

Nightingale Group Limited

Nightingale Group Ltd. Trentham Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Nightingale Group Ltd, Trentham Care Centre is a residential care home that was providing personal and nursing care to 148 people at the time of the inspection. People who used the service had physical disabilities, sensory needs and mental health needs; such as dementia.

People's experience of using this service:

Improvements were needed to ensure there were systems in place to monitor all areas of people's care needs and to ensure the improvements were consistently implemented across the service. Records were in the process of being updated to ensure they reflected people's up to date needs and preferences in the way they wished their care to be provided.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

People were supported by caring and compassionate staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted.

People had the opportunity to be involved in interests and hobbies and for social interaction. Complaints were listened to and improvements were made as a result of feedback. People's end of life wishes were gained, which ensured their preferences were taken into account at this time of their lives.

There was an open culture within the service where feedback was gained from people, relatives and staff, which was used to make improvements to people's care. The provider had recognised that improvements were needed at the service and had started to implement changes to the way the service was managed. The provider had a clear vision for the future of the service.

Rating at last inspection:

Requires Improvement (report published 26 April 2018).

Why we inspected:

This inspection was carried out to check the provider had made improvements to the service since the last inspection. We found improvements had been made and the overall rating had improved to good.

Follow up:

We will continue to monitor the service through the information we receive.

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

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Nightingale Group Ltd. Trentham Care Centre

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.

Inspection team:

The inspection team consisted of four inspectors, two specialist nurse advisors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Nightingale Group Ltd, Trentham Care Centre is 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, and both were looked at during this inspection.

Nightingale Group Ltd, Trentham Care Centre accommodates up to 155 people in three adapted buildings. There were five individual units within these buildings.

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.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information the provider had sent us along with other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with nine people who used the service and nine relatives/visitors. 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. We observed care and support in communal areas to assess how people were supported by staff.

We spoke with 11 members of staff. We spoke with the management team which included five unit managers, five heads of service, the registered manager and the clinical director.

We reviewed the care records for 26 people, which included how people's medicines were managed. We also looked at documents that showed how the home was managed which included training and induction records for nine staff employed at the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection improvements were needed to ensure people's risks were mitigated to protect them from harm. At this inspection the required improvements had been made.
- People told us they felt safe when staff supported them. One person said, "I feel quite safe being here. They [staff] do make sure I can get about without falling as I need a frame to get around."
- People's risks were managed because staff knew people well and explained how they ensured people's risks were lowered. We observed staff supporting people to lower their assessed risks.

Using medicines safely

- At the last inspection we found improvements were needed to ensure medicines were consistently managed safely. At this inspection the required improvements had been made.
- People told us they received their medicines when they needed them. One person said, "They [staff] bring me my tablets with a drink and see that I take them safely before they leave me."
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they administered medicines safely.
- Guidance was available to ensure people received their 'as required' medicines as prescribed. Staff had a good understanding of when people needed their medicines and the records showed people received their medicines as prescribed.

Staffing levels

- People told us there were enough staff available to meet their needs. One person said, "There is enough staff. They [staff] are always coming around asking if I need anything." A relative said, "We come and visit at various times and I have never known them to be short of staff. It is very good."
- We saw there were enough staff available who were deployed effectively which ensured people received support when they needed it.
- The provider had a staffing tool in place to ensure there were enough staff available to provide support to people. There was a staffing allocation system in place to ensure people were not affected when there were last minute staff shortages at the service.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Preventing and controlling infection

- People and their relatives told us that the service was always well maintained and clean.
- We saw that all areas of the home and equipment were clean and domestic staff had cleaning schedules to follow to ensure this was maintained.
- Staff wore gloves and aprons which demonstrated that systems were in place to ensure the risk of cross infection was minimised.
- There were systems in place to check that infection control risks were lowered and to ensure staff were following procedures to prevent and control infection.

Systems and processes

- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report suspected abuse.
- The registered manager had reported suspected abuse to the local safeguarding authority where required and investigations had been undertaken to ensure people were protected from the risk of harm.

Learning lessons when things go wrong

- The provider had taken learning from the last inspection and it had helped them to focus on the improvements needed. We saw how the clinical director and registered manager had ensured that staff were working in line with the improvements made at the service.
- Incidents and accident that had occurred at the service were recorded. Incidents were analysed to ensure actions had been taken to lower further occurrences. Staff were informed of changes to people's support through reflection forms and 121 accountability sessions, which ensured lessons were learnt when things went wrong.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer and we observed people's experience was positive at mealtimes. One person said, "The food is good and I get a choice. If there is something I don't like I can always have something different."
- People's nutritional needs were monitored and managed. We saw food was prepared in a way that met people's individually assessed needs. People who needed help to eat their meal were supported with patience and dignity.
- Advice was gained from professionals such as the Speech and Language Therapist Team (SALT) to ensure people's nutritional risks were managed. We saw staff followed the advice provided.
- The head of catering was passionate in ensuring people received a high standard of food that met their individual needs. They said, "It is really important to me that people are involved and I am constantly asking people for suggestions and improvements. We looked at how food helped people to settle and now offer the main hot meal at night which has helped people to become more settled in the evening."

People are supported to have healthier lives and have access to healthcare services

- People were supported to access healthcare professionals. One person said, "Staff call for the doctor to see me if I feel unwell." A relative said, "My relative has seen the hospital consultant and the Parkinson's nurse."
- Advice provided by healthcare professionals such as G. P's, nurses, dieticians and CPN's was followed by staff. This ensured people were supported to maintain their health and wellbeing.

Staff skills, knowledge and experience

- People and relatives told us they felt staff were well trained and had the skills needed to support them. One person said, "The staff are all well trained and have all the necessary skills in my opinion." A relative said, "The staff certainly know what they are doing. My relative couldn't manage at home but they are safe here with the support from staff."
- Staff told us they had received an induction and training at the service before providing support to people. One member of staff said, "The induction was very thorough, and I shadowed other members of staff for two weeks before providing support." Another member of staff said, "The training is very good. I feel confident when supporting people."
- Reflective diaries were completed by staff and competency checks were in place. This ensured staff had understood the training provided and were using this training to support people effectively.

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

- People's needs were assessed before they started to use the service. Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records showed that where people's diverse needs had been identified such as religion and sexual orientation the requirements of the Equalities Act 2010 had been followed. The registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service. For example; information was gained to enable people to continue to access religious services if this was important to them.

Staff providing consistent, effective, timely care

- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and any action taken to ensure people maintained their health and wellbeing. For example; people who had been encouraged to eat and drink and how people's behaviours had been managed. This ensured that people received a consistent level of support from staff.

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

- The layout of the service enabled people to move around freely. People had access to communal rooms where they could socialise and private rooms when they wished to spend time in their own company.
- People's rooms were personalised which ensured people felt at home.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.
- There was a clear ongoing environmental plan to continually make improvements to the standard of the environment.

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 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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make decisions about their care. One person said, "They [staff] listen to me and what I want." Another person said, "I do have choices. I am able to do what I want to. The staff are very good, they know me well but always ask me what I need".
- Where people lacked capacity to make specific decisions mental capacity assessments had been

completed to ensure decisions were made in people's best interests.

- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff treated them in a caring way and they felt valued. One person said, "Wonderful. They [staff] have looked after me so well all of them. Cannot fault the care they have given to me and I certainly feel valued here." Another person said, "It's good here. They look after me well. I've been here a few years and I'm quite happy here."
- Relatives we spoke with were reassured that their relatives were well cared for. One relative said, "The care is first class. Just look how happy they are and that is what is most important to us. I certainly feel my relative is well valued." Another relative said, "My relative is being very well looked after and the staff treat them in a lovely way."
- We observed caring interactions between people and staff. Staff showed patience when supporting people and ensured people were comfortable throughout the day. For example; staff ensured people were warm enough and provided reassurance when people displayed signs of anxiety. People responded well to staff interaction.
- People were supported to maintain relationships with their families and friends. People told us there were no restrictions on visitors and they were supported to spend time in the privacy of their own room or in the family room.
- The provider had developed a family room, which contained tea and coffee making facilities and an area created for young children with iPads to use when visiting relatives.

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

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred.
- People had access to advocacy services if they required support from an independent source.
- The clinical director told us they were in the process of implementing a 'voting champion' to ensure people were given the opportunity to vote at the elections.
- Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices. This gave people control over their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person, "The staff are very

respectful and always close the door and keep me covered up." Another person said, "The staff are all very considerate. They close the door and draw the curtains if washing me in my room. I have no concerns at all."

- We saw staff spoke with people in a polite and caring way and showed patience when people asked them for support. People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently. Positive risk-taking plans were in place to ensure people were safe when they wished to access the community independently.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had opportunities to access activities both within the service and within the community. One person said, "I like to listen to music. I always have done and enjoy the musical events". Another person said, "I like to go to the shops and on trips out. The animals are nice too, they make me laugh".
- We saw people were involved in games to promote their wellbeing such as ball games. Staff chatted with people who did not want to be involved in the organised activities. Staff told us they were led by people's wishes and preferences as some people did not want to be involved.
- The home had devised a 'pet centre' which was available for people to visit animals such as rabbits, guinea pigs, fish and a bearded dragon. We saw staff take the animals to people who were unable to access the 'centre' during the day. Some people enjoyed holding the animals. One person was laughing and said, "Look at me I'm holding a dragon!"
- The head of activities was enthusiastic and was committed to tailoring activities to meet people's needs and wishes. There was a flexible approach to activities to ensure that as people change the activities change to suit their needs. They said, "Nothing is set in stone, the activities staff are led by people and how they feel each day."
- People and their relatives told us they were involved in the planning and reviewing of their care. This ensured people received support in line with their wishes.
- People were receiving personalised care because staff knew people well. However, the support plans did not always reflect the knowledge staff had about people's preferences in the way they wanted their care to be delivered.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I've never had to complain but I would speak to staff if I needed to." A relative told us they had raised concerns with the unit manager who had responded immediately to make improvements to their relative's care.
- We viewed complaints that had been received at the service. Investigations had been carried out and a full written response had been provided to the complainant.

End of life care and support

- People had been involved in discussions about their care at the end of their life, this ensured that people were supported in line with their wishes.
- Medicines to manage pain when people were at the end of their life were available and clear instructions

were recorded to ensure people were comfortable and pain free.

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

RI: Quality assurance arrangements were not always applied consistently.

Understanding quality performance, risks and regulatory requirements

- Improvements were needed to ensure that records were up to date and reflected people's changes in needs and their preferences in the way their care was provided. Care plan audits were in place. However, these had not been fully completed across all of the units at the time of the inspection.
- There were systems in place that had been effective in identifying areas of improvement. However, improvements were still needed to ensure fluid monitoring and challenging behaviour charts were monitored by the registered manager to identify trends.
- The registered manager was responsive to our feedback and forwarded a plan of their actions to ensure their governance systems were effective in monitoring all areas of the care provided.
- We will assess the effectiveness of this at our next inspection.

Leadership and management; managers and staff are clear about their roles; continuous learning and improving care

- People and relatives felt able to approach the unit managers. One person said, "The unit manager is very good, they are always there if I need them". A relative said, "My relative is very happy here. The home is run very well and is organised". Another relative said, "Improvements have been made and there is always a lovely atmosphere here. The managers are all very helpful and listen to any issues we have".
- Staff spoke positively about the management team. Staff told us they [management team] were all approachable and supportive. One staff member said, "The managers are all very visible and approachable and act on any concerns I may have. The staff all work together now". Another staff member said, "The staffing levels have improved and we all work better as a team now, which includes the managers. The management has improved, and we are praised when we have done something well. That means a lot to me"
- There was a good management oversight of the service which ensured improvements were being implemented as required. The clinical director and registered manager had implemented and followed an action plan since the last inspection, which showed the progress that had been made.
- Regular management meetings with unit managers and heads of service were held with the registered manager and clinical director, which were used to monitor the running of the service.
- There was a daily meeting which highlighted any issues to the registered manager and actions were discussed to ensure people received their care as planned. For example; incidents that had occurred, appointments, staffing levels and any increase in people's needs.
- People received effective support because staff were supported to continually develop their skills and knowledge. Staff received extra support to carry out their role when needed.

- The clinical director and registered manager had a clear vision for the future to continually improve the care for people and had a long-term plan in place to sustain improvements at the service.

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

- Feedback was gained from people through questionnaires and resident/relative meetings. We saw the information gained was used to make improvements to the service people received. For example; improvements had been made to the outdoor facilities and the way food was presented for people who needed pureed food.
- Supervisions and staff meetings were held. Staff told us this gave them the opportunity to discuss any concerns or suggestions. The manager listened to suggestions made and acted on them to make improvements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The clinical director and registered manager understood their responsibilities to act in line with the duty of candour if things went wrong.
- Notifications had been submitted to us (CQC) as required by law.
- There was a clear culture of openness and learning from mistakes within the service, which was confirmed by the discussions we had with staff.
- Staff felt supported and understood the vision and values of the service. These were followed in practice and were promoted by all the management team, who were passionate about improving the quality of the service people received.

Working in partnership with others

- The clinical director, registered manager and extended management team worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.