

Nightowls Home Care Limited

# Nightowls Home Care

## Inspection report

8 Ley Field  
Marks Tey  
Colchester  
Essex  
CO6 1LZ

Tel: 01206521008

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29 May 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Nightowls Home care is a domiciliary care agency which provides personal care to older people living in their own homes within Colchester and Mersea Island.

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

People's medicines were not always managed safely. People were cared for by staff who had a good understanding of how to keep them safe, however not all individual risks had been identified or recorded to provide guidance to staff. Staff were recruited safely, there were enough staff to meet people's individual needs and care visits were carried out as required. Systems required further development to ensure that any issues were recorded, learning was identified, and action taken to make improvements.

Staff had received some training to support people effectively, however practical moving and handling and training to meet people's specific health needs had not been provided. People's nutritional needs were met, and people's health was well managed. Staff had links with health professionals which promoted positive outcomes for people. People were actively encouraged to make day to day decisions.

People were cared for by staff who maintained their privacy and dignity. Staff knew people well were kind and compassionate. Positive relationships had been formed between staff and people using the service and people were encouraged to maintain their independence.

People, relatives and staff were positive about the registered manager and how the service was managed. Some concerns raised at the previous inspection had not been addressed. The oversight and governance of the service required review to ensure that any issues were identified and rectified to ensure the service continuously improved.

We have made a recommendation about medicines management, training and the implementation of the Accessible Information Standard.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made or sustained and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the second time.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Nightowls 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. There were 31 people receiving a service at the time of inspection.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 22 May 2019 and ended on 29 May 2019. We visited the office location on 24 May 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, senior care workers and care workers.

We reviewed a range of records which included five people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed their processes to ensure that all risks to people's safety and wellbeing were assessed, recorded and mitigated.

- Some risks to individuals had still not been recorded. There was no risk assessment in place to ensure the safe management of catheter care and the risk assessment for stoma care lacked detailed guidance for staff. One person was being supported with their shopping and the risks associated with this had not been considered or recorded.

We found no evidence that people had been harmed, however, systems were not in place to demonstrate risk was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection, improvements were required to ensure effective recruitment and selection procedures for staff were safe and in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Recruitment checks had been completed on new staff before they joined the service to check their suitability to work with vulnerable people. One staff member said, "I had a DBS [Disclosure and Barring] check and they contacted my previous employer to get a reference."
- Notes of the interviews held with staff members were now recorded to evidence that their skills and competence had been considered in assessing their suitability for the role.
- There was enough staff to meet people's needs. People and relatives told us staff had never missed a care call.
- Staff were rarely late for their visits. One person said, "Staff come on time except if there is something that has happened and then they phone me well ahead of time and check that they can come later." Another person said, "I know if they are late, there is a problem, but someone always phones me. I don't have to worry as I know they will come."

### Using medicines safely

- Staff members were provided with medicines training and competency observations to ensure that they were able to support people with their medicines safely.
- Where people received medicines 'as and when required', there was no information in place for staff to follow about the reason it was required, when it could be given and the potential side effects for them to be aware of. The reason for administration was not recorded.
- One person had been taking an anti-biotic and an inhaler. There were some gaps on the records for these medicines. It was not possible to know if the person had been supported to take these medicines when they needed them or not. The registered manager told us that the medicines records were in the process of being revised and updated to make recording easier.
- Audits of medicines were not completed to ensure that people received their medicines as prescribed.

On the second day of inspection, the registered manager had taken action so that the stock and the medicine records could be checked to ensure that people received their medicines as prescribed. However, the auditing systems continued to require further development.

We recommend the registered manager consider current guidance regarding managing medicines and take action to update their practice accordingly.

### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibility to safeguard people from abuse and that they could report any concerns to the registered manager. However, two staff lacked knowledge of the external organisations that they could report any concerns to. The registered manager assured us that this information would be shared.

### Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control.

### Learning lessons when things go wrong

- There had been no incidents or accidents since the last inspection.
- Some issues raised at the last inspection had not been fully reviewed or addressed. Systems required further development to ensure that any issues were recorded, learning was identified, and action taken to make improvements.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, improvements were required to ensure staff had up to date training and completed practical manual handling training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was no longer in breach of regulation 18, although further improvements were still required.

- A senior staff member had gained a qualification to enable them to teach other staff practical manual training, however, this training had not yet been delivered to staff despite this being a requirement from our last inspection. Training sessions were in the process of being arranged.
- Online manual handling training was completed by staff members, and observations of practice had been undertaken to check staff were safe in the use of equipment.
- Staff completed online training in subjects including first aid, food hygiene and dementia and the on-line training was recently completed and up to date. Specific training in subjects such as catheter care, stoma care and end of life care had not been provided although there was no impact on the people being supported.

We recommend that the registered manager review the training provided to ensure that it covers people's specific needs.

- Staff felt supported by the registered manager although they did not receive regular formal supervision. The service's statement of purpose stated supervision would be held every three months; however, records did not demonstrate this. One staff member said, "I don't have supervision, but I do communicate with the registered manager and can call at any time."
- Staff completed an induction on joining the service which was now recorded and included shadowing a more experienced member of staff to gain experience and knowledge of the service. One staff member said, "I did an induction and was told about the company and I shadowed someone for a month to see what the job involved."
- Staff who had no previous experience of care were now completing the Care Certificate. The Care Certificate is a set of standards that social care workers should follow in their working life. One staff member said "I did on the job training and the care modules online. I will be doing the Care Certificate next."

- Spot checks were completed on staff practice and included areas such as record keeping and personal care. Where issues had been identified these were discussed with the staff member to ensure improvements were made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed prior to them receiving a service and care plans developed using this information.

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

- People's dietary needs were monitored, and people were encouraged to drink fluids during the care visits.
- Where it was noticed that one person was losing weight and appeared not to be eating, action was taken, and additional care visits arranged to provide further support.
- One person had a meal cooked by the staff. They were offered a choice of what they would like. However, their preferences were not recorded, and their food was not prepared exactly as they liked it. The registered manager recorded their preference to prevent this happening again.

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

- People told us staff supported them to meet their health needs. One person said, "Staff get cross with me if I don't call the doctor if they think I need some help and that's a very positive thing." One relative commented, "Staff watch for blemishes and check [relative's] skin very carefully."
- Staff felt the communication within the service was effective and was mostly done verbally and through text. One staff member said, "The best thing is everybody talks to each other."
- The service worked alongside a community matron and made referrals to other agencies such as GP's where required.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People were actively encouraged to make day to day decisions. Staff checked that people gave consent before they provided any support. One person said, "Staff say to me, will it be alright if I do this and they wait for my answer. If I say yes, they go ahead and if I say no, they don't do it and ask what I would like to do."
- Staff understood the principles of the MCA. One staff member said, "It's about people's ability to make a decision and we do not assume that they do not have capacity. Where people don't have capacity, decisions are made in their best interests."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and their relatives were extremely complimentary about the care they received from Nightowls. One person said, "They are excellent carers." Another person said, "[Registered manager] is wonderful. It's not just them, all the carers are so good. They are kind and they are gentle."
- Staff had developed positive, meaningful relationships with people and had a good rapport. One person commented, "Staff all have a sense of humour which is very important, and I couldn't complain about any of them."
- We received feedback that staff went the 'extra mile'. One person said staff were, "[Relative] is bed bound and we didn't know how to move them. Four staff came around and helped to transfer [relative] onto a new bed." Another person said, "Staff will pick up and take prescriptions and samples to the GP. When my relative was ill last year, they made them breakfast at the same time as they made mine."
- Staff received training in equality and diversity. People's care plans included information about their religious needs.

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

- People were asked for their views on the service. One person said, "I filled in a form the other day to tell them what I thought. I am quite satisfied with them."
- People were aware of their care plans and had been involved in reviews of their care. One person said, "I am involved in my care plan."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. One person said, "Staff make sure that I am covered after I use the commode." Another person said, "The staff absolutely protect my privacy and dignity."
- People's care plans included what they could do for themselves and what they required help with to encourage and promote their independence. One relative said, "Staff let [relative] do as much as they can on their own and they fill in the gaps."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Each person had a care plan, which contained information about the care people required at each visit and included their mobility, personal hygiene and health requirements.
- Care plans could be further developed to include people's likes, dislikes and interests to provide guidance to staff on the topics of conversation that they could discuss with people to further develop positive engagement.
- When people's needs changed, this was identified by the staff and changes made to the support as a result to ensure positive outcomes for people.

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.

- People's basic communication needs were identified in their care plans, however this required further development. One person had a hearing impairment and there was no specific detail about how to support the person aside from stating that written communication as preferable.

We recommend that the service consults guidance to ensure people's needs are met in line with the AIS.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and information about how to complain was given to people when they began using the service.
- No formal complaints had been received since the last inspection. Where concerns were raised, the registered manager resolved these informally.
- People and relatives knew how to raise a concern and felt able to speak to the registered manager at any time. One person said, "I could talk to [registered manager] if I was worried. One relative said, "I can always get in touch with someone if I need to but I'm very happy with the way it is all going and the way it has gone."

End of life care and support

- At the time of the inspection, the service was not providing care to anyone who was at the end of their life.

Previously, where people required end of life care support, the service worked with healthcare professionals, to provide a dignified and pain-free death that was as comfortable as possible.

- Basic information was recorded about who to contact should a sudden death occur. However, end of life care planning required further development to include people's preferences, cultural requirements and their wishes after they died.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection, improvements were required to ensure effective quality and assurance processes were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still in breach of regulation 17.

- The registered manager confirmed that some actions from the previous inspection had not been fully addressed. For example, practical moving and handling training, the development of specific risk assessments, audits of records and managerial oversight.
- There continued to be no evidence that documents such as medicine records, care plans, risk assessments and daily records were audited to ensure their quality and to ensure that they were reflective of people's needs.
- The statement of purpose was not accurate and did not reflect how the service was being managed. For example, supervisions were not held three monthly, results from questionnaires were not forwarded to CQC and staff were handling one person's money when the statement of purpose stated this would not happen under any circumstances.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective oversight and continuous improvement of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the previous inspection, area managers and senior staff had been recruited to allow the registered manager to step back from providing care and ensure they managed the quality and had a better oversight, however this required development to ensure this arrangement was effective.

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

- People and their relatives were very positive about the service. One person said, "They [Nightowls] are

marvellous." Comments from relatives included, "I recommend Nightowls one million per cent they have made such a difference to my life," and, "Nightowls are superb. I have absolutely no concerns or problems."

- Staff were motivated and enthusiastic about how the service was managed. One staff member said, "[Registered manager] is so good. If people need anything, they go out of their way to get it for them." Another staff member said, "I would say the service is well managed. It is very personal and individual to the client and tailored to them, rather than sticking to a regimented routine."
- Some staff had recently been promoted into more senior positions which promoted a positive culture. The registered manager said, "This has made staff feel appreciated and that they are being rewarded for their efforts."

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

- Although there had been no incidents when the registered manager had needed to act on the duty of candour, they were aware of their responsibility.

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

- Formal meetings were not held with the staff team, but regular informal communication took place. The registered manager was looking into arranging meetings to share information throughout the team using the new management structure.
- Questionnaires were sent out to people who used the service to gather their views and the responses were positive. These had been analysed by the registered manager and action taken was documented.

Working in partnership with others

- The service worked closely with others, for example, the district nurses, GPs and the community matron to support care provision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate effective oversight and continuous improvement of the service.