Wellburn Care Homes Limited

Nightingale Hall

Inspection report

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Date of inspection visit:
19 April 2018
20 April 2018

Date of publication:
13 June 2018

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

This inspection took place on 19 and 20 April 2018. The first day was unannounced. We told the provider we would be visiting on day two. At our last inspection on 15 March 2017 we rated Nightingale Hall as Requires Improvement. We found the provider had breached one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to medicines administration. Risks to people arising from their health and support needs were not always assessed and plans were not always in place to minimise them. The service was not involving night staff in fire drills.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least Good.

At this inspection, we found medicines were administered safely. Risk assessments were in place, which gave staff the guidance needed to meet people's needs safely and plans were in place to minimise risks. Fire drills included all staff at the service.

This service is now rated as Good.

Nightingale Hall 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.

Nightingale Hall is a large adapted property and accommodates up to 42 older people, some of who may be living with dementia.

A registered manager was 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if abuse was suspected. They were confident the registered manager would address any concerns.

Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Risk assessments were completed to reduce the risk of harm. Accidents and incidents were analysed to reduce the risk of reoccurrence.

There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the

necessary skills and knowledge to meet people's assessed needs. Staffing levels were sufficient to meet those needs.

People were provided with sufficient food and drink to maintain their health and wellbeing and staff supported people to access healthcare professionals and services.

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 knew people well and promoted their independence. Care was person centred and people were provided with choice. Staff were kind and treated people with dignity and respect. People told us they felt safe and well cared for. End of life care was provided sensitively.

Care records contained information about people's needs, preferences, likes and dislikes. Staff understood people were individuals and would inform managers if they thought people were being discriminated against.

Complaints or concerns were taken seriously and action was taken to address them. Feedback about the quality of the service was sought from people, relatives and staff.

The registered manager and the provider regularly monitored the quality of service to ensure that people received a safe and effective service which met their needs.

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.

There were sufficient staff to keep people safe and meet their needs.

Medicines were managed safely and people received their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe; risks were identified and well-managed.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to enable them to fulfil their role.

People were supported to make choices in relation to their food and drink and to maintain good health.

The staff and registered manager understood the principles of the Mental Capacity Act 2005 and acted in people's best interests where required. Appropriate applications to deprive people of their liberty had been made.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were caring and kind towards the people they supported.

People and their relatives were involved in planning their care.

Staff promoted people's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans described how people should be supported and were person centred.

People were supported to make choices about their care and support and relatives contributed to this.

People had opportunities to take part in activities of their choice and were supported and encouraged with their hobbies and interests.

People told us they felt confident to speak with the registered manager or staff if they had any concerns.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role.

People and staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained.

Nightingale Hall

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.

The inspection was undertaken to ensure the improvements we asked the provider to make at our last inspection in March 2017 had been undertaken.

This comprehensive inspection took place on 19 and 20 April 2018. Day one of our inspection was unannounced. We told the provider we would be visiting on day two. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events the service is required to send us by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using all of the information we had gathered from these different sources.

During the inspection, we spoke with six people and three of their relatives, as well as three visiting health professionals, to gather their feedback about the service. We spoke with the registered manager, two team leaders, one care assistant, the activities co-ordinator, the laundry assistant and the deputy operations manager.

We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, three staff recruitment and training records, quality assurance audits,

minutes of staff and residents meetings, complaints records, policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection in March 2017, records relating to medication were not completed correctly and risks to people were not always assessed or plans put in place to minimise them. The service had not involved night staff in fire drills. These were breaches of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 12.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MARs) demonstrated people had received their medicines as prescribed. Records showed staff who administered medicines received training, completed competency assessments and were observed. Regular audits were completed and action taken if any shortfalls were highlighted to reduce the risk of reoccurrence. A member of staff we spoke with confirmed this. They told us, "I had supervision when I missed giving one tablet to a person. I felt very supported whilst I had my competency reassessed. I was checked six times to make sure I was doing things right."

Risks were identified and systems put in place to minimise risk to ensure people were supported as safely as possible. For example, risk assessments had been completed in areas such as falls, moving and handling, skin integrity and eating and drinking. Records showed risk assessments were regularly reviewed and were relevant to people's individual needs. This meant staff had guidance on how to support people safely.

Records confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers, manual handling equipment, gas safety, electrical installation and portable electrical equipment. Personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency. At our last inspection, we saw staff took part in fire drills, but there was no evidence to show night staff had been involved in any. At this inspection, we could see night staff had been involved, fire wardens had been identified on each shift and fire training was up-to-date.

During our inspection, we found staffing levels were sufficient to meet people's needs. The registered manager evaluated people's dependency level's and worked out how many care hours were required on each shift to ensure people's needs were met. People and their relatives told us they felt safely cared for. Comments included, "I feel perfectly safe here" and "Staff are always around, I feel safe." One relative we spoke with said, "There is always plenty of staff around. They have a good crew here and the number of staff is more than adequate." We observed staff were not rushed and took their time to talk with people.

People were protected from the risk of abuse and harm. Policies and procedures with regard to safeguarding and whistleblowing were available to people and their relatives. Staff had been provided with training and those we spoke with could explain the action they would take if they suspected or witnessed

abuse. They were confident any concerns reported to the management would be dealt with. A member of staff said, "The management are always available and will come and talk with us. I am completely confident action would be taken."

We found the recruitment process was safe. We looked at three staff files and saw the staff recruitment process included completion of an application form with a full work history, a formal interview, and a Disclosure and Barring Service check (DBS) which was carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We looked at the arrangements in place for managing accidents and incidents. We saw documentation was appropriate and the registered manager reviewed patterns and trends for individuals. For example, any falls were recorded and then analysed. Monthly audits were undertaken and actions completed were recorded and dated. This meant that areas for improvement were identified and lessons learnt to reduce the risk of reoccurrence.

We looked at the business continuity plan, which provided information about how people's needs would be met in the event of an emergency, which could force the closure of the service. This showed us that contingencies were in place. The registered manager had made links with another care home locally which would provide support and assistance if required.

The service was clean and staff recognised the importance of preventing cross-infection and used gloves and aprons when required. People and their relatives commented on how clean the home was. One relative told us, "The home is very clean and the cleaners even know the residents."

Good

Is the service effective?

Our findings

People's needs and choices were assessed so that support was provided effectively. Assessments and care plan recorded details of how a person's health or cognitive needs affected them and how the support was provided. Where appropriate, records also included general information for staff on a specific health issues such as anaemia or diabetes to promote their awareness and understanding. When care and support decisions were made, people were asked about their cultural or religious needs to ensure if any additional provision was needed so they did not experience discrimination.

Staff had received training to meet people's care and support needs. The registered manager used a training matrix to ensure staff learning was up to date. Records showed the subjects covered included basic and advanced first aid training, fire awareness, infection control, moving and handling, dementia care, safeguarding and person-centred care. Additional training was provided to meet the needs of people with specific health conditions. For example, with stoma and continence care needs. One person who used the service told us, "Staff have enough training days. They definitely know what they are doing."

The registered manager had organised a training session for staff from prospective in-house trainers. Staff chose the trainer they related to best. Staff we spoke with told us all training provided was useful and relevant for their roles. One said, "The dementia training is really good and interesting. It is important to have and it gave me insight about this illness."

Records showed staff had received regular supervision and appraisal. Staff we spoke with confirmed this and felt supported by their line managers. One said, "I feel completely supported and supervision has helped me massively in my role."

People were supported to maintain a healthy diet and care records included information about their specific dietary needs. An external company was used by the service to provide main meals and the food was ready-prepared. The cook and kitchen staff were aware of those people on specific diets and were able to make other meals if people wanted an alternative choice. Menus showed people were offered a varied and nutritious diet. People and their relatives gave us positive feedback about the food. One person said, "I can't have certain foods and all the staff know about this, but I can have drinks and food throughout the day. Staff would make me toast at 3:00am if I wanted some."

The service had a member of staff identified to be the nutrition champion. Champions are staff who have specific interests, and share best practice and their learning with other staff to ensure people received good care and treatment. The registered manager supported the use of champions and wanted staff to be proactive in their chosen area. The nutritional champion had received additional training and ensured the National Institute for Health and Care Excellence (NICE) best practice guidelines were available to staff.

People's care records showed relevant health and social care professionals were involved to promote people's health and well-being. This included GPs, district nurses, and mental health professionals. Health care professionals told us that when people's needs changed, they were contacted timely and

appropriately. One said, "The staff are exceedingly helpful and I trust their judgements when they ask us to see someone." People and their relatives confirmed this. One relative we spoke with told us, "The staff and I work close together. If we pick up any changes in [Name], we will talk about this." Another told us how staff had realised that their relative's mental health difficulties had not been addressed prior to them living at Nightingale Hall and a referral had been made for an assessment. They told us, "[Name] is beginning to smile at staff now. Staff have had to work tremendously hard to gain their trust."

Arrangements were in place to ensure people had access to the environment in and around the home. The registered manager showed us the decoration and signage in the premises which supported people's needs and enabled easy navigation. This helped to promote people's independence as they moved through the home. There was also a 'dementia friendly' garden area and changes had been made to make the internal environment more dementia friendly. For example, equipment had been purchased which projected peaceful imagery and coloured lighting and there were quiet areas where people could choose to listen to music, read or spend time with family or friends.

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 MCA 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 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 met. MCA assessments had been appropriately completed and DoLS applications made when required. Records showed two people had been authorised to be deprived of their liberty. There were no conditions attached to these authorisations. The registered manager was aware of when to make a referral to the supervisory body in order to obtain a DoLS. This meant that systems were in place to ensure people were not being unnecessarily or unlawfully deprived of their liberty. Staff had received training on MCA and DoL's and those we spoke with had a good understanding of the legislation. Staff were aware of the importance of asking for consent. We saw how staff put this into practice during our inspection as we observed them asking for consent before they assisted people.

Good

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well. One person said, "The staff are kind and caring. They will do their upmost for you." Another said, "The staff are all lovely to me." A relative explained how the staff were very patient and said, "Staff understand people here and they are kind."

We observed staff spent time, chatted and laughed with people. Staff stopped talking with each other or visiting professionals when they were approached by a person, to ensure they gave them their full attention. We observed call bells were promptly answered and staff regularly checked on people in the communal areas to make sure they were comfortable or if they needed anything.

Staff we spoke with were aware that people were individuals and respected how they wished to lead their lives. A member of staff explained that every person was different and said, "It is my pet hate when people are treated as though they are just on a conveyor belt. Each person is an individual."

There was a range of information displayed in the entrance hall for people, their families and other visitors. This included information about the importance of oral health, safeguarding, falls prevention and information from the NICE about the recognition and the prevention of delirium. Information about a local advocacy service was available and people were supported to access this if required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

People, relatives and their representatives were provided with opportunities to discuss care needs prior admission into the service. During our inspection, we saw health and social care professionals were involved in people's care planning and records we looked at evidenced this.

People's cultural and religious needs were assessed to prevent the risk of discrimination if additional provision was required. Staff we spoke with understood their roles in ensuring people's needs were met in this area.

Staff were aware of the importance of treating people with dignity and respect. We looked at the minutes of a team meeting and saw this topic had been discussed. The registered manager showed us the 'Do not to Disturb' signs which people used if they wanted to be alone with family members for example. We observed staff knocking on people's doors and waiting before entering. One person we spoke with told us that when they were supported with personal care staff were sensitive and ensured they were covered. They said, "They put a top on me the way I like it and look after my dignity."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person told us, "The staff help me. I take part in doing as much as I can for myself. A member of staff said, "Even if it takes longer to support a person we let people do as much as they can like washing their own face."

We read a number of compliments about the service. These included, a thank you card from the children who had visited Nightingale Hall. Other cards included comments such as 'Thank you for looking after me with such kindness, humour and consideration' and '[Name] couldn't praise you all enough.'

During our inspection the atmosphere in the home was relaxed and friendly. We observed people's relatives and visitors were made to feel welcome and staff took an interest in them.

Good

Is the service responsive?

Our findings

At our last inspection, care plans were not always updated or person-centred. Person-centred care is individualised care based on the person's needs, preferences and wishes. At this inspection, we saw improvements had been made. Care plans reflected people's physical, mental, emotional and social needs. This enabled staff to deliver care and support in a way people liked. For example, one record described a person's sleeping pattern and where they wanted to rest. Another described how the deterioration in a person's cognitive ability had impacted on them.

Staff we spoke with knew people well and knew their individual needs and preferences. For example, one person we spoke with was unable to communicate verbally. We could see that when they were admitted to the service, staff made personalised, pictorial flash cards to aid communication. These had been added to as staff began to know and understand them.

Care plans were reviewed regularly and updated as and when necessary. As far as possible, people and their relatives were encouraged and involved in planning and developing their care plans. People and relatives we spoke with confirmed they were involved. A relative said, "We are never kept in the dark and feel involved." Another relative said, "I have been involved and wrote a lot for the memory book with staff." The registered manager showed us the guide the provider had produced for people and their relatives about care plans and how they were reviewed. This was available in large print and pictorial format. It included the areas covered in the review such as personal care, night time support and life history.

The registered manager was committed to ensuring activities were meaningful and there was a range of activities on offer. They had made links with and worked closely with an organisation providing sensory activities. They had also developed links with another care home who's residents visited which enabled friendships to develop. During our inspection, people were going out on the provider's mini-bus to a tourist attraction. There were links with local church groups and people were supported to maintain involvement with them.

We spoke with the manager of an organisation who provided sensory activities to the service. Activities using sand, pebbles, coastal sounds and music had encouraged participation and additional stimulation for them. People's art work was displayed around the home and we saw photographs of the activities undertaken. These included children from a local nursery school who visited and interacted with people who lived at Nightingale Hall. People clearly enjoyed the experience and were engaged. The service also employed two activity workers. One we spoke with felt they had been included in developing the activities and the provider had paid for them to have training to become a qualified manicurist.

The service enabled people to use technology to remain in contact with family and friends and promoted people's independence. Call bells were easy to use and the service had access to a live video consultation with healthcare professionals.

The provider had a complaints policy and procedure. This contained details about how complaints or

concerns were managed. Records showed there had been one concern which the service had responded to appropriately. Outcomes and actions taken were recorded and reviewed to minimise the risk of reoccurrence. People and their relatives told us they felt confident to raise any concerns with staff or management if they needed to.

At the time of our inspection, one person was receiving end of life care. The registered manager explained how they considered all aspects of their care to ensure they remained comfortable. Staff had considered this person's environment by finding out if they wished to have music playing and the type of lighting they preferred. The registered manager explained they were developing the end of life champion role for a member of staff. Health care professionals were complimentary about the care provided. They told us, "Staff realise when a person may be coming to the end of their life and contact us. End of life care is very good" and "People have peaceful and dignified care." A thank you note we looked at included the comments, "'I take great comfort from the fact that, in what were to be their final weeks, they were well-cared for and in their words 'felt safe'."'

Good

Is the service well-led?

Our findings

At our last inspection, audits did not highlight the full concerns we found with medicines and risk assessments. At this inspection, we saw improvements had been made. There were systems in place to monitor the quality of the service provided and identified areas where improvements were needed. Audits undertaken by the registered manager and provider were robust, detailed and covered all areas of the service. Any shortfalls were highlighted and actions taken. For example, the provider's audit had shown three case file's had been checked one month when four should have been completed.

The home was well-managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. People, relatives and health care professionals were complimentary about the registered manager. People said, "[Name] leads from the front. If you have a problem they will talk it through with you" and "I always see the manager around the building." A relative said, "[Name] is a breath of fresh air and thinks of new ideas." A health care professional explained they were working on a project with the support of the registered manager to improve care planning with the aim of reducing unplanned admissions to hospital. They told us, "[Name] is a good leader. They roll up their sleeves and become involved." We read a compliment card about the registered manager which stated, 'They are an asset to Nightingale hall. The home has improved so much due to their hard work.'

Staff we spoke to felt supported and valued by the registered manager and senior staff. One told us, "Supervision has improved massively and I feel valued as a carer." The registered manager explained to us that investing in staff was important. They wanted the designated champions to be proactive within the service and not just "token gestures". This was confirmed when we spoke with a member of staff who told us they were proud of their responsibilities and said, "They listen to what the residents and staff need, not just what looks good." We looked at the minutes from team meetings and could see that staff were involved and thanked for their contributions to the service. Staff we spoke with told us the atmosphere at Nightingale Hall was welcoming and friendly. We observed this during our inspection.

Communication between staff at all levels was good. They were committed to providing quality care and were well-motivated. One told us, "I love my job. Staff morale has improved and people want to live here."

The registered manager had a clear vision for the service and explained to us they wanted to continually improve with the support of people they looked after, and they sought their views. We looked at the minutes from the residents committee meeting, which highlighted the actions taken following their feedback. One action was the provision of a trolley so residents could purchase toiletries or confectionary items. At our inspection, we saw this was being prepared for use. The registered manager held separate meetings with relatives to gain their views and had provided information on specific topics, such as the needs of people living with dementia and how the service supported them.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse.

There were positive working relations with other professionals which promoted and supported people's needs. Health and social care professionals told us communication were good and staff were always helpful and supportive.