

RNHS Limited

Rosie Nightingale Homecare

Inspection report

Highfield House
185 Chorley New Road
Bolton
BL1 4QZ

Tel: 01204201500
Website: www.rosienightingalehomecare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Rosie Nightingale Homecare provides care to 49 people living in their own homes, including; older people, people living with dementia and people with physical disabilities. The service is based in the Harwood, Horwich and Westhoughton areas of Bolton with a head office in Bolton.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to protect people from the risk of harm or abuse. Safeguarding policies and procedures were robust and had been followed when required. Staff could identify safeguarding concerns and knew how to raise them appropriately.

Risk assessments had identified the individual risks people needed support to manage and plans had been developed to minimise the potential for harm. Environmental risk assessments ensured staff were aware of potential hazards at each property they visited.

Staff had been recruited safely with all necessary checks being completed prior to them starting to work with people. Staffing was sufficient to support people safely. No one told us they felt rushed.

Medicines were managed safely. Staff had received training in medicines. Regular spot checks and audits ensured records were accurate.

People were protected from the risk of infection. Staff were trained in infection control and had access to appropriate equipment, including gloves and aprons which had been supplied by the service.

The service learned from their experience and improved their practice in response to incidents. One example had been developing a more effective system for recording variable dose medicines such as warfarin.

People's needs had been assessed prior to their package of care starting. Care plans had been developed to meet people's needs which reflected good practice guidance.

Staff had received appropriate training and had the necessary skills and knowledge to provide care and support effectively. Some staff had completed further qualifications, including NVQ 2 and 3.

People received support to maintain their nutrition. The service had introduced cooking skills in their recruitment processes to ensure staff could provide meal support as preferred by the service users.

The service worked cooperatively with other organisations and services to ensure people received a coordinated level of care and support.

The service had supported people to access health services in a timely way. They had also promoted health and wellbeing by addressing broader issues such as isolation, communication needs and emotional wellbeing.

People signed their care plans to indicate they had consented to them. Staff were aware of the importance of gaining consent before providing care and support. The service was working within the principles of the Mental Capacity Act (2005) and had considered people's capacity in relation to specific decisions about their care and support.

People told us staff were caring and kind and went the extra mile for them. Relatives praised the commitment and dedication of the staff and service.

People's rights were included in the service user guide which was kept in the care record in people's homes. These rights included statements in relation to dignity, respect and equality.

The service had made efforts to understand people's communication needs and preferences. There had been several examples of individual communication strategies being developed to maximise individuals choice and control.

People's views on the care they received were sought through an annual survey and also informally throughout the year.

People continued to receive care which was personalised and responsive to their needs. Care plans were person centred and reflected the person's choices, background and preferences.

There was a complaints policy which had been followed when required. People were aware of how to raise any concerns and reported being responded to quickly.

People had been supported at the end of their life to have as comfortable and pain free death as possible. Though the service did not provide this type of support routinely this had increased recently. The service worked with people, their families and community based health professionals to ensure a coordinated compassionate service.

The service had a clear set of values and commitment to providing high quality care. Statements about this had been included in the service user guide. Staff were aware of the values and culture of the service and felt committed to achieving these goals.

The people who used the service and staff all praised the registered manager and said they found them to be clear about standards and to be approachable and supportive.

The service had effective governance and auditing systems to ensure care had been provided as detailed in the care plans and professional standards had been maintained. Any gaps identified by audits had been addressed.

The service had regular quality assurance meetings with the local authority who told us they experienced a good level of cooperation from the service who they reported worked very closely with them.

Effective communication systems had been developed using technology to ensure the team were up to date with any changes in policy and practice. Staff also used a secure social media app to communicate with each other throughout their shifts.

An annual staff survey invited staff to comment on what was going well and what could be improved. The registered manager had responded to some of the improvements suggested but had not always informed staff they had done this.

The service works with partner organisations and stakeholders and have shared their skills and knowledge.

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 continued to be Safe

Is the service effective?

Good ●

The service continued to be effective

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service had demonstrated it was now outstanding in relation to being responsive.

Is the service well-led?

Good ●

The service had demonstrated it was now outstanding in relation to being well led.

Rosie Nightingale 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.

This inspection took place on 15, 16 and 18 October 2018 and was announced. We gave the service 48 hours notice because it is small and the manager is often out of the office supporting staff or providing care and we needed to be sure they would be in to assist us with the inspection.

Inspection site visit activity started on 15 October 2018 and ended on 18 October 2018. We visited the office location on 15 and 16 October to see the manager and office staff; and to review care records and policies and procedures. We conducted two home visits on 16 October 2018 and made phone calls to service users, their relatives and staff on 16 and 18 October.

The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed all the information we held about the service in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted Bolton quality assurance team to establish if they had any information to share with us.

We met with the registered manager and the training coordinator. We completed two home visits with people who received a service and spoke with another service user and two relatives. We interviewed three members of staff.

Records looked at included four care plans, four medicine administration records (MAR), four staff personnel files, training records for the whole staff team and the services policies and procedures. This helped inform

our inspection judgements.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe because I know if I need help I can call and they will come." Another person said, "They make sure I am safe and keep my home tidy to stop me falling over things." Staff told us they had enough time to support people safely and did not need to rush.

The service's safeguarding policies and procedures ensured people were protected from the risk of harm and abuse. Records showed they had followed the safeguarding policy when required. Staff could describe what might be a safeguarding concern and knew how they would raise them when required.

Risk assessments identified the specific risks people needed support to manage in relation to their health and social care needs. Management plans had been developed to minimise the potential for harm. Positive risk taking had been supported to ensure people retained as much choice and control as possible. Risk management plans were reviewed and updated whenever there had been a change in a person's needs. Environmental risk assessments had been completed in each person's home to inform staff of any potential hazards they needed to be aware of when on visits.

The recruitment policy had been adhered to and ensured all staff had been recruited safely with all necessary checks being completed prior to them starting employment. We reviewed four staff files and found they contained the necessary documentation, including; application forms, references, interview notes and proof of identity. Disclosure and Barring (DBS) checks had been completed to ensure employees did not have criminal records which might prevent them from working with vulnerable people.

Medicine management policies and procedures had been followed to ensure medicines continued to be managed safely. We reviewed four people's medicine records and found they had been given their medicines as prescribed. Records of medicines given were accurate. Risk assessments had been completed to identify the level of support a person needed with their medicines. Regular spot checks and audits of medicines records had been completed.

People had been protected from the risk of infection by staff who had received training in this area. Appropriate equipment was available from the service, including, gloves, aprons and hand gel. During two home visits we observed staff were using these appropriately.

The service continued to consider potential causes when something had not gone according to plan and had used this knowledge to improve the quality of the service. We looked at how the service had done this in relation to managing medicines which were of variable dose and there was more chance of error. They had devised a system to avoid errors and improved accuracy. This information had also been shared with the local authority for their consideration.

Is the service effective?

Our findings

People's needs had been assessed prior to their package of care starting. Assessments included details of all aspects of the person's health and social care needs. Care plans had been developed which described how the persons' needs would be met.

People we spoke with told us staff were skilled and knew how to support them effectively. One person said, "They know what they are doing, especially with my medicines." Another said, "The carers really seem to know what they are doing." A third person said, "Staff know what they are doing I have helped train them." Staff had received training in all mandatory areas. The service had a system for recording training which alerted them when any refresher training had been needed. We looked at the training matrix and found all staff were up to date. New staff had received a comprehensive induction training, which had included shadowing other staff. Several staff had achieved additional qualifications including a diploma in social care or National Vocational Qualifications (NVQ). Staff told us they felt they had received enough training to support people effectively.

People continued to be supported to maintain their nutrition. The service had introduced a cooking skills element to their recruitment process which ensured staff were suitably skilled in preparing food. People who had support with preparing meals praised the quality of the support. One person said, "To be honest, it has been a life of luxury. I get to choose what I eat and they will make it for me." Where a person needed softer foods or thickened fluids this had been recorded in their care plans and daily records showed the care plans had been followed. Where it had been required, a record of all food and drink taken had been recorded on separate charts which ensured information could be reviewed and shared easily, for example, with the dietician.

The service continued to work cooperatively with the different organisations and services involved with the people they supported. This ensured people received a coordinated service. We reviewed four care plans and saw evidence of communication with other services including health, social care and legal representatives.

The service continued to support people to access health services in a timely way. People had received support to make and attend appointments and the outcomes had been recorded in their daily notes. People were supported to improve their wellbeing more broadly. Staff had identified where people had needed more support to avoid isolation. We have discussed this in more detail in the Responsive domain of this report.

Some people had equipment in their homes which supported them with the activities of daily living. Staff had been trained in how to use equipment, including hoists and bath seats, to support people safely. The service had also referred people for additional support with independent living aids.

The service continued to work within the principles of the Mental Capacity Act 2005 (MCA). No one had been subject to Deprivation of Liberty Safeguards (DoLS) at the time of this inspection, but the service had

assessed people's capacity in relation to specific decisions about their care and support. Where a person had been assessed as not having the capacity to make a particular decision the service had ensured best interest principles had been followed. The decision made, on a persons' behalf, had been recorded and was the least restrictive option. Staff understood the importance of gaining consent from people before providing care and support. Daily records included entries from staff which showed they had asked people if they wanted to receive personal care or other support. People had signed their care plans to indicate they had consented to receive care and support.

Is the service caring?

Our findings

People who used the service and their relatives had praised the extremely caring, kind and polite approach of the staff who supported them. People told us; "The staff are very nice and really do appear to care, they go out of their way to do things for me.", "Staff are sympathetic and seem happy to go the extra mile. They will go to the shop and make sure my bins have been done.", "Staff are polite and respectful, I couldn't manage without them." "Staff are very cheerful and have a very positive attitude." Some people told us they had started to use this agency after having other agencies and said, "They are like a breath of fresh air." A relative told us, "This agency are so much better, I feel I can relax and know they are caring for [person]."

The service respected people's rights, a statement of which had been included in the service user guide. A copy was held in each person's care file in their home. There were statements relating to dignity, respect and equality. Staff were knowledgeable about these principles. Staff told us how important it was to respect people and ensure they were cared for in ways that upheld their dignity. Staff we spoke with told us; "I really enjoy making a difference to people, I make sure they feel respected by ensuring they are covered as much as possible and talk with them when helping them with personal care. I check they feel alright.", "I always ask people what they want me to do and what they would prefer to do themselves, it can change each day and it is important to respect that." Entries in daily records we reviewed showed staff had demonstrated respectful practice.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. There was an AIS policy and procedure in place. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. Information had been included about the importance of being patient, making eye contact and allowing time for someone to think about what had been said. There were also descriptions of any non verbal signals a person may use to indicate their needs. Staff reported feeling they had time to build up rapport with people and this had helped them to understand and communicate better. The service had arranged for people with a visual impairment to receive a 'talking newspaper'. Another person with physical disabilities had been provided with an accessible email contact which ensured they could reach out of hours support. These initiatives had positive outcomes for the individuals involved. Some people had support with communication from others who advocated for them. The service had made efforts to enlist support for people from outside agencies to represent their views.

The service sought people's views on the quality of the service they received and feedback about any areas which people felt could be improved. There was an annual telephone survey completed by the registered manager which asked people their views on the carers, how their needs had been met, whether they felt safe and not rushed and any other comments. In addition the registered manager had visited people to check whether people had been happy with the service. Everyone we spoke with said they felt they were listened to and felt happy to discuss their views.

Is the service responsive?

Our findings

People continued to receive care that was personalised and responsive to their needs. Care plans were person centred and reflected the persons background and preferences. Personal histories had been captured and staff had found the care plans a useful source of information which promoted conversation. People's cultural and religious backgrounds were identified and respected.

The service continued to be responsive to changes in people's needs, records showed people had been referred on to other service and agencies when required. Staff were knowledgeable of what indicated a possible change, for example, in a person's mobility or cognitive ability and knew how to raise this with the management team. Staff said they were confident that anything they raised would be responded to in a timely way. The service continued to work with community based services to ensure people had the right level of support.

More recently the service had been particularly responsive to changes in people's emotional wellbeing. In response to training they had received staff identified the impact isolation had had on some people. Some of these impacts included; reduced motivation, low mood, reduced cognitive ability and reduced self esteem. We reviewed three cases where the service had responded to these changes to see what impact they had achieved. After arranging a reassessment from the funding authority to secure extra time to increase social activities, people were having additional visits of up to two hours each week to engage in social activities. One person was going on shopping trips and as a result had felt increased confidence had started to attend a day centre independently. Another person had appeared to be depressed, they received additional social hours and reported, "They seem happy to go the extra mile and are sympathetic to me, I feel my health has improved and I feel happier." We spoke with one of the staff who had been involved in the recent changes about the impact they felt it had. They said, "It has been brilliant, they are like new people. We have worked gently with people to explore what they would like and what their options are."

The service had a complaints policy for people to raise any concerns they might have. A copy of the complaints procedure was included in the service user guide. We reviewed the complaints log and found the service had followed its policy in response to complaints. People we spoke with who used the service and their relatives were aware of the complaints process but said they usually raised anything when they needed to and had not needed to make any formal complaints. Everyone we spoke with said they were confident they would be listened to.

We looked at several compliments the service had received, these were kept in a file in the office but had also been communicated to the staff team via meetings and secure social media.

Though the service did not routinely provide end of life care they continued to support people at the end of their life to have as comfortable and pain free death as possible. Increasingly people had been referred by health providers for bespoke packages of care. The service completed an assessment and ensured everyone was fully aware of the persons needs prior to discharge. They had taken care to negotiate their role with families and ensured they had access to additional support services they might otherwise have not been

aware of including a night sitting service from another provider. Training had been individually tailored to reflect people's specific needs. This evidenced the service had gone above and beyond in their response to the increased needs for people at the end of their lives. Compliments received had reflected how well supported people had felt, including one that said, "Thank you for all the help you gave us both. You were our angels."

Is the service well-led?

Our findings

The service continued to be well led. There was a clear set of values and an ongoing commitment to providing high quality care. Statements about this had been included in the service user guide. Staff were aware of the values and culture of the service and demonstrated a commitment to achieving these goals.

There was a registered manager. 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.

The registered manager was clear about the standards of care people could expect. People who used the service and their relatives, praised the registered manager without exception. Comments included, "{name} is really good, staff know what he expects from them.", "The manager seems to be very good, they have visited me to find out if I am happy.", "Nothing is too much trouble for the manager, they always listen and try to help me." Staff told us they thought the service was well managed. Comments included, "The manager is clear about what is expected and are approachable. I feel supported by them.", "The manager is really on the ball, if there are any issues for a person we support they always follow up on things.", "I really enjoy working for this agency, I feel appreciated and as though I can make a difference."

The service continued to use a variety of auditing tools to ensure care had been provided as detailed in the care plans. The manager regularly reviewed medicines records and daily care records. Any findings were fed back to the appropriate staff and action taken to ensure the service was provided consistently.

We reviewed the call logs for four people to see whether the carer had enough time to complete each visit. We found all visits had been completed fully. To encourage staff to remain for the full visit the manager had initiated a bonus scheme. Staff were paid an additional amount per hour when they had stayed for 95% or more of the planned visit. We could see this had impacted positively on the quality of visits. Daily records had shown staff had time to chat. This had also been reflected in the comments people had made in relation to staff going above and beyond in the Caring domain of this report. Staff we spoke with said they found this practice to be a great incentive.

The team worked together well to communicate and keep up to date. In addition to the daily records in people's homes the team used a secure social media application to keep up to the minute with their visits and identify any changes to each other. The registered manager ensured content was confidential and appropriate and regularly audited what was posted. This had virtually replaced staff meetings which had proved difficult to arrange for the agency due to the wide dispersal of staff. One member of staff we spoke with felt a staff meeting would be useful and agreed, when it was suggested, that they could raise this directly with the manager for consideration. The management team met regularly and ensured the service was consistently of good quality.

The service worked in partnership with other organisations. They had regular quality assurance meetings

with the commissioning authority who completed their own audits of the service. We contacted them as part of our inspection they reported they found the agency to be very cooperative and worked closely with them. In addition the service contributed to a group which sought to improve medicine practices, made up of providers, local authority and pharmacy teams. In addition they attended a registered managers forum and had extensive informal networks which they used to develop and improve the service.

There was continued engagement with people who used the service and with staff to explore their views on the service, what was going well and what could be improved. The survey of staff had a positive theme asking staff what the best thing was about working for the agency. Staff responses showed a high degree of satisfaction. The survey also asked how they could improve as an employer, the staff had made several suggestions. The agency had responded and could describe what they had done, for example increasing the amount of notice people had of their rotas. This had not been fully communicated back to the staff. We discussed this with the registered manager who acknowledged it would be helpful to update people on how they had responded.