

Thames Carehome Limited

# Nightingales Care Home

## Inspection report

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24 May 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Nightingales Care Home is a residential care home that commenced operation in 1988. The service is situated within an older-style converted building in a residential street of Maidenhead, Berkshire. The River Thames and Boulters Lock are nearby.

This is the only location under the provider's current registration, although operates as part of a small group of residential and nursing homes called Woodgate Healthcare. At the time of our inspection, 14 people used the service. In line with our registration, the location can legally accommodate 17 service users.

At the time of the inspection, there was a registered manager. 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.

The last inspection was conducted on 2 March 2017. At that inspection, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. To ensure people's safety and quality of care, we issued civil enforcement against the provider. A warning notice was given for staffing. We required the service to be compliant with the applicable regulation within seven days following the warning notice.

The purpose of this inspection was to focus on the regulatory breach and enforcement we issued related to staffing deployment we found at our prior inspection. This inspection looked at only one key question; "Is the service safe?"

We found improvements were made at Nightingales Care Home following our last inspection. Not all aspects of the changes were obvious to some observers but further time was required to fully implement them and ensure sustainability. Changes included the deployment of an additional night time care worker. This meant that the risk to people from a fire or other emergency was reduced. Another change was the creation and implementation of a 'hostess'-style position for supper time. This had enabled people to receive meals in a timely way and ensure extra supervision during the evening period.

People did not comment on the changes in staffing. Relatives we contacted were unaware what changes in staffing had occurred. However, staff themselves provided positive feedback about the changes. They clearly explained that the increased staffing had improved their ability to care for people and provide better support to those who required it.

Documents we obtained and viewed corroborated with the provider's plans for sufficient staffing. People were safer because more staff were deployed and the risks to people were further reduced.

We made recommendations about the call bell system and deployment of activities staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The risks to people from insufficient staffing were reduced.

People received increased care and assistance by safe staffing deployment.

Staff provided positive feedback about staffing increases.

**Requires Improvement** ●

# Nightingales Care 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 22 May 2017 and 24 May 2017 and was unannounced. On 22 May 2017, we attended the service from 9pm to 10.30pm to inspect night time staffing deployment. On 24 May 2017, we returned to the service during standard business hours to gather further evidence for the purpose of our inspection.

This was a focused inspection to check the service's compliance with our previously issued warning notice about staffing.

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.

Before the inspection we reviewed all the information we held about the service since our last inspection. For this inspection a Provider Information Return (PIR) was not requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In order to gain further information about the service, we spoke with people who used the service and telephoned relatives and friends. We also spoke with the provider's operations manager, the registered manager, four care workers and two other staff. We also contacted the local authority and other stakeholders for feedback prior to the inspection.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection. We reviewed care information for all people who used the service. We reviewed records relating to the running of the service such as dependency assessments, staffing rotas, meeting minutes and staff shift handover documents.

# Is the service safe?

## Our findings

At our last inspection on 2 March 2017, we rated this key question as 'requires improvement.' Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements of the regulation. We served a warning notice against the provider for Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to be compliant by 7 April 2017.

The registered manager declared that the service was compliant with the regulation on 16 May 2017. We have checked this at our inspection and found that the service took steps to improve staffing deployment and protect people from potential harm. The service is therefore compliant with the regulation. The rating for the key question remains at 'requires improvement' as there is an ongoing breach from our prior inspection that we have not yet re-inspected.

There were no changes to the number of people who used since the service since our last inspection. The number of staff employed had increased in accordance with the provider's earlier intentions. The provider had written to relevant commissioners of care to advise them of our prior inspection and enforcement related to staffing. We saw a letter addressed to one of the commissioners dated 9 May 2017. We were unable to determine whether the provider wrote to people of their relatives about the change in staffing levels. Staff were given verbal information about changes in deployment of workers, and we noted the minutes from a staff meeting dated 18 April 2017.

During our inspection of the service during night shift, the registered manager was not present but the provider's operations manager attended. We found that in line with the provider's prior intentions, two care workers were on shift. This was evidenced by us observing the care workers on shift, examining staff rotas after our prior inspection, speaking with people and speaking with staff. At 9pm on this night, seven people were watching television and having hot drinks in the communal lounge when we arrived. This was good evidence that people could choose to stay up late, go to bed when they decided to and that day care workers had not placed people in their rooms too early. When we asked, people were satisfied that they could stay up late and have beverages in the communal area together.

We observed the remaining people in their bedrooms and spoke with three of them. We noted some people were already asleep, with their doors closed or slightly ajar and lights off. The remaining people were either in bed or seated and watching television or preparing for bed. One person we spoke with was unwell and wanted staff to obtain medicines for them. Two people had their bedroom doors propped open with ornaments. This is not recommended at night because of fire safety. We reported this to the operations manager.

The call bell system in the service presented particular risks to people's safety. This had not changed since our previous inspection, but we examined more of the impact this had on people. In each of the bedrooms, there was the ability to have a call bell. During the night time part of our inspection, we found people already in bed did not have the call bells within reach. In one room the person did not have a call bell

plugged into the wall and the cord was absent. When we asked staff why the person did not have access to a call bell in their room, they were unable to explain any reason for this. The central display for the call bell system is located in the kitchen area of the service. When a person pressed their call bell, a buzzing sound could be heard from the kitchen but to determine which room to attend, staff had to attend the kitchen to view the display. Due to the layout of the building, no display or buzzer can be heard from upstairs. This meant staff may not be aware that a person called for help.

We recommend that the service examines risks to people and reviews the safety of the current call bell system.

During our observations on the second day of the inspection, we found people were appropriately cared for by sufficient staff. At times, staff were busy, for example during the morning when people were preparing to leave their bedrooms and have their meals. However, staff were more mindful that people could be at risk if they are left unattended for long periods of time in communal spaces. We observed that staff checked on people's welfare more and offered them food and drinks throughout our inspection. Although we did not observe this, in line with the provider's intentions a 'hostess' was employed for a shift between 5pm, and 8pm. We examined staff rotas and found this was accurate. The purpose of the extra staff member was to assist with evening meals, provide more supervision and assistance to people and help prepare people to return to their bedrooms for the night (where necessary).

We examined the system used by the service to determine safe staffing deployment. At this inspection, we reviewed the evidence for every person at the service. The tool used at the service rated people's ability or dependency in performing everyday tasks. A score was given for various areas of daily living, which included ability to eat and drink, need for assistance with mobility, the use of mobility equipment and the needs of people during the shift. The single scores for people were added up to a cumulative score, which was then used on a day by day basis to determine the number of hours each person required assistance. When we looked at the 'monthly dependency profile 2017', there were minor increases in a limited number of people's dependency scores. Not all scores were completed for May 2017. We noted everyone was either rated low or medium dependency. There were minor differences in scores since the last inspection, but none that would have an impact on people's safety or care needs.

People who used the service did not want to comment on the staffing when we asked them during our inspection. We telephoned relatives to gather their opinions about the worker deployment. First we asked whether relatives had noticed any changes in staffing levels. One relative stated, "Not really. Seems to be the same; no. There are usually two to three (staff) in the lounge. [Our family member] looked very well when we last saw her. The next relative told us, "I think there are plenty (of staff). When we were last there, there were five (staff) in the lounge. Not been in of an evening so can't comment. Another relative stated, "Can't say I have noticed any change. Been in a couple times in last few weeks. A fourth relative commented, "It hasn't been evident that there are more staff. There are usually a good few around." Relatives were not aware of the additional staff deployed at the service.

All of the staff we spoke with gave positive feedback about the changes in staffing levels at the service since our last inspection. One staff member told us, "It's much easier now. Previously, from 9pm to 11pm, it was just go, go, go. No, there is a better morning period where can get people ready starting at about 6am. Thank you." Other staff told us it was "much better" and that it was "good". They explained the change in the number of staff and how they were deployed had created a positive difference for them and the people who they helped care for.

There were no changes in ancillary staffing since our last inspection. However, we noted that the provider's

maintenance person from another nearby care home attended the service on the second day of our inspection. We asked the registered manager about the completion of maintenance work at the service and were told that the maintenance person attended Nightingales Care Home about once per week, or as needed. We asked if any records of the maintenance person's deployment to the service were available, but the attendance was not recorded. We explained to the registered manager and operations manager this could be recorded in rotas or 'sign in' sheets. This would provide better evidence of the deployment of maintenance workers over time.

There was a dedicated staff member who completed activities and provided social stimulation at the time of our last inspection. We were informed that this staff member had commenced long term leave at this inspection. Staff that cared for people were expected to plan and run activities for people since the prior staff member had commenced leave. The service had not considered or planned the leave of the activities coordinator sufficiently to ensure a replacement staff member was available. This meant that people's social stimulation could be affected by the lack of, or continuity of, a dedicated amount of time for activities.

We recommend that the service reviews staffing deployment for people's social stimulation.

We checked relative's opinions about management deployment and the associated quality of service. Relatives provided positive opinions, despite not knowing about changes in other staffing deployment. One relative stated, "Yes. She (the family member) seems very happy there. The staff are very attentive; always ask how she is feeling." Another relative stated, "He (the family member) is very well provided for. We were in earlier today." A further relative said, "I'm pretty happy he (the family member) is being cared for well." Another relative told us, "He (the family member) seems quite well cared for." We then went on to ask relatives' opinions of management presence at the service. Comments included, "Didn't see the manager when we were last there. She will generally ask if all is well", "[The manager] is very proactive. Staff try to involve most residents, "[The] manager is not always there, especially weekends and evenings" and, "Everyone gets on very well. No don't often see [the manager]. She will ring if there is an issue." We found that the management team was on-call after hours if staff needed direction or required assistance.

We had contact with social workers three times as part of our inspection. Social workers had reviewed the care of three people who used the service since our last inspection. One social worker told is the care reviews they undertook indicated people's care was satisfactory, that the people were satisfied and that there needed to be no changes to the living arrangements. Another social worker told us they reviewed the care of one person whose behaviour sometimes challenged staff. The social worker explained that although staff were required to use extra vigilance and different techniques of care for the person, they were also able to continue living at Nightingales Care Home.