

Midland Healthcare Limited

# Nightingale Nursing and Care Home

## Inspection report

Fourth Avenue  
Edwinstowe  
Mansfield  
Nottinghamshire  
NG21 9PA

Tel: 01623824480

Website: [www.midlandhealthcareltd.co.uk](http://www.midlandhealthcareltd.co.uk)

Date of inspection visit:  
11 December 2019

Date of publication:  
12 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Nightingale Nursing and Care Home is a nursing and residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection 33 people lived at the service. The service can support up to 49 people in one adapted building over two floors.

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

The registered manager had been in post for six months and was working with the local authority quality team, the infection control team and the medicines management team to put improvements in place.

Staff training was out of date, so we could not be sure that staff had received effective training. There were enough staff to meet people's needs.

People's nutritional needs were not always met, and records were not always up to date.

End of life planning was not detailed enough. An activity program that was meaningful and personalised to people's needs was not fully established.

People and their relatives were positive about the staff and the registered manager. People felt safe and staff had a good understanding of how to protect people from harm. People received safe care, their health needs were monitored, and staff supported people's independence. People received their medicines safely. Staff followed infection control policies to protect people against the spread of infection, and the environment was clean and well maintained.

Risk assessment were in place to reflect people's changing needs. People told us there were enough staff to support them and safe staff recruitment practices were followed.

People told us staff were caring and the registered manager was visible and responded to concerns. The registered manager was very motivated to improve the service. Staff were knowledgeable about people's needs and supported people well.

There were quality assurance systems in place to monitor the service, however actions needed to be closely monitored to ensure they were followed up. The registered manager had made a number of service improvements however these were not fully established at the time of the inspection. The registered manager was well supported by the provider.

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

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

#### Rating at last inspection and update

The last rating for this service was Requires improvement (published 19 May 2018) There were no breaches found at this inspection

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was well-led.

Details are in our well-led findings below.

# Nightingale Nursing and Care Home

## **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 team comprised of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Nightingale Nursing and Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We contacted Healthwatch, this is an independent consumer champion that gathers information about health and social care services. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the operational manager, registered manager, clinical lead nurse, residential care coordinator, senior care workers, care workers, housekeeping staff, the cook and the maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

We spent periods of observation in the open plan lounges and the dining area, we observed two meal times and a medication round.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Systems were in place to assess risk. We found one person's mobility risk assessment was out of date. However, staff knew the persons up to date mobility needs. Staff immediately updated the records when we pointed this out and agreed to review all risk assessments.
- People's behavioural risk charts did not always contain enough detail about how to support people. For example, triggers to identify what may cause an escalation in behaviour was not clear as there was very little information on how to respond or deescalate behaviour. The registered manager told us they would review all behaviour charts and implement further staff training. We saw that this was implemented during the inspection.
- The registered manager did a daily walk round and there were environmental audits in place to keep people safe. Staff had fire training and people had personal evacuation plans in the event they needed to leave the building in an emergency.

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

- People told us they felt safe. One person said, "I have a lot of problems with my memory, so I wasn't safe to stay at home anymore, I am safe here though." Relatives we spoke with told us they were satisfied their family member was safe. One relative told us, "My relative is very safe here and the staff are very good."
- People were supported by staff who had received training in safeguarding and understood how to recognise different types of abuse. Staff knew who to report abuse to, within and outside the organisation.
- The management team understood their responsibility to keep people safe and to report concerns to the local authority and the Care Quality Commission.

### Staffing and recruitment

- People told us there was enough staff, one person told us they sometimes had to wait for help.
- Relatives told us there were enough staff to support people in a timely way when they visited.
- The registered manager told us they had a formal dependency tool for staffing, but occasionally increased staff numbers depending on people's needs. The registered manager told us the provider was very supportive to increasing staffing numbers when necessary.
- Staff told us there had been a lot of staff changes over the past six months, there had been a high number of agency staff and it had been unsettled. There was now a stable team that worked well together and were keen to improve. There was one agency nurse who worked at the service on a regular basis, so knew people well.
- The service recruited staff safely. Pre-employment checks were undertaken on new staff. One member of staff who had been recruited some years ago did not have a Disclosure Barring Service or nurse registration

documentation in their file, however the registered manager was able to produce these documents during the inspection.

#### Using medicines safely

- The service was working very closely with the Clinical Commissioning Group pharmacist to improve and to ensure all medicines systems were effective and safe. The community pharmacist we spoke to was very positive and told us the service had made lots of improvements.
- We observed staff were sometimes distracted by other tasks such as answering the phone while administering medicines. This inconsistent practice could lead to errors. We discussed this with the registered manager who agreed to look into diverting phones away from the medicines area.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff we spoke to, understood their role in protecting people by preventing the spread of infection. There were infection control policies in place to support staff knowledge.
- The home appeared clean. Toilets and bathrooms were being upgraded and refurbished during the inspection. A number of soft furnishings had recently been replaced and the service was following recommendations from a recent infection control audit. There was a cleaning rota in place.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. We could see lessons were learnt, for example the service logged any falls that occurred, these were then analysed to see if trends could be picked up, such as time of falls or specific locations for falls, to identify how to prevent further falls. Incidents were discussed by senior staff and communicated to staff at meetings. The registered manager promoted an open and honest culture towards reporting issues.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- The staff training matrix showed that training was due for renewal or had not been completed by a number of staff. This meant we could not be sure that staff supporting people had the right skills or training to support people safely. We spoke to the training coordinator, who told us training records had been lost due to staff changes. They had identified everyone's training needs and had showed us an intensive training program for the next 6 weeks to ensure all staff were updated.
- People told us staff knew what they were doing, and they felt safe when people moved them with equipment. We observed staff transferring people safely and constantly reassuring the person.
- The service had recruited new staff recently and they were on their induction during the inspection. Staff told us they thought the training was very good and they had a shadow period before they started.
- The registered manager told us, training in oral health had been identified as the next extra training session.

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

- People's nutritional needs were not always well supported. We observed one person who did not eat their lunch. Different staff approached the person to encourage them, but no one person offered close support or an alternative meal. Other people using the service sitting with the person also tried to encourage them. We felt this person was left sitting for too long at the dinner table and reported this to the registered manager.
- This person had been assessed as requiring regular monitoring of their weight and food and fluid intake following referral to the Speech and Language Therapy team (SALT). When we looked at the persons food and fluid charts for the seven days preceding our inspection, we found these had not been fully completed on three days and not completed at all for the remaining four days. Therefore, there was no oversight of what the person's nutrition or fluid intake and this left the person at risk.
- We observed one staff member helping two people with their food at the same time. We discussed this with the registered manager who said they would address the issue straight away to ensure it was not repeated.
- We observed the cook offering people a choice of meals, however there was no menu board or menus on the tables, the registered manager told us they had made picture menus that were nearly finished. At the time of this report we had not seen evidence to confirm these menus were now in use.
- People told us the food was good. We saw people being offered drinks and snacks during the day, and these were available for people to help themselves. There was a kitchenette area where people could make themselves hot drinks if they were able.
- Staff responded to people's needs, we observed one person who asked for a cup of tea and it was brought

straight away.

- The cook told us they had a large board in the kitchen with people's dietary requirements and preferences, and any special diet or allergies. Food was fortified for people who struggled with maintaining their weight.

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

- People's needs, and wishes were assessed, and care and support was planned, and staff had a good knowledge of people's individual needs. However, some information in people's care plans contained out of date information. For example, one person's mobility assessment recorded in their care plan was out of date and did not reflect their current needs. This could expose people to the risk of unsafe care and support.
- Staff used nationally recognised assessment tools to assess people's needs. For example, MUST (Malnutritional Universal Screening Tool) for nutrition and Waterlow score for tissue viability.

Adapting service, design, decoration to meet people's needs

- The home was decorated for Christmas with a tree and lights and communal areas were bright and warm. There was a small quiet room which we saw one person use when family visited, and we saw some people sitting in an outside courtyard.
- People had their names and a picture of something they had chosen on their doors and people had personalised their rooms as they wished.
- The registered manager told us they were planning to improve signage and themed decoration around the home to make it more dementia friendly. They planned to implement memory boxes outside people's rooms and have more quiet areas and activity areas for people to enjoy.

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

- Staff worked with agencies to provide timely care. People had grab sheets for emergency admission to hospital. During the inspection one person was admitted to hospital in an emergency and we saw staff using the vanguard red bag to ensure the persons medical information, medications and any belongings were transported in a safe way.
- We saw people had access to chiropodist, opticians, dentists that visited the home. Staff told us they liaised with district nurses, tissue viability and the falls team to communicate people's needs. We saw people had equipment they needed to keep them safe such as sensor mats in their rooms.
- Healthcare professionals had a communication sheet in the back of peoples support plan, to record information and instructions for staff guidance.
- The registered manager told us they had participated in 'National Blood Pressure Week' which had resulted in one person being referred to the GP for a blood pressure review.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. DoLS were up to date and people had best interest decisions for specific issues.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained, people told us staff assisted them with personal hygiene. One person said, "I can manage to wash myself but it's good to know they are around if I need help."
- People looked well cared for, some ladies had their nails manicured, and there was a hairdresser who visited weekly. Staff ensured people were covered with blankets when they were being moved to maintain dignity.
- Several people had been given keys to their rooms, one person told us, "I please myself when I go to bed".

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring, and we observed a friendly atmosphere between staff and people. Staff sat and chatted to people and one relative told us, "The staff seem very nice, I have not seen anything that worries me."
- The registered manager told us about one person who had asked for a room with a better view as they spent a lot of time in bed. The person had been moved to an upstairs room where they could see out of the window and enjoy watching the children in a local school out to play.
- Staff had an awareness of treating people equally and respecting people's diverse needs.

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

- People were supported to make day to day decisions about what care and support they required.
- People were supported to maintain relationships with friends and family. The registered manager told us that people could contact families using social media if they lived far away.
- People were offered the support of advocacy services if they were required to help them make decisions. An advocate speaks up on behalf of a person who may need support to make their views and wishes known.

## 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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were pre-assessed by the registered manager before they came to the service, to ensure the service could meet their needs. On admission a care plan was put in place to identify what support people required. The registered manager told us that the person and their family were involved in the care planning, however we could not see any evidence of this in people's records. The registered manager told us they would record this in a formal way in future.
- People's care plans were being updated during the inspection. This was being co-ordinated by the new clinical lead nurse and the new residential care co-ordinator, however very few had been done. The registered manager told us they would give lead staff extra time to get these updated as a priority.
- Information in care plans was personalised, we saw in one person's care plan they had been offered the choice of male or female carers.
- People had 'This is me' documents which were also being updated, to give staff an overview of people's preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the first day of the inspection there was a lack of activities, and no activity coordinator. However, on the second day, we spoke to a newly appointed activity coordinator who was very enthusiastic to improve activities.
- People told us the day before the inspection, there had been a trip to the pantomime and a party for residents.
- On the second day of the inspection a local school visited to sing carols and several residents were taken out to a local theatre. A member of staff regularly sang and played guitar to residents, which people told us they enjoyed.
- The registered manager told us the new activity coordinator was going to meet with people and their families to build up more information on people's past lives, interests and hobbies to make activities more meaningful to people.

End of life care and support

- End of life care planning was in place but contained basic information, the registered manager told us that one of the newly appointed 'end of life champions would look at improving this.

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.

- We saw easy read documents for complaints and safeguarding. Staff told us they used picture cards to communicate with one person. Staff told us they were able to assist people with communication problems by observing people's body language and gestures or facial expressions they made. One member of staff told us, "A person may not be able to communicate effectively through speech, but if you offer them a choice of two things, they can still indicate a choice."

Improving care quality in response to complaints or concerns

- There was a complaints policy and we saw the one complaint that had been raised was dealt with effectively.
- No one we spoke to had raised a complaint, but people and staff told us they would be happy to discuss issues with the registered manager if they needed to.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. 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

- Systems to monitor quality performance were not always in place. The registered manager told us there had been a large number of staff changes, which had impacted on the service. The registered manager told us they were beginning to get on top of things. There were a number of staff in new roles and a number of new lead roles that were not yet fully established. Staff we spoke to, understood their new roles and were keen to develop them to improve the service.
- There were audits in place, however actions were not always followed up. For example, an environmental audit had identified a faulty washing machine, this was still out of action four months later, however other washing machines were available.
- There were weekly and monthly medication audits, however issues picked up were not always actioned. For example, one person had no photograph on their medicine chart and no PRN (as required) protocol, these were still not in place two weeks later. Staff immediately corrected this during the inspection.
- The registered manager performed spot checks of staff at nights and weekends to monitor standards.

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

- Staff told us they thought the registered manager was good. A relative said, "I think she is a good manager, I asked her to look into something for me, and she dealt with it straight away."
- We saw the registered manager out of the office, spending time chatting to people and supporting staff.
- The registered manager told us she felt supported by the providers management team and they were all keen to improve the service.

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

- The registered manager told us they understood duty of candour and notified families of any events they needed to.
- During the inspection the registered manager was open about the challenges the service had faced when they started and how things were improving.

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

- The service held regular meetings for all staff, relatives and residents to give feedback and discuss issues. There were survey cards in reception for people to give anonymous feedback.
- There was a monthly survey of people's views exploring a different topic each time, for example we saw, one month a dignity survey, the next a food survey.
- The registered manager told us they were open to different ways of working and were going to implement coffee mornings for people and their family to gain feedback.
- There was a display board with, 'You said we did', this had resulted in new wall paper, new table decorations and table linen in response to feedback.

#### Continuous learning and improving care

- The registered manager told us they believed in promoting staff that had the right qualities, to show they were valued. A number of new champion roles had recently been developed with specific responsibilities and objectives set to improve the quality of, end of life care, dignity, wellbeing and nutrition which the registered manager hoped would impact on people's care.
- The registered manager told us they had improved handover sheets following staff feedback.
- The registered manager attended managers meetings across the providers four sites, to update and promote best practice.

#### Working in partnership with others

- Service users were encouraged to be involved in staff recruitment and the activity coordinator told us that a person had been on their interview panel to ask questions.
- There was a local community lunch club that people attended to connect with other people.
- The manager had established community links with a local nursery and primary school, during the inspection children came in to sing carols which people enjoyed.