

# Nightingale Home Support Support Service

Unit 6  
Horizon Scotland Enterprise Park  
Forres, Moray  
IV36 2AB

Telephone: 07842244411

**Type of inspection:**  
Unannounced

**Completed on:**  
7 March 2025

**Service provided by:**  
Nightingale Home Support Ltd

**Service provider number:**  
SP2022000195

**Service no:**  
CS2022000290

## About the service

Nightingale Home Support is a small, privately owned organisation which provides a care at home and housing support service to adults living in their homes in Morayshire and Nairnshire.

The service was registered in September 2022 and at the time of inspection was supporting 17 people.

## About the inspection

This was a short notice announced inspection which took place between 4 and 7 March 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and received three completed satisfaction surveys
- spoke with four of their family/friends/representatives and received two completed satisfaction surveys
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- People experienced compassionate care and support.
- The staff team respected people's wishes and preferences.
- People described a service that was well led and managed.
- The service needed to improve the frequency of audits and develop a service improvement plan.
- People using the service benefited from a team who worked well together.
- Staffing levels were sufficient to meet people's needs and allowed for time to talk.
- Care plans were of a good standard.

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

It was evident that people experienced compassionate care and support. There were warm, encouraging, positive relationships between staff and people making use of the service. This helped people to achieve their individual outcomes. This was confirmed by people we spoke with who said:

- "The service is excellent; I cannot fault any carers... always on time and dependable."
- "I am the luckiest person... I get such wonderful care."
- "Nightingale is great, they treat my loved one as a human being."

Care and support was delivered to people in their homes in a person-centred way because staff knew people's needs, aspirations, and concerns well. Any issues were dealt with quickly. These observations were reinforced by family who said:

- "Whenever there are problems, they respond quickly and the manager is very approachable and efficient."

The above observations and feedback provided confidence that people who used the service received reliable and consistent support which benefited their health and emotional wellbeing.

The staff team respected people's wishes and preferences which shaped how they were supported in their home. For example, what people liked to eat and drink, their preferred routines, and personal care choices. Staff had time to spend with the people they supported and knew how best to communicate with each individual.

It was evident that people felt confident in their care because they knew who was coming to provide their care and support and when to expect them. Staff recognised changes in a person's health and wellbeing and shared this information quickly with the right people. This included contacting external health professionals, such as the occupational therapist, to make sure they received treatments that were safe and effective.

People were able to be as independent as possible with their medication and staff supported some individuals where this was required. The service used an electronic medication record to indicate if medication had been taken or not. Staff monitored stock on a daily basis and the manager completed monthly audits of medication compliance. These measures provided confidence that the service was supporting medication administration correctly and safely.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff and people described a service that was well led and managed. The culture was supportive to staff and people in receipt of the service said it was run with efficiency and said:

- "The manager is clear about the standards expected."

People's experience of the service was evaluated using a range of methods, including an 'annual client feedback survey'. The management team also met with people using the service and their families to discuss their views of the care and support received. This helped to ensure that people were getting the right care and support at the right time.

Staff told us that if they needed guidance or had any concerns when supporting a person, the senior carers and manager were always available. This helped staff feel confident to provide the right care and support.

The service had introduced a quality assurance programme and completed a range of audit tools. For example, a monthly medication audit. These audits aimed to identify areas that needed improvement. However, audits in some core areas of risk, such as infection prevention and control and care planning were completed annually. This was not sufficient and could lead to missed opportunities to identify a risk or where improvement was needed (see area for improvement 1).

We also discussed the need for an ongoing service improvement plan which clearly identified areas of concern, any actions, and changes needed following an audit. This was necessary to drive further change and improvement in people's care and reduce risk (see area for improvement 1).

People could be confident that staff had the necessary training, skills, and competence to provide safe care. Training records provided assurance that all staff had completed core training or training updates. For example, moving and handling training and infection prevention and control. Service specific training, such as autism awareness and dementia support, had also been undertaken. This ensured staff were equipped with the knowledge required to support people with specific health conditions. The staff team were also encouraged to undertake vocational qualifications to support their ongoing learning and future development.

### Areas for improvement

1. In order to ensure people's outcomes are supported by consistent and effective quality assurance systems, the service should ensure:

- a) All aspects of care and support are audited regularly.
- b) Follow up on findings to bring about improvements.
- c) These should be included in a service improvement plan which clearly identifies actions to be taken, who is responsible, and timeline for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

### How good is our staff team?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had built positive relationships with people who told us staff were "uplifting" and "they had a laugh with them".

People who used the service and families had confidence in the service's arrangements for staffing. They felt they were given plenty of time to support people's outcomes, including engaging in meaningful conversations with people. It was positive that senior care staff were available across the geographical area. This meant they had the opportunity to work closely with the other, less experienced, members of the team and could offer support and oversight of their practice.

Staffing arrangements were developed using a process to determine the care needs of people and how many staff were required to support these needs. In this way, the service could make sure people were given enough time, without rushing.

People using the service benefited from a team who had good working relationships. For example, there was effective communication between the whole team. The care team were flexible and responsive to changing situations. For example, staff absence, to ensure that care and support was consistent and stable.

Staff spoke positively about the training which was available, including a robust induction period, and said management took an interest in how they were getting on and their development needs. They were given the opportunity to discuss their work and how best to improve outcomes for people with the manager during regular supervision sessions.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had recently introduced an electronic care planning system. Within the care plans there was detailed information about people's care and support needs, informed by people and/or their family when they started to receive a service from Nightingale Home Support. At this time, people were asked to agree their care plan to make sure it reflected their outcomes and wishes.

Care plans set out the best way to enter a person's home and people's preferred daily routines. For example, getting up and going to bed. People's unique communication styles were clearly documented in their care plans to guide staff about how to prevent a stressed reaction.

People's likes and dislikes with food and drink were recorded, as well as their personal stories. This meant staff could talk with people about things which interested them. It was positive that staff had the time to encourage people to be as independent as possible.

Environmental, nutrition, and moving and handling risk assessments were also completed at the start of receiving care. This included a medication risk assessment record. However, these lacked detail about specific risks within individuals' homes to keep people and staff safe. We discussed this during the inspection and the service was taking immediate action to address this.

People and those important to them, including social work, participated in planning and reviewing people's care plans every year and these reviews were up-to-date. Although care plans were updated following a formal review, if appropriate, or when there had been a change in a person's health or care needs, there was a need to regularly review, evaluate, and update care plans on a more regular basis. This would provide

evidence that the service had ensured they were accurate and reflected people's current care needs, preferences, and choices (see area for improvement 1).

### Areas for improvement

1. To support positive outcomes for people who use the service, the provider should ensure care plans are regularly evaluated to ensure they provide accurate information to staff about people's specific care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16).

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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