

Nightingales Home Help Services Ltd Support Service

42 The Square
Kelso
TD5 7HL

Telephone: 01573 226868

Type of inspection: Announced (short notice)
Inspection completed on: 5 April 2017

Service provided by:
Nightingales Home Help Services Ltd

Service provider number:
SP2014012347

Care service number:
CS2014330014

About the service

Nightingales Home Help Services Ltd is based in Kelso and provides care at home support to service users who live primarily in the Kelso area of the Scottish Borders. The service is provided to service users with a variety of needs, including older people and people with dementia, mental health problems and physical disabilities. At the time of the inspection there were 52 people using the service, 12 staff, the registered manager and assistant manager.

The aims of the service state:

'Our aim is to assist and maintain the highest levels of independence and to encourage our clients continuing health and wellbeing.'

What people told us

Nineteen service user and eight staff questionnaires were returned to the Care Inspectorate before the inspection. Many of the service user questionnaires had been completed by family members. The feedback was positive and people were happy with the service and support they received. Four people did not know how to complain to the service, three did not know how to complain to the Care Inspectorate. Three people said they disagreed to the question - 'The service asks for my opinions about how it can improve.'

The feedback from the staff questionnaires was generally positive with people knowing the services policies and procedures and feeling supported. One person did not know if they had 'regular individual supervision with my manager.'

Comments from service user questionnaires included:-

'Delighted with our carers.'

'My carers are excellent and I'm delighted with my care. I only have a few ladies, which I like as I know them now.'

'I am happy with the service provided.'

'I am very pleased with the care my mum is getting.'

'Delighted with small team who look after mum.'

'Excellent carers, reliable and kind.'

'Mum has found this service a great help since family is not close to hand. Nightingales have been very supportive and mum knows she can turn to them to get help when she needs it.'

Self assessment

The Care Inspectorate received a fully completed self-assessment document from the service provider. They told us what they thought they did well and how they planned to continue to improve the service. They included how people who use the service and their families were involved in the service, how this led to improvements and how they intended to further involve people, particularly families.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

The service had met all of the requirements and recommendations made at the last inspection.

We found the care plans had a good level of detail and staff ensured they were aware of its contents and what support was needed before they visited people for the first time. Staff said they contacted the office managers if they had any concerns or support needed to be changed. The service was prompt in alerting other professionals if support needed to be changed or medical attention was needed. They were also very good at ensuring family members were kept up to date with any changes.

The service had a quality assurance questionnaire, the feedback was positive with comments including:-

'Couldn't do without them'

'Very happy with service'

If there had been any comments that highlighted issues or concerns the managers were prompt in dealing with these. These included staffing and times of visits. Any changes were recorded.

The service had introduced a 'How are we doing' feedback form. These went to service users, families and professionals. The feedback was very positive. The service was good at communicating with all parties who used the service, taking on board comments and making changes when needed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

The staff we met were very caring, patient and knew the health and wellbeing needs of people very well. The managers ensured that the same staff team went to assist people, both staff, the managers and service users said how reassuring this was. All parties could build on a very good working relationship with staff being aware of the support people needed. Staff were proactive in updating the managers if a care package needed to be adjusted.

Staff had supervision every three months and an annual appraisal. From the information we saw and talking to staff, people found this both useful and informative for their ongoing training, professional development and general support. All of the staff we spoke to said they would have no hesitation in speak to the managers if they had any concerns or issues.

Regular team meetings were held, these covered developments within the service, policy updates, training and staffing.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The management team had reviewed all of the services policies and procedures and made changes as necessary. These were discussed at team meetings and specific procedures during supervision meetings and induction of staff. The staff we spoke to were aware of the changes and knew who to contact and what to do in cases of incidents, falls, changes in behaviour or if they had any concerns.

The service had introduced auditing systems to ensure they knew which staff were supporting individuals, times of visits and medication was administered appropriately. We saw records of these in individual's files and spoke to the managers as to how they managed this process.

The service had improved its monitoring of staff times supporting service users. Staff said they were contacted by text if any changes to routines were needed, service users were contacted by phone.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The Provider must make proper provision for the health, welfare and safety of all service users. To achieve this, the provider must take action to:

- Input scheduled visit times accurately into the computer systems.
- Ensure the actual visit times are accurately stated on staff weekly work schedules for them to follow.
- Record any changes to scheduled visit times.
- Audit communication records to determine that arrival and departure times are in line with scheduled visit times.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users; Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale: by 30 June 2016.

In making this requirement we have also taken into account the National care standards, Care at home - Standard 4 Management and staffing.

This requirement was made on 8 April 2016.

Action taken on previous requirement

The service had reviewed its process regarding staff scheduling and time keeping. There were now more auditing process and better communication between staff, management and service users.

Met - within timescales

Requirement 2

The Provider must ensure that each service user has an accurate, up to date personal plan, which sets out how the service user's health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and include comprehensive information of the support needed at each visit on the following:

- Physical/mental healthcare and support needs.
- Mobility needs.
- Communication needs.
- Dietary requirements/nutritional needs/eating and drinking needs.
- Medication administration and support needs.

The support plan must be reviewed at least once in every six month period or when there is a significant change in the service user's health, welfare or safety needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans; Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale: by 30 June 2016.

In making this requirement we have also taken into account the National care standards, Care at home - Standard 3 Your personal plan; Standard 6 Eating well; Standard 7 Healthcare; Standard 8 Medication; Standard 10 Communication needs.

This requirement was made on 8 April 2016.

Action taken on previous requirement

We found up to date and clearly detailed care plans. The staff team and management team were proactive in ensuring the information was up to date to ensure it met the health and wellbeing needs of service users. Care plans were reviewed at least every six months, more often in many cases. The staff team were very good at informing managers of any changes to people's needs, this ensured plans were continually up to date.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should revise the quality review document to allow for the effective discussions held in relation to all areas of the service provided. This should be signed by the service user and/or family and carers where appropriate.

National care standards, Care at home - Standard 4 Management and staffing.

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

The service had produced questionnaires to send out to family, service users and professionals. The information we saw on the 'How are we doing' form was positive.

Recommendation 2

The Provider should develop a system to record outcomes of the auditing of communication records and medication charts. Specific attention should be made to the times that carers log in and out and that these match those on the schedule; medication has been signed for; there is sufficient time between visits where service users are prescribed medication; the agreed care and support has been carried out. This should record issues identified and any actions taken as a result.

National care standards, Care at home - Standard 4, Management and staffing.

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

The service had produced recording and auditing systems. We saw how staff recorded their time with a service user, signed for medication administered and completed a work sheet with comments on their visit. These were periodically collected by the managers who audited their content.

Recommendation 3

The provider should ensure that two written references are obtained for all new employees, one of which should be from the most recent employer. The provider must be able to verify the authenticity of the reference. The recruitment policy and procedure should be updated to reflect this.

National care standards, Care at home – Standard 4 Management and staffing.

We have also taken into account the Scottish Social Services Council Codes of Practice -1.3 Seeking and providing reliable references.

We have signposted the manager to:

"Safer Recruitment through Better Recruitment: Guidance in Relation to Staff Working in Social Care and Social Work Settings"

<http://www.gov.scot/Resource/Doc/169841/0047325.pdf>

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

The services recruitment policy and procedures had been reviewed and updated. We evidenced two written references in the staff files we looked at, staff confirmed two referees including the last employer had been requested.

Recommendation 4

The provider should ensure that it is clearly recorded how they will meet the training needs of all staff and demonstrate how these will be met. They should access the resources (above) and consider how these may meet identified training needs, and support best practice for all staff.

National care standards, Care at Home – Standard 4, Management and staffing.

We have also taken into account the Scottish Social Services Council Code of Practice 3.1- Providing induction, training and development opportunities to help social service workers do their jobs effectively and prepare for new and changing roles and responsibilities.

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

From the records we evidenced, speaking to the managers and staff it was clear staff had regular training which was reviewed within timescales. The service also identified specific training staff had asked for. Staff had also accessed the resources recommended at the last inspection.

Recommendation 5

The provider should have clear procedures to follow to make sure all accidents and incidents are reported and recorded appropriately. These must record the actions taken in response to the incident and signed off on completion.

National care standards, Care at home – Standard 4 Management and staffing.

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

The services accident and incident policy and procedure had been revised. We noted from team meeting minutes, supervision records and speaking to staff that they were very aware of how to follow these.

Recommendation 6

The provider should ensure that all policies and procedures are up to date and reflect best practice guidance.

National care standards, Care at home – Standard 4 Management and staffing.

This recommendation was made on 8 April 2016.

Action taken on previous recommendation

Recommendation has been met.

Following the last inspection the service had reviewed and updated many policies and procedures. From speaking to staff we found them to be knowledgeable of what to do and who to report to.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
29 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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