

Nightingale Retirement Care Limited

Nightingale Home Care

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

About the service

Nightingale Home Care is a home care service providing personal care to people in their own homes. The service provides support to older people, people with dementia and younger adults with disabilities. At the time of our inspection there were 77 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Records were not always up to date and accurate. The provider's systems for monitoring the quality of the service had not identified these shortfalls. The registered manager explained how improvements to the provider's systems, including the introduction of an electronic care monitoring system, would support improvements in recording and quality assurance systems.

People and their relatives told us they were happy with the standard of care and support they received. One person told us, "The carers are worth their weight in gold, care is provided at an outstanding level."

Risks to people were assessed and monitored. People told us staff helped them to feel safe because they had regular care workers, they described a reliable service. There were enough suitable staff to cover all the care visits. Staff understood their responsibilities for safeguarding people and concerns were reported appropriately.

People's needs and preferences were identified and assessed. Staff received the training and support they needed to provide effective care. People told us they were supported to access health services when they needed them. Staff supported people to have enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke highly of the kind and caring attitude of the staff. They described being involved in making decisions about their care and support and were encouraged to express their views. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

People were receiving a personalised service from staff who knew them well and responded to changes in their needs. One person told us, "I couldn't ask for more, they are wonderful." Staff supported people with care at the end of life when they chose to be at home. The provider had systems for recording complaints and addressed any concerns when they arose.

Staff were clear about their roles and responsibilities and spoke with pride about the service they provided. One staff member said, "This is the best agency I have worked for." People were satisfied with the service

they received and spoke highly of the quality of the support and the management of the service. One person told us, "I have recommended this company to a friend because they have only experienced bad care from other agencies."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection. The last rating for this service was good (published 4 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of record keeping and quality assurance. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Nightingale Home Care

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 72 people were receiving regulatory activity of personal care at the time of the inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and that they could gain consent for us to contact people or their relatives about the service.

Inspection activity started on 2 August 2022 and ended on 8 August 2022. We visited the location's offices on 4 August 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people and relatives by telephone to gain their views on the service. We spoke with seven staff including the registered manager, three office based staff, who were responsible for planning the service, and three care workers. We looked at the provider's systems for managing the service, staff training and recruitment information, and records relating to people's care and support.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff understood their responsibilities for safeguarding people.
- People and their relatives told us they felt safe with staff because they had regular staff who knew them well. One person said, "I do feel very safe with them, they have never let me down." A relative told us, "It gives me piece of mind to know they are going in regularly and keeping an eye what's going on."
- Staff had received training in safeguarding people and demonstrated how they would recognise abuse and knew how to report any concerns. One staff member told us, "We have to be on the look out for people who might want to take advantage, for example if someone was suddenly getting a lot of phone calls, we might report that because it could be scammers."
- Records showed that safeguarding concerns were identified and reported appropriately.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed to support their safety.
- Risks associated with people's health had been assessed to determine the level of the risk and to identify measures to reduce risks and guide staff in how to support the person. For example, one person was assessed as being at high risk of developing pressure sores because their ability to move around independently was limited. There was clear guidance for staff in how to support them to maintain their skin integrity and what to do if they noticed any changes.
- Risk assessments and care plans were holistic and included people's views, their needs and the least restrictive options. Where appropriate issues of consent had been considered. For example, one person needed to use bed rails to keep them safe at night and had consented to this restriction.
- Environmental risk assessments were in place to support the safety of staff when providing care to people in their homes. Staff described the importance of including people and their relatives in the risk assessment process, and taking a proportionate approach to ensure any necessary restrictions were minimised. One staff member told us, "We try hard not to be intrusive and not to cause upheaval in people's homes." A relative said, "They included us in discussions and are very accommodating and understanding."

Learning lessons when things go wrong

- The provider had a system for recording and monitoring incidents and accidents. Staff understood their responsibilities for raising any concerns and reporting incidents and near misses.
- One staff member told us, "The managers are very good when you report something, they are onto it straight away."
- Records showed that staff reported appropriately, and the registered manager dealt with incidents as they

arose.

Staffing and recruitment

- There were safe systems in place to support the recruitment of staff. Records showed appropriate references and checks had been carried out on applicants, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitable staff to provide care visits to people. Systems for planning care visits showed people were receiving a consistent service.
- People and their relatives told us they were happy with the service they received because they had regular care workers who usually arrived on time and stayed for the planned duration of the visit. People's comments included, "They are rarely late," "I have had no missed calls, if running late, they let me know." "They always find someone to cover for sickness or holidays, we have never been let down."
- Staff told us they felt there were enough staff to cover all the care visits. One staff member said, "The office sometimes ask us to pick up extra calls, but it's really not that often, so I think there are enough staff."

Preventing and controlling infection

- The provider's policy followed national guidance for the prevention and control of infection.
- People told us staff were wearing appropriate Personal Protective Equipment (PPE) when supporting them, including masks and gloves.
- Staff said they had access to the PPE they needed. One staff member told us, "They have been very good about supplying the PPE, all through the pandemic."
- Staff had received additional training in procedures for preventing and controlling infection.

Using medicines safely

- People were receiving their medicines as prescribed from staff who were trained and understood their role in regard to medicines.
- People told us they were supported with their medicines by staff who knew them well and understood their needs. Some people needed medicines at specific times and staff explained how care visits were arranged to accommodate this.
- Some records were inconsistent and we have commented further on this in the well led section of this report. The registered manager told us there were plans in place to introduce a different electronic system which would improve record management .

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Assessments were holistic and considered the full range of people's diverse needs and preferences including people's physical and mental health, their cultural and religious needs and social situation.
- Expected outcomes were identified and reviews took place regularly to update assessments and care plans. For example, a relative described how their relation had needed support to stay in their home but was reluctant to accept the care and support they needed. The service they received had helped their relation to adjust and achieved a positive outcome. They told us, "The care worker is so good that when she's there I feel I have respite because I'm not worrying about them."
- The provider used an electronic care monitoring system to support the planning and delivery of care. This technology supported a consistent service that was achieving good outcomes for people. One relative told us, "Having regular carers has made such a difference, we are very happy with the service."

Staff support: induction, training, skills and experience

- Staff were receiving the training and support they needed to care for people effectively. The provider supported all care staff to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they had confidence in the skills and competence of the staff. One person said, "They are all very good, 100% skilled at what they do." A relative told us their observations of staff gave them confidence that they knew what they were doing. They told us, "They (staff) know exactly how to reposition and make him comfortable."
- Staff described being well supported and receiving the training they needed to care for people's individual needs. One staff member said, "We get regular training on-line but we also get specific training. For example, when someone needed a different piece of equipment, we were shown exactly how to use it for that person."
- Some staff were live-in carers. This meant they lived in the home of the person or people they were supporting, usually for a few weeks at a time, so they were available to provide support at any time. A staff member described being well supported as a live-in carer. They explained they had a dedicated manager for live-in care saying, "We agree a suitable rota and the manager contacts me pretty much daily to check if I am ok. I can ring her at any time if there is any sort of problem, so I feel very well supported."
- Staff were receiving regular supervision and described being able to contact any of the office staff for advice or support.

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

- People who required support with food and drink were receiving the support they needed. Staff offered people choice and considered their individual needs and preferences.
- One person told us, "They cook a meal that I choose, and prepare a sandwich for later." A relative said, "The carers prepare meals with the fresh food, they don't just rely on ready meals. They always leave plenty of drinks."
- Staff told us they noticed if people were losing weight or not eating and drinking as usual. One staff member said, "We get to know people very well, so we do notice when things change." A relative told us how the care worker had noticed when their relation was not eating her sandwich at lunchtime. They said, "They let me know and changed it so they make a salad or baked potato now."

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

- People were supported to access the health and social care services they needed.
- One person told us, "When I had a fall they got help and stayed with me." A relative described how staff had recognised when their relation was unwell. Saying, "They know her well and know if she isn't herself. In the past they have called the doctor, me and at times an ambulance as well."
- Staff described working with other agencies to deliver effective care. One staff member said, "We work with district nurses, physiotherapists, occupational therapists, GP and social workers." They gave examples of how this had improved care for people, including, receiving instructions on how to support a person with exercises prescribed by a physiotherapist. A staff member said, "It really helped the person to improve their mobility."
- Some people were receiving care and support from more than one home care agency. The registered manager explained how staff worked collaboratively to ensure people's needs were met. For example, a person needed more than one staff member to support them with moving around due to risks associated with their mobility. Staff worked together with staff from another provider to ensure visit times were co-ordinated and the person's needs were met.

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 MCA 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. 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 were supported to make their own decisions and staff sought their consent before providing care.
- Staff had received training in MCA and demonstrated their understanding of their responsibilities. One staff member told us, "We always check with people and get their consent before we provide care." Another staff member said, "If someone lacks capacity we might have to make decisions that are in their best interest, we include their family or people who know them well and sometimes professionals, depending on what the decision is."
- Records showed how issues of consent had been considered in line with MCA. For example, one person had dementia and their capacity to consent to care was compromised. The provider had included the person's relatives in a review of their care because they had the legal right to make decisions on the person's

behalf. This was clearly documented in the person's care plan.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 were treated with kindness and respect. People and their relatives told us they had developed positive relationships with staff who knew them well and were caring in their approach.
- One person told us, "The staff are all kind and have become like family to us, they are lovely." A relative said, "They are very good, my relation is very fond of them (staff)." Another relative said, "I have been really touched by how kind they are."
- Staff told us they usually had regular visits planned and this supported good continuity of care so staff were able to get to know people well. One staff member said, "We know people well and get to know their families too. We provide a really caring service – that's what we are good at here." Another staff member said, "We can be flexible when people need a bit more time or support we can do that, there is no need to cut corners."
- Records showed people's diverse needs were considered and staff had the information they needed to support people in the way they preferred. One staff member described how a matching process took place to ensure that staff had the skills and understanding to support people in a culturally or personally sensitive way. They told us, "We are a diverse, equality based organisation and we do our best to meet people's needs and requirements."

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

- People were supported to be involved and to express their views about their care and support. One person told us, "They listen to my point of view and communicate and discuss with me." A relative said, "We were very much involved in the care plan."
- Staff told us people were actively involved in making decisions about their care. One staff member said, "If people want changes made, we absolutely do our best to make it happen." They gave examples including a person who needed a call time amended and this had been agreed.
- Records showed that care plans had been reviewed with people and where appropriate their relatives to ensure staff had the information they needed. Staff sought people's views on their care and recorded their comments so that changes could be made if necessary. One person told us how they had not connected with a care worker and following a review a different care worker was allocated to their visits.

Respecting and promoting people's privacy, dignity and independence

- People were receiving a personalised service that supported their independence and respected their privacy and dignity.
- People were consistently positive about the care and support they received. One person told us they felt

well respected saying, "The carers are always polite and respectful. I have little chats and jokes with them, they treat me as an equal." A relative told us how staff supported their relation's privacy and dignity. They said, "They are very good, not intrusive, they are gentle and careful with the care."

- One family member described how staff supported their relative to remain independent. They said, "I think they are encouraged to remain as independent as possible even if they do require a bit of help."
- Staff described supporting people to remain active and independent. One staff member said, "Sometimes people just need that bit of encouragement, they lose their confidence and we support them to get back to doing things for themselves as much as possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 were receiving a personalised service. Staff knew people well and understood their needs and preferences.
- People told us they had been involved in developing care plans and their views were visible in the records we saw. One person told us, "I was 100% involved." Records showed that people's diverse needs and personal preferences were considered in care plans. For example, dietary needs associated with a person's religious belief were identified in their care plan and staff were aware that they did not eat certain food.
- The service was responsive to changes in people's needs. Staff described being able to support people with a flexible service. A person told us, "I had a fall once, they stayed longer than they normally would to make sure I was ok." Staff knew people well and recognised and reported any changes so that people's needs continued to be met. Records confirmed that care plans were reviewed when staff reported changes in people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and considered during the care planning process.
- Some people had sensory loss that affected their communication. Care plans guided staff in how to support people and remove barriers to communication. For example, where a person was hard of hearing there was clear guidance for staff in how to communicate effectively in a way the person would understand.

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

- Where appropriate, staff were supporting people to maintain relationships that were important to them. For example, one relative told us how staff communicated regularly with them and they described feeling better connected and having peace of mind from these calls.
- Some people were receiving respite care to enable their relative to have a break from their caring responsibilities. One person described how they enjoyed time with their regular carer, and their relative told us, "They have a cup of tea and a chat and keep her company, they get on very well."

Improving care quality in response to complaints or concerns

- Complaints and concerns were addressed and used to make improvements to the service.
- The provider had a complaints system and people and their relatives told us they knew how to make complaints. Complaints were recorded and addressed by the registered manager. They explained that most issues were resolved quickly before a formal complaint was raised.
- People and their relatives told us their concerns were listened to and dealt with quickly. One person said, "I complained once and it was dealt with straight away." Another person said, "Communication is good, I have no complaints because they are very responsive."

End of life care and support

- Staff cared for people at the end of life and supported them to stay at home, if that was their wish.
- Staff had received training in end of life care. One staff member described how staff were well supported and able to provide the care people needed at end of life. They told us, "We can be flexible when we need to be. People's needs can change a lot, and sometimes very quickly, towards the end of life."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were management systems in place to assess, monitor and improve the quality of service people received. However, these were not always effective and had not identified concerns found by the inspector. For example, some medicine administration records did not accurately reflect the medicines that were prescribed. Discrepancies had not been identified through the provider's quality assurance systems.
- Some people needed only a verbal prompt or reminder to take their medicines, but staff had continued to complete MAR charts. This was not in line with the provider's medication policy which confirmed that MAR charts should only be completed for people who needed their medicine administered by staff.
- There were inconsistencies in the records for medicine management. Staff completed electronic records including Medical Administration Record (MAR) charts when they had administered medicines for people. MAR charts were not always accurate. For example, one person had a prescribed medicine discontinued by their GP. The MAR chart did not reflect this change and staff had continued to sign to confirm the medicine had been taken. This meant that the registered manager could not be assured that the person had stopped taking this medicine in line with the prescriber's instructions. The registered manager took immediate action to check when the medicine was discontinued by the pharmacist. They were able to confirm that the person had not been receiving this medicine and that staff were signing the MAR chart in error.
- Systems did not always support good oversight of the service. For example, incidents and accidents were recorded and dealt with on an individual basis by the registered manager. There was no system in place to provide an overview that would support analysis of patterns or trends across the service. This meant opportunities for making improvements and learning could be missed. We discussed this shortfall with the registered manager. They explained how a new electronic care monitoring system would support them with reports that would provide better information and oversight. The new system was due to be implemented soon but was not yet in place.
- Following the inspection, the registered manager provided information about the immediate actions that had been taken to ensure these shortfalls were addressed. These improvements will be considered at future inspections to check that improvements have become embedded and sustained in practice. Record management and quality assurance systems are areas of practice that need to improve.

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

- People described a well-led service that supported person-centred care and achieved positive outcomes

for people. Feedback from people and their relatives consistently described staff, including the office-based staff, as kind, caring and compassionate. One person told us, "They are excellent, they set standards of care which other agencies fall down on." A relative told us, "We have been lucky, this is the first time we have used an (home care) agency and they have done all that we expected them to do."

- Staff described a positive culture where they felt well supported as part of a team. One staff member said, "They are the best company I have worked for. The planning team and the managers always have time for you. We are well supported." A staff member who provided live-in care said, "The manager keeps in touch daily and I can contact them with concerns at any time. I do feel very well supported."
- The registered manager was aware of their responsibilities under the duty of candour. They demonstrated an open approach throughout the inspection and described how staff were supported to report any errors or incidents to ensure learning and continuous improvements.

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

- People and their relatives described effective communication with staff and office-based staff. They spoke highly of their involvement and how their views were considered. For example, one person told us how they were involved in choosing a staff member who would be appropriate for them. They told us "They worked hard to find and arrange the best carers to suit us." Another person described their involvement with the matching process for a care worker. They told us, "When choosing a carer, they really listened to my requests."
- A staff member described how a person with sensory loss was supported to be involved with care planning. They explained how communication was dealt with by the care workers face to face rather than over the phone to ensure the person had the information they needed and was involved.
- Staff described being involved with the service and said their views were sought and valued. One staff member gave an example, saying, "If we need to change things round because someone's needs have changed, the office staff are very responsive and change things straight away, we just have to make the suggestion, they trust our judgement."
- Staff were positive about the provider and described being well motivated and feeling they were appreciated in their role. One staff member described being rewarded for their long-term commitment to the provider, another spoke about bonus incentive schemes and an employee ownership scheme. All the staff we spoke with were consistent in their view that the service had high standards of care and support for staff.

Working in partnership with others

- Staff worked collaboratively with other agencies to support joined up care for people. For example, some people had home care from more than one provider, arrangements were in place to ensure that staff could work effectively with care workers from another provider. This included ensuring visit times were well coordinated and systems for communication were robust.
- Staff had developed positive relationships with health and social care professionals including GPs, district nurses, pharmacists and social workers. We observed how office-based staff ensured information was passed onto appropriate professionals from people, their relatives or their care workers. This supported the provision of effective care.