CareQuality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nightingale Nursing

34 Southwark Bridge Road, London, SE1 9EU

Date of Inspection: 20 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Standard		Result
Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Allied Healthcare Group Limited
Overview of the service	Nightingale nursing is part of the Allied Healthcare group and is supported by their national team. Nightingale nursing provides nursing and personal care services to people in their own homes and the agency also provides nursing staff to private hospitals.We inspected the home care agency part of the service and found services were being provided to ten people both adults and children in their homes.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

We spoke with a health commissioner.

What people told us and what we found

Nightingale nursing is part of the Allied Healthcare Group and it provides personal and nursing care to people in their homes. The agency were providing domiciliary care to ten people at the time of our visit. We spoke with five people and or their relatives they all told us they were happy with the services they received. One person said" We have had consistent excellent nursing care."

The provider had systems in place to gain consent from people before providing care. We found care plans and risk assessments in people's records and one relative said "We meet with the nurse to agree any changes to care."

The provider had an infection control policy and we found a staff training programme was in place. Staff had access to personal protective equipment such as disposable gloves and aprons and all the people and relatives we spoke with told us staff used these when providing personal care.

The provider had a complaints policy in place and people were supported to give feedback on the service they received through regular quality reviews and an annual survey. One person told us that when they had raised a concern it had been responded to and dealt with.

We found the agency had a recruitment and selection policy. The provider had systems in place which ensured staff had the right skills and experience to meet the needs of people they cared for. There were systems in place to check professional staff registrations.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We found the provider included consent guidance in the staff hand book which stated that "service users are supported and encouraged to be involved in the formation of decisions influencing their care."

The provider had a consent policy in place. All care workers received training on confidentiality and data protection. We found training certificates in four staff files and found that training had been provided to care workers as part of their induction programme.

We found documentary evidence within people's records that written consent had been obtained in developing and changing their care plans. The provider employed care managers who undertook the initial assessment visit and establish the care plan. We found people's records included signed care plans. People signed their care plans and this formed the consent to the planned care to be delivered in their home by care staff.

Staff we spoke with were aware of the procedures to gain consent. Staff told us that they visited people on a regular schedule and this facilitated them in supporting people if their needs changed. People and relatives told us they liked to have their regular care worker. One person said about her care worker "she knows me well, I get excellent care." One care worker said "we follow the care plan in the home and always find out what people need help with and engage them to make choices."

The care managers reviewed the care plans on a quarterly basis through a questionnaire sent to people at home. These reviews were completed by people, relatives and or their carer and if changes were required a home contact was made to undertake a review. Changes to the care plan were also made by the registered nurse, if one was allocated as part of the care package. The case manager told us they involved the next of kin and or relatives in the initial and quarterly review meetings where possible. One relative told us

"they review the care plan every three months." People were consulted in planning their care and making decisions. We found evidence of reviews in people's records which indicated that people were engaged in having their say over their care needs.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Referrals to the service were found to be self-referrals or referrals from a health commissioner who required a package of care to be delivered in the community. At the initial contact the manager identified whether the agency had the staffing capacity available and the staff skills to deliver the care required.

People received an assessment before starting in the service. The care manager visited the person in their home to assess their needs and establish a care plan and support package. The manager informed us that this sometimes involved further discussion with the commissioner to agree the care package.

We were told the service tried to allocate a regular care team who had the appropriate skills to deliver the care plan. We found visiting schedules in two people's records. People we spoke with told us they had had consistent care workers who they knew well.

A care record including the care plan and risk assessment documents were left in each person's home and the allocated care staff recorded each contact in the person's log book. The five people and relatives we spoke with told us that they had a care plan. Staff told us they used the care plans to support them to deliver care in the home.

We found care plans in people's records and these assessed their care needs and identified any risks. Risk assessments were completed for a range of activities including moving and handling, medication, continence and the environment. The care manager told us that the equipment risk assessments ensured that equipment in the home was suitable and maintained. We found that equipment risk assessments monitored the date when the equipment check was completed and when the next review was due.

We reviewed five paper records and found that care had been regularly reviewed. All records included copies of the six monthly review surveys. Records documented if the care needs had changed or stayed the same. One record recorded how a person had become more at risk of pressure sores due to decreased mobility which had resulted in a change to the care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the provider had a system of annual visits which assessed the quality of services provided to each person. In addition a system of staff quality spot check visits were in place and we found evidence of completed checks in staff records.

The five people and relatives told us that they were happy with the service. One relative said, "We have an excellent nurse who provides us with consistent excellent nursing care." One person said, "I have extremely good carers." The health commissioner responsible for buying a care package from the agency said "We have had no cause to complain, we have had a consistent nurse, we are happy with the service provided."

There were arrangements in place to deal with foreseeable emergencies. The provider had a business continuity plan in place detailing what to in an emergency. Staff and people could access the service out of hours as the provider had an on call service. First aid and fire safety training were part of the staff training schedule.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found systems were in place to control infection in accordance with relevant legislation and published professional guidance. A policy for the management of infection control was in place which provided staff with information on hand washing technique and the general principles of infection control management. The manager was aware of the code of practice for providers and we were informed that specialist advice could be obtained from Allied Healthcare's Director of Nursing.

We found that the staff handbook given to all staff at induction included information on the management of infection control and universal precautions which care staff should follow. Staff told us they could access information on infection control in their handbook.

The provider ensured all staff had training on the prevention and control of infection and food safety training. Recent infection control training had taken place and we found confirmation in eight staff files.

We found that staff had access to personal protective equipment such as disposal gloves and aprons. Staff told us that the provider supplied them with gloves and aprons. People we spoke with confirmed that staff used disposable gloves and aprons when providing personal care in the home. Staff told us that they had infection control training which included a hand washing technique.

Two relatives told us they felt confident that the nurses had effective infection control management when providing care in the home. Staff told us they would always escalate concerns to the care manager and the person's GP.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that the provider had an effective recruitment and selection process in place which was managed by the local office human resources team. A policy on recruitment and selection was in place. The provider uses national and local advertising for job vacancies.

The job descriptions and specifications were included in the staff handbook provided to each staff member at induction. We reviewed a copy of the job description and job specification for domiciliary care workers. The job specification for care workers required people to have a previous experience of working in a care environment and stated it's desirable to have an NVQ or equivalent qualification. The nurse job specification required nurses to have had previous experience of working in a domiciliary setting.

We spoke with a member of the recruitment team who informed us about the process the agency used for recruitment. On making an application for the post each applicant was matched to the job specification and a telephone screen ensured the applicant had the relevant experience and qualifications for the post before an interview was offered.

The staff files kept on site included the staff application form which listed staff experience, skills and qualifications. Each of the eight files reviewed included two references, information on clearance checks and photo identification. These checks were completed before staff started in post. The provider had a monitoring system in place to ensure all checks were completed. Professional registration checks were undertaken annually and evidence was found in four staff files.

Staff we spoke with told us that they had been supported to gain the relevant training. All eight staff we spoke with told us they had access to training and development. One staff member said "I had a good induction and induction support when returning from maternity leave."

Staff told us that they got reminders about their training updates one staff member said" we get reminders to attend any mandatory training and some training can be completed on line." Two relatives told us that they were confident in the competencies of the nurses providing the care package to their child.

We found that staff had the relevant qualifications to undertake their roles and meet the needs of people who use the service and these were assessed as part of the recruitment process.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy in place which was available in the complaints policy folder. Staff told us they would contact the care agency if they received a complaint from people who used the service.

The provider agency kept a log of all complaints and incidents on a computerised system. We found that the agency had received one formal complaint relating to domiciliary care during 2013 and one in 2014. Details were found in the complaints log. One complaint involved issues of safeguarding and this had been referred to the local authority, who were investigating this. The provider used root cause analysis to investigate complaints and had recently started to record lessons learnt from complaints.

Information on how to make a complaint was provided to people as part of their contract paperwork. All the people and relatives we spoke with said they knew how to make a complaint. One person told us that when they had complained their complaint had been dealt with and resolved.

Views on the quality of the service are collected through an annual survey to people who use the service and their relatives. We reviewed the most recent annual survey report. People said they were satisfied with the service and knew how to make a complaint. Five people and relatives told us they were happy with the service. One relative said "they send us a form each year so we can give feedback on the service." A health commissioner said "We are happy with the service we have no cause to complain."

We found that the provider had systems in place to maintain contact with people and find out about how the service was working for them. The provider carried out six monthly quality reviews which gathered people's views and feedback on their satisfaction with the service. We found copies of these reviews on the five people's records. One relative had written, "As always our nurse provides exceptional care, kindness and support to our family in often very difficult circumstances." The provider supported people to make a complaint or comment about the service by providing details on how to make a complaint. Systems were in place to obtain feedback on the quality of the services provided this included an annual survey and regular quality review contacts.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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