

Progress Adult Living Services Ltd

Nightingale House

Inspection report

117A London Road
Derby
Derbyshire
DE1 2QS

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23 March 2022

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11 April 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Nightingale House accommodates up to 12 people. The service specialises in caring for children and young adults with complex health needs and acquired brain injury, including learning disabilities or autistic spectrum disorder and sensory impairment. Nightingale House provides eight long term beds and 4 short term beds. At the time of our visit there were seven people living at the service. In addition to this one person was at the service for respite. People using the service at the time of the inspection were 19 years of age and above.

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

Right Support

Staff supported people with their medicines in a way which promoted their independence and achieved the best possible health outcome. Medicines were managed safely.

People had a choice about their living environment and were able to personalise their rooms. People's rooms were very personalised, and people were able to decorate their room to reflect their interests and hobbies.

Staff enabled people to access specialist health and social care support in the community and people were supported to play an active role in maintaining their own health and wellbeing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff turnover was improving, which supported people to receive consistent care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 4 April 2019 and this is the first inspection.

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?

Good ●

The service was 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?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Nightingale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was registered with the Care Quality Commission. This means 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 care commissioners 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff.

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

After the inspection

We spoke with four relatives about the service. We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs a person may be at risk of avoidable harm.
- Relatives told us they felt their family members were well cared for and kept safe.
- Staff told us they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. However, not all dates were recorded on records and the registered manager told us this would be rectified.
- Discussions with staff and observation of staff supporting people, demonstrated they knew people well and were aware of people's individual needs.
- Environmental risk assessments were in place and all health and safety checks were carried out or planned to include maintenance of equipment.

Staffing and recruitment

- Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
- Staffing hours were calculated using a dependency assessment. The manager calculated the hours of support required by people which ensured they had enough staffing to meet their needs. The dependency assessment was reviewed as people's needs changed.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding. Staff told us the training was good and they felt well supported in their role.

Using medicines safely

- Best practice guidance in the management of medicines was consistently followed. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN

medicines were given in a safe way and when needed.

- Medicines were stored safely and administered by trained staff who had their competencies assessed.

Preventing and controlling infection

● People were protected from the risk of infection. We observed staff were wearing appropriate personal protective equipment (PPE) and changed it between tasks. All staff had been provided with specialist infection control training; this included the correct use of PPE.

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.

- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was closed at the time of our inspection as they had an outbreak of COVID-19. However, they had facilitated people being able to spend time with family when they did not have any cases of the virus.

Learning Lessons when things go wrong

- Accidents and incidents were recorded, the information collated, analysed and used to inform measures to prevent incidents reoccurring.

- The registered manager was keen to act on feedback from the inspection and had engaged relatives and professionals to make improvements to the service and the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.
- Decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. A relative told us "We are involved in best interest meetings as [name] wouldn't be able to understand aspects of finance and matters regarding health."

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

- Care plans were reviewed regularly and updated when people's needs changed. Care plans were person-centred and showed holistic assessment of needs and choices.
- Staff communicated with a range of professionals. We saw the district nurse had been consulted with and people had prompt access to healthcare services when required.
- There was information in people's records demonstrating people's oral care needs were assessed and met.

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure they had the skills and experience to effectively support people.
- One staff member told us, "We have lots of training, training is good, we are well supported."
- New staff shadowed experienced staff when they first started until they were assessed as competent to care for people living at the service.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. There was clear information for staff on what people liked to eat and drink and any dietary requirements.
- Care plans reflected any specific guidance about health care needs and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff supported people with access to healthcare services. There was a community matron who worked regularly with the service and supported them when people's health needs changed.

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

- People's rooms were personalised, and they were encouraged to have their own things where they could to make them feel more at home. The registered manager told us how they were decorating a room for someone to move in and they had chosen the décor including wallpaper.
- The service was adapted to accommodate equipment required to move and handle people safely, specialist bathing facilities and ceiling tracking had been installed.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable.

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

- People were treated with dignity, respect and kindness. One relative told us, " Staff are very responsive, I have monitored when on a video call and the way they speak to him is very polite and respectful, if [name] asks for a cup of tea they bring it to him, they have banter, reassures me that [name] is happy".
- Records included information about people's preferred name and important details.
- Staff understood how to provide care and support and felt it was important to know people's needs and preferences.

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

- Relatives confirmed they were involved in decisions about their care, from planning to delivery. We could see in care planning, relatives were involved and kept informed.
- Staff told us they delivered care as the person requested. Staff felt they had forged good relationships and knew the people they cared for and supported them as individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences.
- We saw one person using a electronic tablet, they told us they were doing training. The registered manager said the person had shown an interest in the training done by staff and they had given them access to the courses which they enjoyed doing.
- We observed staff interacting with people throughout the day in the sensory garden, they were enjoying different activities. Staff clearly knew what the different sensory needs were and what people enjoyed doing.

Meeting people's communication needs

Since 2016 onwards all organisations 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.

- People's communication needs were assessed, and their relatives involved in how they preferred to be communicated with. Not all people living at the service could communicate verbally and staff told us they knew people well and they had developed ways to communicate with them in the way they understood.
- One relative told us, "They work really hard and have even got speech and language therapists involved to support communication."
- The provider was meeting the Accessible Information Standard for people's care. The manager told us they would work on picture menus so people could easily see what the choices were.

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

- People were supported to see family members and maintain relationships.
- Activities were provided for people to participate in. During periods of lockdown through COVID-19 it had been difficult at times as day centres had been closed. Staff found other ways to engage and facilitate different activities to keep people occupied and stimulated.
- People's cultural needs were met, there was information throughout the care planning on religious preferences and dietary requirements which ensured activities and meals were culturally relevant.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The manager had regular contact with relatives and

listened to anything they were unhappy about and worked to resolve any issues.

- People told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved.

End of life care and support

- The registered manager was knowledgeable about end of life care planning but had not been able to engage relatives in planning due to the nature of the service and the sensitivity when people using the service were so young.
- We were told when one person was very ill, they had engaged a culturally appropriate funeral director to support with appropriate arrangements as they had no family to engage with.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and encouraged feedback regarding all aspects of care and support.
- Relatives told us the registered manager and staff knew people well and they worked in a very person-centred inclusive way which engaged people. One relative told us "They have even managed a holiday despite COVID-19."
- We found the registered manager very knowledgeable about people's needs and preferences and worked hard to ensure they were delivering a service which engaged people and delivered holistic support.

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 provider had submitted notifications regarding incidents they were required by law to tell us about. The registered manager had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.
- The provider ensured people were kept informed and apologised if errors occurred.

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

- The registered manager was very open and honest about what improvements were required and welcomed the inspection as an opportunity to learn.
- There were clear systems in place to monitor all areas of the service. There were audits to check the quality of care delivered and the registered manager ensured they worked towards continuous improvement.
- The registered manager made sure people received good care and support by supporting the staff team and having regular contact with people using the service.

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

- People using the service had support prior to living at the service and people and their families were engaged with to ensure their needs could be met and the placement was right for their needs.
- People were engaged in activities they liked to be involved in. We saw people were involved in activities which was relevant to their needs and which they enjoyed doing.

- Staff told us they felt well supported with regular supervisions and training.

Continuous learning and improving care

- There was a clear focus on continuous learning from staff and management.
- The registered manager listened to and acted upon the feedback from the inspection. The registered manager and staff were keen to engage in improvements and staff told us how they had developed ways to communicate with people and develop activities they enjoyed.
- The manager was open to suggestions and was keen to ensure people received a high standard of care and support. We gave feedback from calls with relatives after the inspection, the key theme was relatives wanted to be regularly updated about how people had spent their day, activities and mood. The registered manager told us they would work with the provider to develop systems to ensure relatives received regular updates and information they wanted and would find useful.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.
- The registered manager told us they had forged good relationships with visiting health professionals