

Rhodes Care Home Ltd

# Nightingales Residential Home

## Inspection report

24 Foxholes Road  
Southbourne  
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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

The inspection took place on Saturday 19 November 2016 and was unannounced. We returned on Monday 22 November 2016 to look at further records.

Nightingales is a small care home providing accommodation and personal care for up to 11 people. There were 11 people living in the home on the day of the inspection. Some people using the service are living with dementia. Two of the bedrooms in Nightingales are shared rooms.

There was a registered manager in post. 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.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew how to keep people safe and understood how to protect people and report abuse when necessary.

Risks were appropriately assessed and staff understood how to ensure people were supported to maintain as much independence as possible.

There were enough staff with the right skills and knowledge in the home to meet people's day to day needs.

Medicines were safely managed. People received their medicines when they needed them by staff that had been appropriately trained.

Staff received the training and support they needed to ensure that they understood their role and responsibilities. Training was also tailored to staff development needs.

Staff understood the needs of the Mental Capacity Act and how to ensure consent was sought day to day. Appropriate support and guidance was sought when people did not have capacity to make big decisions in their lives.

People were supported to eat and drink enough to maintain their wellbeing. Where people needed additional nutritional support appropriate guidance was sought and acted upon.

People's healthcare needs were met in a timely way and guidance from healthcare professionals was sought and acted upon.

People had developed positive caring relationships with staff.

People were supported to express their views. Relatives and other visitors to the home were also asked for their views.

Staff understood the importance of respecting people's wishes and maintaining their dignity.

Care was personalised to individual needs and activities formed part of daily life either on an individual basis or as part of a small group.

The provider and registered manager had developed a positive culture centred on each person's individual needs. Staff understood this culture and actively ensured it was met.

The registered manager provided strong leadership and staff respected their actions.

The registered manager and provider worked together to develop a service that listened to the people it supported and acted on comments to continue to develop a quality service.

## 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 was safe

Staff understood how to keep people safe.

Risks were assessed and enabled people to maintain their independence.

There were enough staff with the skills and knowledge to meet people's needs. The recruitment process in place ensured the right people were employed.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the supervision, support and training needed to meet people's needs.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

### Is the service caring?

Good ●

The service was caring

Staff had built positive caring relationships with people.

People were supported to express their views.

Staff ensured that people had the dignity and respect they deserved in their home.

### Is the service responsive?

Good ●

The service was responsive

Care was personalised to people's individual needs.

People were able to complain if they were unhappy with the quality of care and were confident they were listened to and the concern acted upon.

### Is the service well-led?

Good ●

The service was well-led

The provider and registered manager had developed a positive culture where the people living in the home were important.

Staff were confident in the home's leadership.

There are systems in place to ensure that the service provides quality care.

# Nightingales Residential Home

## **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 was planned to check 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 Saturday 19 November 2016 and was unannounced. We returned on Monday 21 November 2016 to review records.

The inspection was carried out by one inspection manager.

Before the inspection, we reviewed all the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We talked with eight people using the service, one visiting relative and interviewed two staff. We spoke with the registered manager and the cook. We observed lunch and activities, reviewed the care records of three people. We also looked at other records related to the running of the home, such as complaints, incidents, accidents and monitoring the quality of the service provided. We also looked at the recruitment records for a new member of staff.

We last inspected the home in 2014 when no breaches of regulation were found.

# Is the service safe?

## Our findings

People told us they felt safe. We also spoke with a relative who told us the same. They said "I knew it was the right home for their relative when they first came to visit and have not been disappointed". One person said that staff were very kind and they felt safe in their hands.

People were protected from harm. Staff knew how to protect people. They told us how they ensured people were safe. We spoke with both members of staff providing care. They both said they had received training in recognising abuse and what action to taken. They told us that they were confident to raise concerns and they said they knew it would be acted upon by the registered manager. The provider and registered manager ensured staff were aware of the safeguarding policy and procedure and information about safeguarding and whistleblowing were easily accessible for staff to refer to day to day.

Risks were managed safely. For example, one person had been identified as at risk of choking. This had been assessed by the Speech and language Therapist (SALT) and a safe swallow plan had been put in place which was followed by staff. Staff ensured that the person ate their food from a teaspoon as detailed in the risk assessment and spoke knowledgeably about how the food and fluids should be thickened. Where risks had been identified in relation to other concerns such as pressure care assessments were clear and appropriately followed.

There were sufficient staff to meet people's needs. On the day of the inspection there were two staff providing care to people. There was another member of staff preparing food. Staff told us they had enough time to ensure that people were supported with personal care in an unhurried way. Throughout the day staff had time to sit and chat with people. People were not rushed and were able to make choices. For example, one person took time to decide whether they wanted the member of staff to get their "baby" for them, they became anxious. The member of staff gently reminded them that their "baby was in the crib asleep, but they would go and get the "baby" if they wanted. The person was reassured and became less anxious. The member of staff took time to support them and made them feel more relaxed.

The provider followed safe recruitment practice. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people started work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Medicines were managed safely. When medicines were given to people at midday, the member of staff was very focused on the person. For example, the member of staff ensured the person knew why they were sitting beside them. They said "I have a tablet for you that helps your legs". The person was given their medicine with a glass of water and the member of staff ensured that they had been able to swallow it and

gently reminded them to have another sip. Medicines were given discreetly and with respect. Medicines were stored safely and the records were regularly audited by the registered manager.



# Is the service effective?

## Our findings

Staff had the knowledge and skills to meet people's assessed needs. Staff spoke knowledgeably about people's needs. People told us that staff understood them. One person said; "staff understand my needs". A relative told us "staff understand my mother's idiosyncrasies." Staff demonstrated they knew people very well in the small things they did, such as providing a blanket to cover someone's legs before they asked because they knew they might feel cold mid-morning.

Staff told us that the training provided was excellent. One member of staff told us they training made them feel valued and gave them confidence in their job. There was a training plan in place which showed that staff had completed training the provider considered mandatory. Such as moving and handling and medicines management. Staff told us they had also completed training in dementia care and the Mental Capacity Act.

Staff have effective support in their role. Staff had supervision regularly and they also told us they were able to speak to the registered manager any time if they had concerns. Staff told us that they were able to discuss their training needs and that this was provided..

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.

Staff had received training in the MCA and showed an understanding of the principles in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made.

The provider and registered manager had taken the appropriate steps to seek support and guidance when people needed best interest decisions to be taken. Where people had relatives or other representatives with power of attorney for particular aspects of their care this was documented. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We could see that the registered manager had taken action in one particular example and appropriate safeguards had been put in place for the person.

People are supported to have enough to eat and drink. People were supported to eat independently and were given the equipment to do so. For example, one person had a curved bowl which helped them manage

to eat their lunch without assistance. Where people were cared for in bed, staff assisted them to eat. Hot and cold drinks were available throughout the day. When people asked for drinks they were given a choice. One person said "they know just how I like my tea". People were able to have snacks throughout the day. Where people had been identified as nutritionally at risk they had been prescribed fortified drinks and their meal was also fortified with cream and butter. For people who had difficulty making choices there were pictures of food to assist them.

People are supported to maintain good health and have access to on going healthcare support. People told us they could see the doctor when they wanted. Daily records showed when a health care professional had visited and what action had been taken. Daily handovers also showed that staff communicated any changes in people's healthcare needs and action that had to be taken. For example, if someone was waiting on test results or if the district nurse was going to call to check someone's skin.

# Is the service caring?

## Our findings

People told us staff were caring. One person said; "I like the staff very much " another person told us " the staff are very good". Throughout the day staff demonstrated thoughtful caring interactions with people. There was laughter and chatter between staff and people living in the home. There was genuine affection and care when people were upset. For example, one person did not sit down properly and slide from the chair to the floor, staff were beside them instantly checking they were not injured and ensuring they were able to stand up with help. A member of staff stayed with the person while another went to get them a drink. One person told us staff were very thoughtful and brought them hot drinks.

Staff had built caring relationships with people. For example, one person who had been very quiet in the lounge, their face became very animated when they spoke with the registered manager. They put their arm round the registered manager and said; "I like you" and the response, " I like you too" made the person smile. Staff explained that people had lived in the home a long time and the staff team had been together a long time and this made them work very well as a team and also meant they knew people very well.

People are treated with kindness and compassion in their day to day care. For example, before lunch one person was reluctant to have anything to eat. A member of staff suggested they come into the dining room to have a look at the food and decide what they might like to eat, with gentle encouragement and support the person was able to eat. One person who was cared for in bed had their room decorated with sensory items to catch their eye, there were pictures on the wall that they could see easily from their position in bed. There were items that made a noise and items they could touch within their reach. Care had been taken to make their environment as interesting and stimulating as possible.

The care staff were kind and courteous and we observed they knocked on people's doors and greeted them by name. Many people responded using staff member's first names. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example making sure doors and curtains were closed while assisting them to wash; making sure they had their hearing aids or glasses; and asking them what they would like to wear. The importance of privacy was particularly evidence in the shared rooms where staff took great care to make sure that people were respectfully supported. There were privacy screens in place to assist with this.

People's private rooms were personalised with items important to them such as photographs of family. People had items of furniture and other mementoes of their life around them. One person had a communication book filled with pictures and photographs to help staff communicate with them to find out what they wanted to do and how they were feeling.

People received individual care at night. We spoke with a member of night staff who told us that sometimes people were restless during the night and they would ensure they had a hot drink and something to eat and would chat with them until they relaxed and either went back to sleep or chose to get up and dressed.

## Is the service responsive?

### Our findings

People were not always able to tell us if their care needs were met however we saw that staff knew people well and anticipated their needs. One person told us; "staff know me well".

People receive care personalised to their needs. People's needs had been assessed before they moved into the home. Care plans detailed their needs and preferences and contained information about what they liked. For example, one person liked hand massages and their care plan reflected this. Where people were had identified risks such as choking this was clearly documented in the care plan so that staff knew exactly what to do to ensure their risk was minimised. For example, one person had to have their meal eaten with a teaspoon and staff knew this and ensured the right consistency of food was prepared and guidance on how to support them to eat was followed. Another person was unable to communicate when they were in pain and there was a pain scale which staff used to check if the person was in pain and respond appropriately to ensure they were pain free.

Care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives/representatives were involved in reviews. Information about people's preferred daily routines were also included in their care plans. Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly. All staff contributed to keeping people's care and support plans up to date and accurate. The staff handover sheet was detailed, including which people were seeing a GP and for what reasons; and if any appointments or visits required following up.

There was a programme of activities to promote mental stimulation and social inclusion. We saw an activities board of people taking part in a range of activities including crafts and sing a longs. Some people liked to spend time in their rooms and records showed staff spent time chatting with them about things they were interested in. In the afternoon staff engaged people in an activity, not everyone joined in but staff were encouraging and people became interested and were supported to participate. Staff took time to involve and encourage people and this was obviously enjoyed by everyone. The registered manager told us that caring canines visit every two weeks and people enjoy the visits. They also had days when they pamper people in the home such as foot spa day. Staff told us that there was a weekly exercise class and that people enjoyed this.

People told us they would feel comfortable raising any concerns or complaints. Information about how to make a complaint was displayed in the reception area and a system and procedure was in place to record and respond to any concerns or complaints that were received about the service. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

There was also a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service.

## Is the service well-led?

### Our findings

We could see throughout the day that the registered manager had strong relationships with people living in the home. People knew who she was and there was genuine respect and kindness. We spoke with a member of staff who felt very supported by the registered manager. One person who visits the home told us that communication from staff and the registered manager was excellent.

The provider promotes a positive person centred culture. Staff worked together in the best interests of people living in the home, we could see this through their approach to care and in their communication both with each other and with people in their care. For example, staff had developed together a pledge recognising the importance of what they do and why they do the job. Staff we spoke with were passionate about the work they did. Staff we spoke with told us; "It is a pleasure to work here".

The registered manager understood the importance of quality. The registered manager ensured that audits were in place and this included pharmacy audits completed by the local pharmacy that provided the medicines to the home. There had also been a monitoring visit from the local authority in August 2016 which was positive. The registered manager was supported in their role and receive peer support from the manager at the providers other home. The registered manager worked on the floor with care staff every day and monitored their competency all the time. Supervision both formal and informal happened on a regular basis and kept the registered manager in touch with the performance of their staff.

The provider and registered manager ensured that systems were in place to drive improvement. Regular surveys were sent to people and action taken on the responses. The outcome of these surveys were analysed and the information provided to people to see what action was being taken. Questions such as 'Are the management of the home visible and accessible?' had a very positive response.

The home was maintained to ensure people's safety. For example, at a recent kitchen inspection the home received a five star rating. Electrical equipment was regularly tested and there was a maintenance plan.

Incidents and accidents were monitored on a monthly basis. This ensured that the registered manager was aware of any trends or concerns and able to seek advice and support from health care professionals if required.