

## Nightingale Residential Care Home Ltd

# Nightingale House

### Inspection report

57 Main Road  
Gidea park  
Romford  
Essex  
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Tel: 01708763124

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06 March 2019

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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

About the service:

Nightingale House is registered to provide accommodation to 43 older people who may have dementia and/or requiring nursing or personal care. At the time of our visit, there were 36 people using the service.

People's experience of using this service:

- People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.
- Risks to people had been assessed and identified as part of the care planning process. Medicines were managed safely and stored securely at the service.
- People were supported to access routine medical support from healthcare professionals such as general practitioners and dentists, to ensure their health and wellbeing was maintained. Staff supported people to eat and drink sufficient quantities.
- There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice. Staff recruitment process was robust. Staffing levels were organised so that people received appropriate support to meet their needs.
- People were 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 supported this practice.
- Staff were kind and compassionate and respected people's privacy and dignity. They knew people's preferences, abilities and skills. People were fully supported to take part in their various activities.
- People's needs were assessed, and care and support were planned and delivered in line with their individual care plan. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.
- The quality of the service was monitored regularly through audit checks and receiving people's feedback. There was system in place to handle and respond to complaints.

Rating at last inspection:

Good (report published 10 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Nightingale House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

There was one inspector.

#### Service and service type:

Nightingale House 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 provides accommodation to older people who may have dementia and/or requiring nursing or personal care.

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:

The inspection was unannounced and took place on 6 March 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. We looked at the information we had received from the service including statutory notifications. A notification is information about important events which the service is required to send us by law. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. The provider had completed a Provider Information Return. We spoke with the local authority commissioners and looked at their latest report.

During our inspection we spoke with three people, four relatives, the registered manager, the deputy and

three members of staff. We looked at three records relating to the care of individuals, three staff recruitment files, medicines administration records and records relating to the running of the service.

We were not able to get the views of some people who used the service due to their needs. We carried out observations of people's interactions with staff and how they were supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse as the service had systems to identify the possibility of abuse and stop it occurring. Staff had appropriate information to report any concerns. People and their relatives told us that the service was a safe place. One person told us, "Yes I am safe here." A relative said, "I will not put [family member] anywhere else." When we asked the staff how they would respond to different safeguarding scenarios, they knew what to do if they had any concerns.

Assessing risk, safety monitoring and management

- The risks associated with people's care and support were assessed and measures put in place to ensure staff supported people safely. Staff were aware of these risks and knew what action to take to minimise the risk. They knew about people's health needs and ensured they were safe when carrying out any task.

Staffing and recruitment

- People and their relatives felt there were enough staff working at the service. Staff confirmed that there was always enough on duty. One person told us, "There are always staff around." A relative said, "Staff is not an issue, some staff have been working in the home for a long time and this help with [family member] receiving consistent care."
- There were appropriate checks carried out before staff started to work for the service. These included written references, identification check and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with people who need support.

Using medicines safely

- We looked at how the service managed people's medicines and found the arrangements were safe. One relative told us, "The staff make sure that [person] has their medicines. If there is anything, they contact the GP." Each person that required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, date of birth and allergy status. Staff had received training in the administration of medicines.

Preventing and controlling infection

- Staff had received training in infection control and were aware of their responsibilities in this area. They were provided with personal protective equipment such as aprons and gloves. This helped to prevent the spread of infection and ensured people as well as staff were safe. People and their relatives felt the service was clean.

Learning lessons when things go wrong

- Accidents and incidents were monitored to reduce the likelihood of them reoccurring. Relatives told us that they were always informed any incidents regarding their loved ones. We saw actions had been taken by the provider following a recent incident where part of a ceiling collapsed in one bedroom. Works had been carried work to ensure all the ceilings were safe. Some works were still on-going.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started using the service an initial assessment of their needs was carried out. The assessment process was comprehensive and done in a holistic way. Information was gathered from people, their relatives and from the commissioning team to ensure the service had all the relevant details on what the person's needs were and how to meet them. Relatives mentioned that they had been involved in the process.

Staff support: induction, training, skills and experience

- The provider ensured that the staff had the necessary skills and knowledge to effectively meet people's needs. There was a training programme in place for all staff. One person told us, "Oh yes! the staff know what they are doing, and they do a very good job." Staff felt the training they received was good. One member of staff said, "We always have training in different subjects."
- Staff undertook a structured induction when they started working for the service. They also received regular supervisions and yearly appraisals. Staff told us that they were able to meet with the registered manager on an informal basis if they had anything they wanted to discuss.

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

- People told us they were supported to have enough to eat and drink and at the times they wanted it. Staff knew what people's likes and dislikes were. They encouraged and supported people to maintain a balanced diet. Where there were concerns about how much people ate and drank, records were in place to monitor this. One person told us, "The food is very good here."

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. The registered manager worked with health care professionals to ensure people's needs were fully met. A relative told us, "The staff let me know what is going on with [family member]. They call me even though they know I am coming to visit [family member]."

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

- Equipment or aids were available to people to ensure their needs were met. For example, we saw there were special beds and baths for people who had difficulty with their mobility.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found them to be compliant.
- The management team was familiar with the processes and principles of the MCA and DoLS. Records showed how people's best interests were assessed if the person lacked capacity to make certain decisions about their care and support. People told us staff always sought for their permission before they carried out any tasks.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our inspection we observed staff treated people with dignity and respect and care/support was delivered in an unhurried and sensitive manner. People told us that the staff were kind and caring. People were relaxed in the presence of staff and the interaction between them was of a friendly and caring nature. One person said, "The carers are very nice." One relative told us, my [family member] is very relaxed with the staff, I can't fault them." Staff recognised people's individual religious and cultural preferences. They ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle.

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

- People were encouraged to express themselves and make as many decisions as they could. They were involved in deciding how their needs should be met. Where they were not able to do so, their representatives were involved. Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. For example, a member of staff said, "[Person] likes porridge and a cup of tea for breakfast."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Each person had their own bedroom. Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in. People were given a choice in their daily routines. People's independence levels were recorded in their care plans. One person told us, "I do a lot of things for myself."
- We found information about people was treated in confidence. People's records were kept securely when not in use. Staff knew that any information provided to them in confidence should not be disclosed except to another authorised person. People and their relatives did not raise any concerns with us about the way the service handled their information and felt their confidentiality was respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were happy with the way staff supported them. One person said, "The staff are very good." Relatives also commented positively about the care and support being provided by staff. One relative told us, "The staff are lovely." Another said, "The staff are all very helpful and caring."
- People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Care plans clearly stated what people could do for themselves and what they needed help with for example personal hygiene. Staff were aware of people's current needs. People's care plans were reviewed on a regular basis. Relatives told us they were involved in the care plan reviews. This meant that people's ongoing and changing needs were kept under review. People had an allocated member of staff known as a key-worker who coordinated their care.
- Staff felt the care plans provided them with enough information to enable them to meet people's needs and preferences. They had a good understanding of the needs of the people they supported. For example, they knew how to communicate with people who were unable to verbalise themselves.
- People were encouraged to engage in activities they like in order to prevent them from the possibility of becoming isolated. Staff were aware of what activities people liked and helped them to choose how they spent their time. One person said, "There is always something happening here." We saw people took part in various activities during our visit.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable to raise concerns with the registered manager. One person told us, "I don't have anything bad to say about the home." A relative said, "I am very happy with the home." We saw the service had received a number of compliments from relatives as well as other professionals. One professional wrote, "I visited three residents today. The staff were helpful. My visit was made very easy for me, thank you."

End of life care and support

- People had their end of life wishes discussed and recorded. This helped to ensure they receive the care and support when approaching the end of their lives. A number of thank-you cards had been received from relatives to thank staff for the care and support during the final days of their loved ones lives. One relative wrote, "So many thanks for the kindness and care over the many years of [family member] living at Nightingale House."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People, their relatives and staff told us that the registered manager was approachable and that they operated an open-door policy where they were able to discuss any issues they might have.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood what their roles and responsibilities were. They kept us informed about matters that affected the service. For example, they reported a recent safeguarding incident to the Care Quality Commission (CQC). Staff were aware of who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. One member of staff told us, "The manager is very supportive."

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

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible. Staff told us the service was a very good place to work. They were kept informed about any changes that happened within the service. The registered manager maintained good links with the local community. This helped to ensure people received good quality care and support.

Continuous learning and improving care

- There was a quality assurance system in place to monitor the quality of the service people received. The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. Comments from the recent completed satisfaction surveys were positive. One relative commented, "Overall we could not be more satisfied, caring for our [family member], improving all the time. We are so happy with the home. Staff are friendly and caring."
- The registered manager also carried out a range of audits to ensure the service was run well and to identify where improvements were needed.