Midland Health Care Limited

Nightingale Care Home

Inspection Report

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Date of inspection visit: 08/05/2014
Date of publication: 20/08/2014

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Summary of findings

Overall summary

Midland Health Care Limited provides accommodation for a maximum of 49 people who require nursing and personal care at Nightingale Care Home in Edwinstowe. Accommodation is provided on two floors. When we visited there were 27 people accommodated at the service. Just one of these required nursing care, but this is a part of the service that may increase with demand.

There was a registered manager at the home.

We found safeguarding procedures had not always been followed and this meant people were not fully safeguarded from abuse. You can see what action we told the provider to take at the back of the full version of the report.

All other action was taken to keep people safe, minimising any risks to health and safety. There were systems to ensure all medicines were handled safely and staffing arrangements meant there were always enough staff to meet people's needs safely.

The staff were well trained and knowledgeable about the specific needs of the people in their care, so that the service was effective in meeting people's individual needs.

We found the service was caring and staff demonstrated the way they treated people who lived in the home and their visitors with respect at all times.

The service responded to people's personal views and preferences and supported people to do the things they wanted to do. Overall the service was well-led and the care staff were well supported and motivated.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA 2005 code of practice. We found the location was meeting the requirements the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) appropriately. We did not see any people who lived in the home being deprived of their liberty. No applications for DoLS had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

All staff had received training in safeguarding adults to make the service safe for people. However, people's safety had been compromised by the manager who had not previously followed safeguarding procedures when allegations had been received. Improvement was needed in this area.

All risks had been assessed so that people received care safely and staff had completed training on dementia care and the Mental Capacity Act (MCA) 2005. They understood when and how to act in people's best interests.

We found the systems in place for the management of people's medicines ensured they were handled safely and held securely at the home.

The staffing arrangements meant there were always sufficient staff to meet people's needs and the service followed robust recruitment practices to keep people safe.

Are services effective?

We found the service was effective in meeting people's needs. The care staff were knowledgeable about specific needs of the people in their care and people told us the staff regularly discussed with them how they wanted to be cared for.

People's health care needs were well met. The home was able to provide nursing care, but this service had not been requested very often. People at the home received health care from local general practitioners (doctors), district nurses and other health professionals when they needed it.

People told us they always had a choice of what to eat at meal times and we saw they had the assistance they needed to eat. We heard complimentary comments about the cook and the meals prepared.

Are services caring?

We found the service was caring. People we spoke with told us the staff were kind in the way they spoke to them and helped them. We were told, "It's like a big family here, all the staff are friendly and most of them have been here a long time."

All the staff we observed treated people who lived in the home and their visitors with respect and all staff had received training in dignity in care.

Summary of findings

There were systems in place to make sure staff had all the information they needed to meet people's assessed and diverse needs and to provide consistent care.

Are services responsive to people's needs?

We found the service was responsive to people's individual needs. People were involved in decisions about their care and relatives told us they had continued to be involved in planning care when the plans were reviewed and needs had changed.

There was no specific activities worker employed, but people were supported to do the things they wanted to do and entertainment was provided.

Are services well-led?

The service was well led by a registered manager, who was supported by a deputy manager. Staff were well supported and there were regular staff meetings.

Incidents were monitored and there was evidence of learning from these.

The staff were well motivated and determined to provide a good quality service.

Summary of findings

What people who use the service and those that matter to them say

All the people we spoke with that lived at the service told us they felt safe there. A relative told us that their family member could become very aggressive at times and said, "The staff are very patient and calm them down. We know they are safe here and looked after properly."

People told us they were well looked after by the number of care staff at the home and never had to wait long for assistance when they needed it. A relative told us, "They are busy, but they always make sure everyone has enough attention."

We observed staff checking with people that did not ask for help to ensure they were comfortable and had a drink or anything else they needed.

People told us the staff discussed with them how they wanted assistance with personal care or getting dressed.

One person told us they liked to wear tops with long sleeves and staff respected this. Another person told us how the staff always asked them which clothes they wanted to wear.

People told us they always had a choice of what to eat at meal times and they liked the food even if they could not manage to eat all they were given. We heard complimentary comments about the cook and the meals prepared.

People we spoke with told us the staff were kind in the way they spoke to them and helped them. One person said, "It's like a big family here, all the staff are friendly and most of them have been here a long time."

People that lived in the home said they had plenty of entertainment and were supported to do the things they wanted to do.

Nightingale 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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process.

Nightingale Care Home was last inspected on 24 July 2013. There were no on-going concerns from that inspection.

We visited the home on 8 May 2014. Our inspection was unannounced, which meant the provider and staff did not know we were coming. The inspection team consisted of an inspector and an Expert by Experience who had experience of using care services.

Before this inspection visit we reviewed all the information we held about the service. This information helped us to decide which lines of enquiry to focus on during our inspection.

We spoke with eleven people who lived at the home who were able to express their views. Not everyone who lived at the home was able to communicate with us verbally due to their complex needs so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three visiting relatives of people who lived in the home.

We spoke with the manager, the administrator and a nurse and three care staff working in the home and discussed how care was provided to people, as well as their views on the quality of that care.

We looked at records of complaints, accidents, staffing and medicines administered as well as a sample of care and support plans for people who lived at the home.

Are services safe?

Our findings

All the people we spoke with that lived at the service told us they felt safe there. We observed staff checking that people were comfortable and safe. A relative told us that their family member could become very aggressive at times and said, "The staff are very patient and calm them down. We know they are safe here and looked after properly."

All the staff that worked in the home had received training in safeguarding adults and from our discussions with them care staff were well aware of the procedures to follow should there be any suspicion or allegation of abuse. One of the care staff told us, "If I had any concerns at all I would always report them to the manager." Another care staff told us." "I would not hesitate to report abuse and if the manager wasn't here I would contact the company and social services."

However, when we checked the records of complaints received at the service we found two had referred to the same incident and were allegations about care given by a member of staff. The manager had not followed safeguarding procedures, but had investigated the complaint by speaking with the member of staff, who decided not to continue in employment at the home. We discussed this with the manager, who had not considered the need to refer this allegation to the local authority to ensure that all appropriate action was taken. Therefore, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Within the care and support plans we saw that staff had assessed the risk posed to each person due to their specific circumstances. For example, the Waterlow scale was used to give an estimated risk for the development of pressure sores and there were records of pressure relieving care. The manager confirmed there were currently no people with any pressure sores. There were also risk assessments about mobility and falls so that care staff would know if they needed to take specific action to reduce the risks of people falling. We saw one personal risk assessment about a person who might roll out of bed and there was a crash mat in place to prevent injury. There were written evaluations of these assessments and action plans had all been reviewed within the previous month. This showed that there was up to date information available to staff about how to reduce risks and keep people safe.

All staff had completed training on dementia care and the Mental Capacity Act (MCA) 2005. This is an act introduced to protect people who lack mental capacity to make decisions for themselves. The staff we spoke with were able demonstrate their understanding of the MCA. Some people who lived in the home had needs relating to dementia and we saw from three people's care plans there were assessments of their mental capacity in the form of a functional test. There was information about when and how staff should act in accordance with the person's best interests. For one, it was made clear that staff were to, "Keep questions simple" and give the person, "time to think and make own decisions."

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager understood that there might at times be a need to make a DoLS application, but said that there was no need to do this in respect of anyone currently at the home. We did not see anyone who was specifically deprived of their liberty.

We looked at the process for managing medicines in the service to ensure they were managed safely and that people received them as prescribed. We saw that all medicines were securely stored, though there were a large number of medicines that were awaiting collection by the pharmacist. We heard staff pursuing this collection during our visit. Meanwhile, all these medicines were held in a secure room.

The nurse had received updated medicine administration training and, whilst on duty, was in charge of administering all medicines in the home. We observed the nurse administering regular medicines to the people that required them at lunchtime and we checked records. We saw that these people received their medicines as prescribed.

There was just one person with nursing needs and that person left the home during our visit. Therefore, there was

Are services safe?

no need for a nurse to be on duty at all times and we found a senior care staff administering the medicines later in the day. All senior staff had received updated training in this and we saw correct procedures were followed. We saw there was clear, up to date information available for staff in the clinical room about medicines.

People told us they were well looked after by the number of care staff at the home and never had to wait long for assistance when they needed it. We observed staff responding to people when asked and also checking with those that did not ask to ensure they were comfortable and had a drink or anything else they needed. A relative told us, "They are busy, but they always make sure everyone has enough attention."

The manager or deputy manager was on duty each day. There were two care staff and a senior care worker or nurse on each shift. A cook, kitchen assistant and a domestic worker were also employed. A kitchen assistant was working at tea time to serve food to people and this meant there were two care staff available to assist people, with personal care or with eating, in addition to the senior who was administering medicines.

One of the care staff told us, "Now that we always have someone working in the kitchen it's a lot better. We have time to talk to people individually and the staff are consistent. It's very safe here."

We looked at the staff recruitment records of four staff and found all the appropriate pre-employment checks had been carried out. This showed that the service followed safe recruitment practices to help to keep people safe.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective in meeting people's individual needs. When we spoke with care staff, they were knowledgeable about specific needs of the people in their care. We looked at the care plans of four people that used the service and found clear assessments giving full information about their individual needs, choices and preferences. A personal profile was used for this and three visiting relatives told us they had contributed information for this.

People told us the staff discussed with them how they wanted to be cared for and often on a daily basis when they had assistance with personal care or getting dressed. One person told us they liked to wear tops with long sleeves and this was detailed in their plan. Another person told us how the staff always asked them which clothes they wanted to wear. Staff told us about people's interests and we heard staff asking people where they wanted to sit and whether they wanted to watch a film that afternoon.

The home was able to provide nursing care, but this service had not been requested very often. When we visited, there was one person who required nursing care on a short term basis, but was returning home on that day. There had been a nurse on duty throughout the time the person was accommodated there. Staffing records confirmed that all nurses employed were registered with the Nursing and Midwifery Council (NMC).

All other people at the home received health care from local general practitioners (doctors) and district nurses when they needed it. People told us they could see their doctor whenever they requested one. We saw records of contacts with doctors and other health professionals including chiropodist, dentists and opticians.

People told us they always had a choice of what to eat at meal times. The menu for the day was displayed in the dining room and available for anyone to look at. Visiting relatives were aware of this and often checked what was available. They told us there was always sufficient available. We saw that drinks were frequently offered, both hot and cold, throughout the day.

In the care plan files we saw that assessments included people's specific dietary needs and whether any assistance was needed with eating. During the lunch time meal we observed staff discretely offering help to people with their eating. The care staff spoke individually with the people whilst giving them assistance. We saw one person was able to maintain independence using a plate guard. People appeared to enjoy mealtimes as a social occasion.

Four people said they liked the food even if they could not manage to eat all they were given. We heard complimentary comments about the cook and the meals prepared.

Records of people's weights showed and staff confirmed there was no need for any person to be referred to a dietician for support as, with the assistance given, none were at risk of malnutrition.

Are services caring?

Our findings

We observed the care staff speaking with people in a caring manner throughout the day. We saw that the care staff were very observant and aware of where people were at all times. They noticed when anyone was becoming distressed or agitated and they offered reassurance or gently diverted their attention. On one occasion someone began to cough whilst eating and a member of staff quickly dealt with the situation without any panic or fuss.

People we spoke with told us the staff were kind in the way they spoke to them and helped them. One person liked to play dominoes and one of the care staff arranged time to do this with the person. We were told, "It's like a big family here, all the staff are friendly and most of them have been here a long time."

All the staff we observed treated people who lived in the home and their visitors with respect. Staff asked people quietly if they wanted to use the toilet and offered discreet assistance. Visitors told us they felt people were treated with respect and one visitor added, "and sometimes in difficult situations when someone is quite aggressive, but they always show they care and stay calm."

The manager told us that all staff had received training in dignity in care. There were dignity policies and records to show that four staff were "Dignity Champions" having completed the relevant training and this meant it was their role to remind staff about good practice in maintaining people's dignity. In addition to regular training in all areas, staff were also supported to gain national vocational qualifications. Most care staff had achieved level two in care, others were pursuing this and five had achieved level three.

The home was clean and spacious so that people could move around and have a choice of where they wanted to sit. There was a separate quiet lounge where people could take visitors for some privacy.

The plans of care we saw were individually written to meet people's assessed and diverse needs. Each file contained a photograph of the person with a signed record that this was taken with their consent. There were personal details and life histories. Staff we spoke with told us they had read the background information and had all the information they needed to understand people's individual needs and how to treat them. They always completed notes after they had supported people and left them for the next care staff so that consistent care could be given. We saw the completed communication sheets and separate records of personal care and oral care.

There were handover meetings when the senior on duty handed over information to other staff starting their shifts at least twice a day. One of the staff told us, "Everyone on the staff team has a good caring approach and a good understanding of people's needs. They respect each other and work together well."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Four people that lived at the home and three relatives told us they were involved in decisions about the care and they had seen their care plan files. We saw some people's signatures in the care plan files and some people's relatives had signed forms to say they had been consulted and had given background information. The people we spoke with were not concerned that they had not read the plans in full as they felt they had been consulted about how they liked to be supported. Three relatives told us they had continued to be involved in planning care when the plans were reviewed and their family member's needs had changed.

The plans contained information about when and how staff should act in accordance with the person's best interests under the Mental Capacity Act (MCA) 2005. We observed staff giving information or simple choices and giving people time to understand and respond. For example, two alternative meals were shown for people to choose without rushing them. One of the care staff told us they felt it was always very important to give people time to understand situations and to repeat information whenever needed.

People that lived in the home said they had plenty of entertainment and were supported to do the things they wanted to do. Several people chose to watch a film during the afternoon. Others were content with sitting and watching what was happening. There were several relatives visiting and talking to people.

One person with needs relating to dementia had a personal activity board containing stimulating items to feel and hold. We observed this person and three others as part of our Short Observational Framework for Inspection (SOFI). We saw that this person was content and calm with the use of the board. In addition, we noted care staff gave positive attention to the person on two occasions during our 30 minute observation. The other three people also received some positive attention from one of the care staff who spoke with everyone individually at least once. We noticed that all the people were actively watching and listening to what was happening around them.

There was no specific activities worker employed, but one of the care staff co-ordinated activities and arranged visits by outside entertainers. There was a notice board showing an activities plan and activities that had taken place, including parties and craft work. One of the staff told us about activities provided in the early evenings. They also said and that they had some sensory equipment should it be needed, though this was not readily available as it was stored on the upper floor..

We saw in the care plan files there was a section to record people's wishes about how they wanted to be cared for at the end of their lives. These had been completed to show that people wished to continue to be cared for within the home.

There were no people cared for in bed when we visited. The home was dependent on the doctor and local nursing service to provide specific equipment for end of life medical care should this be needed.

Are services well-led?

Our findings

The registered manager was present on the day of our inspection. There was also a deputy manager who was available on days when the manager was absent and at night the nurse or senior care staff were in charge with the manager on call. We observed that the care staff worked well as a team. They responded to people's needs as and when required. When someone needed two to help mobilise and or transfer from wheelchair to chair, the manoeuvre was carried out without any undue fuss that might course embarrassment. The manager was noted to be a physical presence around the home and assisted with care when needed.

The staff told us they always knew where to find the manager or deputy if any incident occurred. They said they received supervision in individual meetings with a senior or manager approximately every three months. We looked at records relating to four of the staff and saw that for each there had been supervision meetings within the previous three months.

There were also regular staff meetings and we saw the minutes of one of these. Within the meeting the manager had praised the staff for attendance on training courses, completing documents and maintaining confidentiality. There were positive comments about the cleanliness of the home and the strong communication between staff. Some new schedules and routines were discussed and staff were reminded that all people have rights. The manager stressed to all staff that their aim was to be more person centred towards each person at the home.

All the people we spoke with said they could speak to the care staff if they were unhappy with anything. One person added, "But I can't see there being a need." Another said, "If I'm unhappy about something I tell the carers. They may say I'm grumbling but they do take notice." A complaints procedure was available on a notice board. We looked at the register of complaints and saw that the manager had taken action in response to any complaint received.

The manager told us they had tried having meeting for relatives and residents, but they had not been well attended. There were regular open evenings for anyone to visit the manager and individually give their views.

We saw the records of accidents and an accident audit dated March 2014. It was noted that most accidents had occurred during the nights and involved falls. One person had been assessed and rails were fitted to their bed with their consent. Action had also been taken to order more pressure mats that were alarmed so that staff would know if people were moving around. There had been just two falls during April 2014. The manager had signed the audit form that summarised the accidents and action taken, but had not signed the individual accident forms. However, in discussion it was clear they were aware of all accidents and incidents that occurred and had assured themselves. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of the same accident.

The staff that we spoke with had been at the home for a while and said they enjoyed working there, but there could never be too many staff on duty. We found there were sufficient staff to meet people's needs on the day we visited and the manager told us they regularly observed how staff were meeting people's needs to ensure there were always sufficient staff available. They looked at people's changing needs and made sure there was always a nurse on duty if someone was admitted with nursing needs. There was a plan to increase a nursing service and the manager was planning to increase the number of care staff on duty if more people with nursing needs were admitted.

The care staff we observed all appeared well motivated and caring. One of the care staff said, "We are well trained and we work together well, so that everyone gets the care they deserve. We know what to do in emergency situations and we've all had fire and first aid training." The manager told us there had been a lot of improvements made in planning care and auditing all areas.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Safeguarding people who use services from abuse** How the regulation was not being met: People who used the service were not fully safeguarded from abuse as the provider had not taken reasonable steps to respond appropriately to allegations of abuse. **Regulation 11 (1) (b)**