

Far Fillimore Care Homes Ltd

Nightingale Court

Inspection report

11-14 Comberton Road
Kidderminster
Worcestershire
DY10 1UA

Tel: 01562824980

Date of inspection visit:
09 February 2023
13 February 2023

Date of publication:
23 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nightingale Court is a residential care home providing personal care to up to 43 people. The service provides support to older people who may have dementia. At the time of our inspection there were 30 people using the service. Nightingale Court accommodates 43 people in one adapted building across three floors.

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

Recruitment of new staff was not consistently robust. The provider took action to address these shortfalls and put systems in place to strengthen the recruitment process.

People told us they felt safe and were supported by staff. Staff recognised different types of abuse and how to report it. The provider understood their safeguarding responsibilities and how to protect people from abuse and had mitigated risk of harm and reported incidents to the local authority. However, notifications to the CQC had not been sent at the time as there were gaps in the managers knowledge of when these should be sent. These notifications were completed retrospectively.

Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient numbers of staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

The manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision.

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 The last rating for this service was requires improvement (published 30 July 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

these regulations, however at this inspection we found the provider was in breach of Regulation 19, fit and proper person's employed.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to recruitment of new staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nightingale Court

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 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

This inspection was carried out by 1 inspector.

Service and service type

Nightingale Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingale Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been in post for 12 months and had submitted an application to register. We are currently assessing this application.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We spoke with 8 staff including senior care staff, care staff, maintenance staff, the deputy manager and manager. We also spoke with the provider's representative on the phone. We sought feedback from 4 health and social care professionals who visit the service. We reviewed a range of records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, audits and checks. 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service was not always safe and there was an increased risk that people could be harmed through unsafe recruitment practices.

Staffing and recruitment

- Recruitment practices before employing staff to work in the home continued to not always be robust. At this inspection we found a deterioration in recruitment checks for newer staff.
- Recruitment files did not hold all of the required information, for example, previous employer's references had not been sought in 4 of the staff files we reviewed. References were of character references from peers they had previously worked with. Staff's employment history was not thorough and identification checks were not always complete.
- The provider had completed Disclosure and Barring Service (DBS) checks, however we found one staff was working without a full DBS in place. We also found that where one staff member had a risk assessment in place due to the outcome on their DBS, this was not detailed in how known risks were monitored, reviewed and mitigated.
- Without robust recruitment checks in place unsuitable people may be recruited as a result, which may place people at potential risk of harm.

Recruitment procedures were not established or operated effectively to ensure staff employed met the conditions. This was a breach of regulation 19(1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised this with the manager and provider who took prompt action to rectify this. We did not identify that people were exposed to harm from this. The provider submitted further evidence to show how they would be implementing a more robust recruitment process going forward.
- People we spoke with felt there was enough staff to meet their needs and keep them safe. Our observations showed staff were attentive to people. Staff told us there were sufficient numbers of staff on duty to keep people safe, with a good skill mix of staff.
- The manager had been continually recruiting staff into the team which meant the staff team was stabilising and there was less reliance on agency staff. Staffing levels were continually reviewed to ensure there was enough staff on duty to meet people's needs and keep them safe. Where people's needs had changed, staffing levels was altered to reflect that.

Assessing risk, safety monitoring and management

At our last inspection risks to people within the environment had not been identified so that mitigation could take place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection some staff were unaware of the procedure to evacuate people from the home safely in an emergency situation. At this inspection staff had received training and understood how to evacuate people in the event of a fire.
- At the last inspection window restrictors were not compliant with the Health and Safety Executive Standard to ensure they were fit for purpose. At this inspection window restrictors had been installed to mitigate risk of harm.
- Previously we found people had access to the top floor of the home which had been deemed as unsafe, at this inspection we found access to the top floor was better managed, and the top floor had been re-decorated so that it was ready for new people moving into the home.
- Risks associated to people's care were monitored and managed in a way to keep them safe.
- People's individual risk assessments and plans of care reflected people's current care and support needs.
- People we spoke with told us staff understood their care and support needs. The interactions we saw between people and the staff showed they understood their individual needs and how to support them.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they continued to feel safe by the staff who supported them. One person said, "Staff are very good to me."
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The manager understood their responsibilities regarding the action to take to protect people from harm. Where concerns had been raised, the manager had investigated these and had taken appropriate action to ensure people were safe from harm.
- Where there had been concerns of a safeguarding nature, the manager had raised these with the safeguarding authority and reduced the risk of harm, however, we found that notifications of these allegations of abuse had not been reported to the CQC. The manager submitted these retrospectively.

Using medicines safely

- People told us they received their medication. We spent time with staff during the medication round and saw they followed safe practice.
- People received their medicines as prescribed, staff checked if people needed medicine prescribed 'as required' such as pain relief, to ensure people were comfortable.
- Where people required to have their medication covertly, the clear instructions from the pharmacist had now been obtained to ensure this was administered in a safe way.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have their family and friends visit them in Nightingale Court in line with Government recommendations.

Learning lessons when things go wrong

- The provider had systems and processes in place to identify where things had gone wrong, and had acted upon these to reduce the risk of them from happening again. For example, it was found there was an increase of incidents taking place in the late afternoon, so an additional staff member was placed in communal areas to support people.
- The management team adapted and reviewed their checks and audits to ensure these were robust at identifying care and support was being provided in line with best practice. The manager worked alongside staff to ensure they provided a good quality of care.
- Where incidents had taken place, these were reviewed so that learning could be undertaken to prevent them from happening again.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection systems had not been established to ensure the service was applying for authorisations of a DoLS where it was deemed this was required. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13(5).

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection there were people who the manager felt were being deprived of their liberty but authorisation had not been submitted to the local authority. They had also identified, applications to renew the authorisations had not been submitted. At this inspection improvements had been made, and applications had been submitted where it was felt people were being deprived of their liberty.
- Records showed that where it had been deemed that people lacked capacity to make specific decisions, best interest meetings had been held where appropriate. Where people had conditions relating to their authorisation, plans were in place and documented to demonstrate how these were met.
- We continued to see that people were able to move freely around the home as they wished.

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

- People's care needs had been assessed and planned in line with best practice. A visiting professional wrote to us and said how they had found care staff had 'continued to meet every bodies needs on an individual basis.'
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- Staff were supported with training so they had the skills and experience to effectively meet people's needs.
- At the last inspection the CQC had received concerns of staff carrying out unsafe practice when assisting people to move and transfer. The manager had investigated and identified improvements were needed and had put in place additional training and spot checks. At this inspection we saw good practice where people required support to move and transfer. Records showed staff were up to date with training in this area.
- People told us staff were confident in their approach and had the knowledge and abilities to meet people's individual needs.
- Staff completed mandatory training that was appropriate for the people they cared for. One staff member told us how they had received dementia training, which meant they wore specialised glasses and headphones to help staff understand the sensory difficulties people may experience, so staff can better support them.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.

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

- People were supported to eat and drink enough to keep them healthy.
- People confirmed they had plenty to eat and were offered food they enjoyed.
- Staff understood people's individual dietary preferences and how to meet these. People's individual dietary needs were shared with the kitchen staff so their meals could be adapted to suit their needs. Where people required a specific texture of food to support their safety, the food was prepared in the kitchen to ensure it met the correct standards.
- We saw mealtimes were a positive experience for people. Where people did not want the food offered, alternatives were offered and provided. Where people required assistance, staff spent time to support them to eat their meals in a dignified manner and at the person's own pace.
- Staff monitored people's weight to ensure this remained stable and people remained well.
- We saw people were provided with drinks throughout the day, with a variety of different options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The advanced nurse practitioner would visit people if they needed them.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and ensured people were ready and prepared to attend these appointments on time.

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

- At the last inspection the manager told us they were working with the provider to improve the environment, design and decoration to meet people's individual needs. At this inspection we found

improvements to the decoration of the environment were ongoing.

- The top floor of the home had been redecorated, and once the bathroom was completed, the manager told us it would be ready to start moving new people onto the top floor. The manager had plans for other areas of the home, but knew this would take time. They told us they were supported by the provider to do this.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

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

At our last inspection the providers governance systems were not always robust in identifying shortfalls in a timely manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, the provider did not have systems in place to identify that notifiable incidents, such as deaths and DoLS authorisations had not been submitted in 2021. At this inspection we found these notifications were being submitted; however, we found that allegations of abuse notifications had not been. We found gaps in the manager's and provider's knowledge of when these types of notification should be sent. We have sign posted the manager so they can update their knowledge. Following the inspection, the manager submitted the notifications.
- At this inspection we found recruitment processes were not robust. The provider had failed to ensure they had safe recruitment practices in place.
- At the last inspection the providers systems was not consistently effective in identifying and driving improvements in relation to the home environment. At this inspection improvements had been made to ensure the safety of the environment was to the required standard.
- The provider had not had a registered manager in post since January 2022. The manager had been in post since January 2022, they had submitted an application to register with the CQC and we are assessing this application.
- At the last inspection the provider had not completed the Provider Information Return (PIR) when requested to do so. At this inspection, this had been completed.
- Staff were clear about their roles, and the values upheld by the provider.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were happy with the care and support received. People were supported to have their views

listened to through one to one conversations, resident meetings and surveys.

- Staff felt well supported and valued by the manager. Staff had supervisions, staff meetings and opportunities to raise any queries or improvements they may have.
- The manager felt their staff team was stabilising and were working together to achieve positive experiences for people.
- Staff felt the provider was approachable and could speak to them if they needed to.
- A professional who visits the service wrote to us and said, 'all care staff I have come across have a good perception of needs and a brilliant rapport with the people residing within nightingale court.'
- The manager and their staff team worked with people, relatives and health and social care professionals to provide the best outcomes for people.
- The manager was supported by the provider, who listened and acted upon their requests

Continuous learning and improving care

- The manager was knowledgeable about quality issues and priorities and understood the challenges, and action needed to address them. For example, we could see the manager was continually reviewing staff practices and discussed the identified shortfalls with staff, so that people's care and experience could be improved.
- The provider representative who was supporting the home told us they had been visiting regularly since December 2022. They completed checks and audits of the service provision and produced action plans so improvements could be made.
- There had been staff changes since the last inspection, some staff had been promoted from within, while others were new to the home. The provider representative told us how measures were being implemented to embed good care practices. There was a clear drive, determination and passion from the provider's representative and the manager to share good practice and ensure this was acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment of new staff was not consistently robust