

Cygnet Care Services Limited

Nightingale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Nightingale is a care home that provides personal care for up to 12 younger adults with learning disabilities. At the time of the inspection, there were nine people living at the service.

People's experience of using this service:

People who used words to communicate told us they felt safe, they were relaxed and familiar with the staff and each other. People were supported by staff who had received appropriate training to carry out their roles. The staff were confident in their support and training to provide safe care.

External and internal communication was not always effective in quickly reducing risks to people.

The registered manager and staff shared a clear vision about the quality of care and service they aimed to provide. They worked in partnership to make continuous improvements and develop best practice.

More information is in detailed findings below.

Rating at last inspection:

The last inspection was focused. The overall rating was Good (report published in November 2017).

Why we inspected:

We received allegations in relation to whether people were protected from abuse by robust safeguarding systems and structures. We reviewed this information and planned to carry out an inspection focusing on the questions, is the service safe? and is the service well led? The service remained rated Good overall.

Follow up:

We will monitor information 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.

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 well-led?

Good ●

The service was Well-led.

Details are in our Well-led findings below.

Nightingale

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.

The inspection was prompted by allegations of incidents where two people using the service were subject to abusive practice by a member of staff. These incidents were subject to further investigation by the local authority safeguarding team and CQC and as a result this inspection did not examine the circumstances of the incidents.

However, the information shared with CQC about the incidents indicated potential concerns about how the service ensured people's safety. This inspection examined those areas.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Nightingale 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. Nightingale accommodates up to 12 people in one adapted building.

The young people living in the home had learning disabilities. Some of the people found managing their emotions and communicating their wishes difficult.

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 so the provider, manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with three people who used the services and three regular visitors to ask about their experience of the care provided. We spoke with the registered manager and five members of staff. We also observed care practices.

We reviewed a range of records that included two care plans, daily records and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included safeguarding documentation, handover information, staff support documentation, audits and two staff files.

Before the inspection we liaised with the safeguarding professional working in the home.

Is the service safe?

Our findings

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

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

- People told us they felt safe with comments such as, "I feel safe, it is fun here." They told us all the staff were kind when people got upset or angry.
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance, with contact details of external agencies was available and staff knew how to access it.
- Information about safeguarding was available in an Easy Read format and one person told us the 'People's council' spoke about whether staff were 'nice'. Another person told us they could talk with senior staff if they were not happy. This indicated that people were encouraged to speak up about things they did not like.
- Allegations of abuse and poor practice that had been documented showed clear and robust responses in line with good practice.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were in place. These included risks associated with people's communication and how they managed anxiety and agitation.
- Risk management plans set out the support people needed to reduce the risks identified. Staff received training in appropriate support strategies and worked with families and professionals to reduce risks.
- Staff had received appropriate training to enable them to respond safely if people needed physical interventions to help them when they were very upset or agitated.
- Changes had been made to how information about incidents was shared with people's loved ones. The change meant that the thing that triggered a person becoming agitated was not always clearly communicated with families.
- Communication between staff about risk management was not always effective. We saw that systems were in place and staff felt confident they communicated, however some family members could identify times when they had been told about staff members not knowing about, or following, new strategies. We asked the registered manager about this and they told us they would address this. Following the inspection they provided information about how risk information was shared both within the team and with families.

We recommend that you seek appropriate guidance to improve internal and external communication related to the management of risks.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs. One person said, "I have staff to help me."

- Support was provided by a team of staff who were familiar with people's needs.
- Staff were recruited safely with checks made on their suitability to work with people who could be vulnerable.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) contained the detail necessary for safe administration.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received appropriate training. The home smelled fresh and was clean throughout.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The registered manager analysed information to identify trends and themes. Appropriate actions were taken to help reduce future recurrences.

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. 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 with openness; and how the provider understands and acts on their duty of candour responsibility.

- The manager and the staff team were committed to learning and making improvements to the service people received.
- People liked the senior staff and the whole staff team.
- Most visitors felt staff listened to them. People told us staff helped them when they needed it. We observed this to be the case during our visit. Staff were attentive to requests made verbally and those indicated by people's behaviour when they did not use words effectively to communicate.
- Staff were motivated, spoke positively and felt well supported.

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

- The registered manager and the senior team had a clear vision of a homely environment where people received high quality care that reflected their individual preferences. This vision was understood by the whole staff team. Staff were committed to learning and implementing their knowledge to ensure people had the best experience possible.
- We found that communication between staff evidenced a strong commitment for advocating on behalf of people. The registered manager acknowledged that staff did not always recognise the demands on their colleagues and was working to ensure staff understood each other's roles and strengths.
- The manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
- Regular audits were undertaken which included checks on the management of medicines, the use of behavioural interventions and health and safety checks. All physical interventions with people were reviewed in line with good practice guidance from the Department of Health.

Engaging and involving people using the service, the public and staff.

- The senior team encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments.
- Staff felt valued and confident their views and feedback were listened to and acted upon.

Continuous learning and improving care; working in partnership with others

- The senior staff team had developed good working relationships with external professionals. We received positive feedback from commissioners about the care provided in the home
- The manager worked in partnership with others. They attended local provider forums and gathered information related to good practice guidance.