

Nightingale Homecare Norfolk Ltd

Nightingale Homecare Norfolk (Norwich)

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

About the service

Nightingale Homecare provides personal care for people in their own homes. This was a first comprehensive ratings inspection of this 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.

When we inspected, 127 people were using the service, 90 of whom were receiving the regulated activity of personal care.

There was a registered manager in post. 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.

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

Recruitment procedures were not always robust. There were unexplored gaps in employment history and the provider had not always taken suitable action taken to follow up additional references. There were unexplored inconsistencies in some applications.

Medicines were not always recorded and administrated safely; allergies not always recorded consistently across Medicines Administration Records (MARs) and care plans, and there was not always up to date information in care plans to reflect what medicines were prescribed.

Management checks did not always identify shortfalls in the care records, recruitment files and medicines administration.

Some risks to people's health were not fully planned for, for example, related to conditions such as diabetes or multiple sclerosis (MS) or a significant risk of chest infection. Care plans did not always contain comprehensive guidance for all staff to follow as to how they should reduce the associated risks.

We have made a recommendation about care planning.

Despite the above areas highlighted for improvement these risks had not led to harm of people or staff, but needed to be further mitigated. Where we had specific concerns about people's health needs, the provider took prompt action to mitigate the risks.

There were enough trained staff to meet people's needs and they had good knowledge of safeguarding. People felt safe when staff supported them.

Staff used Personal Protective Equipment (PPE) as required by current guidelines and followed good infection control practices.

Staff had a good knowledge of consent and issues regarding mental capacity. 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.

Staff were caring, compassionate and kind. People felt listened to and involved in their care, from planning to delivery. People received care that respected their privacy, dignity and independence.

People received care that was assessed and planned for, and responsive to their individual needs and preferences, by consistent staff. Changes were made to people's care as needed, and people were involved in their care.

People, relatives and staff were positive about the management in place, and complaints and concerns were investigated and resolved.

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

Rating at last inspection (and update)

This service was registered with us on 10/10/2018 and this is the first inspection.

The last rating for the service at the previous registered location was Good, published on 03 December 2019.

We have found evidence that the provider needs to make improvements, and three breaches of regulations. Please see the safe and well-led sections of this full report.

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care, safe recruitment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 Homecare Norfolk (Norwich)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors; two inspectors conducted the site visit and a further inspector led the inspection remotely; an assistant inspector and two Experts by Experience supported the inspection making telephone calls. 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 homes.

Notice of inspection

This inspection was announced.

We gave the service 5 working days' 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 obtain contact details for service users and staff in order to carry out interviews over the phone.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We 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 who used the service and 17 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the care coordinator, three senior care workers and three care workers.

We reviewed a range of records. This included six people's care records and a range of medication administration records (MARs), and associated audits. We looked at four staff files in relation to recruitment and staff supervision. We reviewed complaints and investigations, staff training and safeguarding records.

After the inspection

We looked at further quality assurance records sent to us and sought clarification from the registered manager on some findings and further questions arising from the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires improvement: This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- There was not always safe administration and recording of medicines. For example, one person who had several allergies had these detailed in the printed pharmacy sheet but not on the MAR (Medicines Administration Record). For another person, the care plan stated they were allergic to penicillin, but this was not on the MAR. This increased the risk of potential harm.
- When medicines had been refused over two weeks, this was not always acted upon and resolved in a timely manner. One person, for example, had refused their eye drops for some weeks, and this had not been acted upon until we identified it during the inspection.
- There were not always protocols in place for PRN (as required) medicines; this is particularly important for people who are not able to verbally communicate their need for a PRN.
- There was not always up to date information within people's care plans to reflect what medicines were prescribed. For example, one person's care plan stated they required no creams but there were creams listed on the MAR, which according to the daily requirements record were to be applied by staff.

The above findings constitute a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider implemented PRN protocols where needed, and sent us some examples of these.

Staffing and recruitment

- There were not always robust recruitment procedures to ensure suitable staff were employed. For example, the provider had not always explored long gaps in employment history. They had not always taken suitable action to follow up additional references where required. They had not always explored inconsistencies in staff members' applications.
- Not all staff files had a retained copy of identification and proof of address.

The above findings constitute a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Some risks to people's health were not fully planned for, for example, there were no diabetes care plans,

such as information around what staff should do in the case of high or low blood sugar for the person. A staff member told us, "I know what to look for if they have a bad turn and I will call 999." However, there was a risk that not all staff, including newer staff, felt confident to identify a potential issue.

- Whilst we were confident by talking with staff and people, that in practice risks were managed, there were not always fully comprehensive care plans in place for managing these risks. For example, for a person who was at risk of aspiration due to choking risk, there was no specific care plan related to chest infections or what action staff should take if the person aspirated, or if they suspected infection. A meal plan had been agreed as part of managing the risk to this person, but this was not in the care plan.
- Care plans did not always contain full details of people's health needs. For example, there were no care plans related to specific conditions such as MS. There were not always full details available on how to support people to change position where they were at risk of developing pressure ulcers.

We recommend the provider consider current guidance from a reputable source about comprehensive care planning in relation to people's specialist needs and associated risks.

- There were enough consistent staff to cover the visits required. A relative told us, "There seems to be very little staff turnover which is always a good thing."

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff visited them; one person said, "I have the same carer so feel very happy about that and feel safe with them as they know me."
- Staff had a thorough knowledge of safeguarding and how to report any concerns.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- The provider had investigated any concerns and problems they were aware of and taken action to resolve them.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- Staff assessed people's care needs before the service delivered care and liaised closely with social workers where needed. One person explained, "I had a meeting with the [staff] and told them what I needed and it was all written down and everyone seems to follow what I need."

Staff support: induction, training, skills and experience

- We received feedback that staff were well-trained; one person said, "I have a ceiling hoist and [staff] are skilled at helping me use this and moving me up the bed and I feel safe when they help me."
- Relatives told us staff were knowledgeable about how to care for people living with dementia. One relative said, "My experience with [staff] show that they care for [family member] and they are skilled and experienced in dealing with dementia."
- Staff shadowed more experienced staff when they started in the role as part of induction so they became more familiar with people's needs and experienced staff checked their work. People felt staff received adequate training and induction in the main, although one person felt staff could have further training related to continence products.
- Staff told us they received training relevant to their roles. One staff member told us, "Training is amazing and induction was great; I shadowed an amazing member of staff who has stayed as my mentor and I now have great confidence in my role."

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

- Individual food and drink preferences were documented in people's care plans, and people said staff supported them as they required with drinks and meals.
- Staff were familiar with people's needs and preferences with regards to eating and drinking when they supported them with meals, including awareness of soft diets or thickened fluids.

Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with relevant people involved in people's care to ensure they shared information as needed. This included liaising with healthcare staff and social services.

Supporting people to live healthier lives, access healthcare services and support

- Staff gave examples of when they contacted another health professional, such as a GP, district nurse or speech and language therapist (SALT), to ensure people were supported to access healthcare when they needed.

Ensuring consent to care and treatment in line with law and guidance

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.

- A relative told us, "[Staff] are very good and always ask permission from [Family member] before they carry out any tasks."
- Staff were familiar with the principles of the MCA and consent. We saw an example of where the service had supported one person with a best interest's decision.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- Without exception people told us staff were kind, respectful and compassionate. One person said, "I never feel rushed and there is always time for a chat." This was closely echoed by others.
- Comments from relatives included, "Staff are very respectful"; "Staff listen to [family member] and treat them with dignity and respect" and, "[Staff] are like family and they lighten the moment."
- People's religious preferences were considered when related to their care. Care staff respected equality and people's individual differences.

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

- People and relatives consistently told us they were involved in care planning. One person said, "I wanted to change something just as a one off; I told [staff] and they informed the other carers, when I phoned to check if they knew, they had been informed, they work well together." Another said, "We have regular meetings and I can say what I want and make changes."
- Staff told us they reported to management if people wanted to alter anything about their care and this was resolved promptly.

Respecting and promoting people's privacy, dignity and independence

- One person said, "The staff are kind and respectful and always try to provide me with as much privacy as possible during personal care." A family member told us, "[Family member] gelled very well with [staff] and they treat [family member] with so much kindness; [family member] is not embarrassed." Staff gave us examples of how they supported people to maintain as much privacy and dignity during personal care as possible.
- Staff supported people to maintain and increase independence; One person said, "[Staff] help me and give me time to do things; they give me more confidence to do things; I like to be able to do what I can and they encourage me, they listen; they have helped me gain back my independence." Another person gave an example of being supported to move from using a hoist to a stand aid.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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 told us the service met their needs; one person said, "They come on time and I have had no missed calls." Staff told us they tried to always meet people's preferred times for visits. Information about people's preferences and their life history was in their care plans.
- People and relatives told us that staff met their needs; one relative said, "[Staff] go above and beyond." Another told us, "[Staff] respond well to [family member's] changing needs."
- People consistently told us that staff shared information to keep up to date on their care needs.
- People told us they knew staff well and felt there was enough time on the visits for staff to meet their needs and have a chat. One staff member told us, "We tend to have the same clients so they know us and we know them and can give the care that they need." This was closely echoed by several other staff.
- LPA (Lasting Power of Attorney) details were not always completed in care plans, so it was not clear when relatives had LPA for health and welfare, which affected who would be involved in decisions about people's care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where staff recorded that people had problems with communication, there was not always a care plan in place to support them in how to communicate effectively. However, people and relatives told us staff communicated effectively with people, including those living with dementia. One relative said, "[Staff] don't talk down to [family member], I have observed they have a nice way with [family member]."

Improving care quality in response to complaints or concerns

- The service had investigated and resolved complaints appropriately and in a timely manner. There were plans to improve the process when people had a complaint relating to the fees, so that people could go through straight to the accounts department.

End of life care and support

- The service was not supporting anyone with end of life care when we inspected, but they had planned training in this area for staff in the near future.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires Improvement: This meant the service management and leadership was not always consistent. Although there was a culture supporting the delivery of person-centred care, checks did not always identify shortfalls.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Not all the audits carried out were fully effective, for example, the last medicines audit carried out did identify missed signatures, but it had not identified the anomalies regarding the recording of allergies, or lack of PRN protocols. It also had not led to action always being taken with regards to missed medicines. Audits did not identify anomalies in people's records; for example, one care plan stated, "no creams required" however the medications section lists cream and the daily requirements form stated, "staff to apply creams."
- Audits did not always identify inconsistencies and missing guidance in care plans.
- Audits of recruitment files did not identify areas for improvement and omissions.

The above findings constitute a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out quality assurance checks of the service which identified areas needing further investigation, such as any missed calls, safeguarding reports and staff training levels.
- People were consistently asked for their feedback on the service they received, and they were kept informed of any changes to the service.
- Spot checks were carried out regularly to check the quality of staff's work and staff received regular supervisions.

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

- People and relatives gave examples of good outcomes they had achieved with support from the service. One person told us that the care provided from the service had changed their life for the better.
- Staff were complimentary about the management, and said they felt supported. Likewise, the management team in the service were well supported by the provider's management. One staff member described it as, "A lovely place to work."

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 and relatives told us they felt the management was open about addressing any issues and complaints. In the main, people said they had no complaints, and one relative said, "I definitely feel I could speak up."

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

- People and relatives were positive about the management; a relative said, "The manager is lovely; they came to see me, and we talked about the times needed; nothing was too much trouble, they explained everything, they were lovely." This was closely reflected by other family members.
- Staff asked people for feedback regularly. One person said, "The manager checks with me to see how things are going."
- Staff consistently felt involved in the service and received support from management. One staff member said, "The office are good at listening to all staff and clients; it might be something small but they will look into it and deal with it."
- The service supported equality and staff received strong support from the service to complete training if they had any learning difficulties, such as dyslexia.
- The service had developed links with the UEA in order to make contacts for potential recruitment.

Continuous learning and improving care

- There were systems in place which the provider used to improve the care, however there were some gaps where further improvement was required. Where checks did pick up concerns or issues, the provider took action to resolve them.

Working in partnership with others

- The service liaised closely with social services to ensure people received appropriate packages of care.

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 12 HSCA RA Regulations 2014 Safe care and treatment There was not always safe administration of medicines. 12 (2) (g)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to consistently oversee the service to ensure concerns were identified and acted upon. 17 (1) (2) (a) (b) (c)
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have fully effective recruitment and selection procedures that comply with the regulation. 19 (2)