoke with people who used the service, they told us that they felt the service was well run. They told us they received regular visits from the care coordinators and could contact the office staff to change or cancel an appointment, and when they did so this was quickly sorted out. One person said, "I can contact the office at any time and speak about anything, they are always supportive". They also told us that they were kept informed if there were any concerns or problems with the delivery of their care. A person who used the service told us, "They keep in regular contact and let me know if there are any changes or if my carers are running late. If I'm getting a new carer, someone will bring them round to introduce them to me, so I don't get strangers at my door".

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Nightingales Homecare is registered with the Care Quality Commission. When we visited the service had a registered manager who was present during the inspection.

Care staff believed the service was well managed. They told us, "The service is managed very well, there is always someone available at the other end of the phone if I need to speak to a manager or senior". Another care worker said, "They are very flexible with me which means I am also flexible with them. They allow me to work around my family commitments and in return if they need extra help I will do it, if they are short staffed for example." They agreed that the service provided them with a good work life balance, taking their needs into consideration alongside the needs of the people who used the service. In this way the registered manager ensured that staff were able to manage their workload and focus on meeting the needs of the people they supported.

Care staff told us that the management team was supportive to them when they came across an unexpected incident. For example, one care worker told us "Sometimes we turn up and the person is unwell or had an accident. If they need emergency treatment we'll phone for an ambulance. Anything else, we call

the office and ring the relatives to let them know. If we need to stay and wait until assistance arrives, the office are fine with this; they will deal with our [scheduled] visits, let them know we are late or cover the shifts".

Because staff worked in small geographically based teams the amount of time they spent travelling between visits was minimised and meant that the people they supported received care from a consistent and small number of people who had got to know them well. Care staff told us that they believed the teams worked well together, for example to co-ordinate double up visits (where a person may require the assistance of two carers). Each member of staff was provided with a mobile phone. Instructions could be sent to each care worker, detailing their daily schedule, any specific needs and secure details of key safe numbers. This could also be used to monitor staff whereabouts, and check times of arrival, and time spent on each visit.

Care staff told us that any compliments or concerns that were received about them were passed on, and that they received useful feedback on their performance following spot checks of service delivery. They also attended staff meetings and felt able to raise any issues they wanted to discuss. We could see that various meetings were held. Some were for Care Coordinators, some for care staff and some management meeting. Care Coordinators met monthly and staff meetings were held every six months. Staff were encouraged to attend meeting and were told that missing them would result in a £25 penalty. Staff meeting were used to communicate changes or to discuss people or concerns that people may have. Staff told us they attended the meetings but that as they came into the office each week they were also able to discuss individual concerns prior to meetings taking place.

They told us that the registered manager would keep them up to date and informed about issues which affected day to day support, and they had contact numbers of their colleagues in case they needed to let them know of any issues to note for their next visit.

We asked the registered manager if the service sought any feedback from people who use the service. They told us that people received an annual questionnaire from the service asking for their feedback. There were two survey types sent, one to the people who used the service and the other to relatives of people who used the service. The most recent questionnaires had recently been distributed to people and so the results were not yet available. For the previous year of 146 surveys sent out 33 were returned. From the questionnaires that had been returned we could see that people and their relatives were generally very happy with the service being provided. Comments included, "There is very little else you could do; Nightingales carers are all lovely people," and, "I don't know the name of the person who was around when my mother had an incident but she stayed and ensured everything was ok before she left". One relative had commented that their loved one was receiving visits from too many different carers. From this feedback we could see that this relative had been contacted and re-assured that he service would send more regular carers where ever possible.

The registered manager was aware of when notifications had to be sent to CQC. These notifications tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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 The service did not have systems in place to monitor or audit the quality of care.