

Abi Oduyelu

Nightingale House

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Nightingale House is a residential care home. It can accommodate up to 30 people, however the service is currently empty with no people living there.

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

The provider did not have a robust development plan for any future return of safe, good quality care. At the time of this inspection the environment remained unsuitable to ensure the safety and wellbeing of elderly people. This includes those living with dementia.

Some areas had been newly carpeted and decorated. However other areas, including furniture, were worn, unpainted or patched up so did not promote a comfortable environment. The provider could not demonstrate how people's privacy would be respected in double rooms. We found pictures of people who no longer lived there still up in communal areas for anybody to see.

No action had been taken to update policies and procedures since the previous inspection. Concerns had been raised about medicines, consent, privacy, dignity, respect, quality governance and safety. Certificates for gas and legionella testing were not able to be provided. Although some work had been completed around fire safety, no new fire risk assessment had been completed.

The service did not meet national and government guidance for infection prevention and control. The premises were not clean and hygienic. The provider confirmed policies and procedures on infection control had not been updated since the previous inspection. This included COVID-19 policies.

The provider submitted an updated action plan on 6 May 2021 but this lacked detail and was not robust. An updated action plan was shared on 11 May 2021 providing some further details including timescales for action to be taken based on the feedback from this inspection.

The provider had engaged the services of a consultant the week of the inspection visit and intended to have their support to drive improvements. This included supporting a new manager. The provider told us they would be working to update everything about the day to day running of the service.

Rating at last inspection and update.

The last rating for this service was Inadequate (published 6 July 2020) and there were multiple breaches of regulation. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 & 17 March 2020. Breaches of

legal requirements were found. The provider sent to us completed action plans in March and November 2020, to show what they would do and by when to improve Regulation 12 (Safe Care and Treatment), Regulation 10 (Dignity and Respect), Regulation 11 (Need for Consent), Regulation 15 (Premises and Environment) and Regulation 17 (Good Governance). We took enforcement action to urgently restrict new admissions to the service and to make improvements to the environment.

This inspection was carried out to review the progress made by the provider since people using the service were supported to move out, by the local authority, to alternative services.

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.

We undertook this focused inspection to check the provider 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 and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from Inadequate. This is based on the findings at this inspection.

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

Enforcement

We have identified continued breaches in relation to Regulation 12, 10, 11, 15 and 17 at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Is the service well-led?

Inadequate ●

The service is not well led.

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 Care Act 2014.

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

The inspection team consisted of an Inspection Manager and an Inspector.

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 did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Nightingale House was empty at the time of this inspection, and not operating.

Notice of inspection

This inspection was announced to ensure the provider would be there.

What we did before the inspection

We reviewed information we had received from the provider service since the last inspection. We used this information to plan our inspection.

During the inspection

We looked around the premises and reviewed the providers policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection the key question has remained the same. This meant the service was not safe to admit people and they would be at risk of avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management;

In October 2019, the provider was informed by an independent fire risk assessment and latterly in December 2019 by Essex Fire and Rescue Service, that Nightingale House was not compliant with fire safety. Our inspection on 4 March 2020 and again on 17 March 2020 found the provider had not taken enough safety measures to reduce the risks to people in the event of a fire.

- At this inspection we found new fire resisting doors had been fitted. However, they were not fitted with automatic self-closing devices interfaced to the fire alarm system. These would provide additional precautions for people who wished to spend time in their room with the door open. The provider told us they would fit these devices individually if the person using the room requested it. We noted door wedges remained behind many bedroom fire doors which the provider advised were for cleaners and would be removed when people moved in. Door wedges are a risk because they would not allow fire doors to close in the event of a fire. Current safety advice for care homes is that all fire doors should be fitted with a self closing device.
- We were not assured the glass in the areas of both staircases had been replaced with fire retardant glass.
- The Commission offered the provider the opportunity to demonstrate fire safety issues had been addressed and a new fire safety risk assessment had been carried out, but this evidence was not provided. An action plan provided after the inspection visit showed one would be sought from an independent specialist.
- The provider told us fire safety policies and procedures had not been revised and updated since our visits in March 2020. The fire safety policy remained the same and did not reflect systems in place for ensuring safe fire evacuation such as fire training, drills and safe use of evacuation equipment

Our inspection on 4 March 2020 and again on 17 March 2020 found the environment required significant improvement to minimise the risk of harm to people. At this inspection the provider could not demonstrate all areas of concern had been addressed.

- The provider had not undertaken risk assessments to identify actual or potential risks to people in relation

to the physical environment. Nor had the provider considered a supportive, enabling and safe environment to meet the needs of elderly, frail people living with dementia.

Preventing and controlling infection

- The provider did not have an infection control policy to inform and limit the risks of cross infection which people using the service have a right to expect.
- Cleanliness and hygiene measures to limit the risk of infection had not been considered. Main areas of the service were dirty and unhygienic.
- The kitchen wall tiles were broken and damaged and did not allow for effective cleaning. The filler between the sink and tiles was heavily stained and mouldy, the cooker, old wooden cupboards and floor were engrained with grease and dirt. The freezer and fridges had not been cleaned; they were dirty and mould spores with decaying food particles. There was no current food hygiene certificate.
- Floor mops had been stored dirty and stained, posing a risk of infection.
- Some ensuite toilet and washing facilities had offensive odours coming from them, toilets were heavily stained, some taps were corroded or very loose, a cistern was coming away from the wall. On the ground floor a communal toilet had two bricks supporting a waste pipe.
- The first-floor bathroom consisted of a toilet, sink and a Parker bath. There was no sink in the room only a hair wash basin with a shower hose. This meant people could not wash their hands easily after using the toilet.
- The provider was unable to demonstrate they complied with Water Supply (water fittings) Regulations 1999 in relation to assessing and managing the risk of Legionella infection. They told us they would arrange testing in advance of anyone moving into the service.
- The provider did not have a policy and procedure in relation to COVID-19 pandemic that should include current government guidance on how to manage COVID-19 infection prevention and control safely. They advised this was because there were no people living in the service. However, they did have their consultant, manager and two cleaners on site on the day we visited.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed.

Using medicines safely

Our last inspection found medicines were not managed safely and people did not always receive their prescribed medicines. This inspection was unable to fully assess medicine management because the service was not currently operational.

- The provider was unable to demonstrate how our points of concern were being addressed. Policies and procedures pertaining to safe medicine management had not been reviewed and revised and there was no information about how to prevent the same issues occurring again when the service was able to accommodate and care for people.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

Our last inspection found there were not enough staff to support people safely and the local authority sourced support to help with day to day care for people. We were unable to fully assess staffing, recruitment and safeguarding because the service was not currently operational. The provider advised that all staff would need to be recruited and no-one apart from the new manager and consultant were currently employed.

- The provider was unable to demonstrate how our points of concern were being addressed. Policies and procedures pertaining to these areas were either not in place or had not been reviewed and revised.
- There were no secured arrangements in place in relation to staff training requirements and provision of quality training to ensure the new staff team would receive the right training to develop their skills and competencies. The provider said when staff are employed, they would use training providers they had used before.

Our inspection on 4 March 2020 and again on 17 March 2020 found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- Necessary maintenance work and health and safety precautions had not been taken to reduce the risk of harm to people, for example:
 - Radiator covers were either coming away from the wall or had sections of the top cut out for accessibility for temperature controls. The edges were jagged and could injure a person if they were to put their hand in or expose the person to risk of burns or scalding.
 - The stairs were exposed and accessible posing a potential risk of falls. Old, broken, damaged or loose wall light fittings on bedside walls posed a risk of harm to people if grabbed or knocked.
 - New door handles with bathroom locks had been fitted to bedroom doors which meant people could potentially lock themselves in their rooms. The risks for frail, elderly people, including those who are unable to make safe choices, had not been considered as part of an overall environmental risk assessment for the service. A toilet door had a bolt lock on the inside and could not be opened from the outside. Access to the steep stairs to the second floor office area was accessible because the door handle had no lock. The provider told us they would individually assess each person and would also change the type of locks identified as a risk.
 - Wardrobes were unsafe, posing a potential risk of harm if pulled over; they were either not secured to the wall or the wrong type of bracket used to fix them to the wall and were coming out.
 - Wall tiles, in two bedroom en suite walk-in showers, stopped approximately two centimetres short of the wooden skirting boards which had not been removed, and therefore was not waterproof. One of these bedrooms had previously had a serious water leak which had damaged the floor and the ceiling of the room beneath. This posed a risk of further floor and ceiling damage and the same risks of potential serious harm to persons accommodated in these rooms as identified at the last inspection. When this was pointed out to the provider, they said they would not let the shower facilities be used.
 - The flooring in the first-floor bathroom had been renewed, however the water pipes behind the Parker bath remained exposed and corroded. Many rooms had waterpipes exposed which may be a risk of scolding or burns if a person fell or leaned on them.
 - Some bedrooms had old loose fitting and/or broken wall lights placed on the bedside wall close to head of the bed; they could cause serious harm if knocked, grabbed or pulled.
- The provider told us they did not have a valid gas safety certificate.

Learning lessons when things go wrong

- The provider's action plan did not include how they would use and learn lessons from the concerns and incidents that had led to people moving out of the service. They told us they thought the failures were due to whistleblowing from a former staff member and fire concerns.
- The action plan did not include any review of their role as provider or what measures they would take to ensure the management and oversight of the service was robust. Although a new manager and quality oversight manager were identified, they were no job descriptions available to demonstrate what their roles

and responsibilities would look like and how they would be measured.

- There was no policy, procedure or training for staff or management about reflecting on events to improve outcomes for people. This included in the areas cited above around medication, risk assessment (including staffing numbers and competencies), consent, privacy and dignity and the environment.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection we found the provider failed to recognise and identify significant failings impacting on the quality of service provision. The poor leadership, governance and culture led to poor and unsafe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The provider demonstrated a poor understanding of their legal responsibilities and regulatory requirements. They told us they had employed an external quality assurance consultant and a new manager, and they would be delegating responsibility to them for the required improvements.
- The provider could not provide any detailed job descriptions, roles, responsibilities and accountability. They could not tell us how they would monitor these roles to ensure they were meeting the objectives of the service including for quality and safety.
- The provider had some remedial works carried out on the premises but could not demonstrate how the remedial work has made the service safe.
- The provider accompanied the inspection team on a tour of the building and had not independently recognised the concerns identified.
- There was no overall development plan for the service based on the needs of the people they intended to provide accommodation and care for.
- There was no information about how the provider ensured they kept up with best practice guidance for people living with dementia, including suitable environments and risk management.

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

- The provider's policy and procedures did not reflect up to date best practice or link with any statement of vision and values.
- Action plans submitted did not reflect on aspects of learning or service improvement. The provider did not have an effective plan in place to drive improvement and could not demonstrate points of concern from previous inspections were addressed. The provider told us, "Nothing has changed."
- They told us the new manager would be reviewing all the previous policies and procedures with a view to having things in place by July/August 2021.

- The condition of the premises as described in the key question Safe, did not promote a positive culture, nor did it provide an environment that promoted people's dignity, considered diverse needs or achieve 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

- During the previous inspection the relationship between external professionals and the provider was poor. We wrote to the provider to remind them of their responsibility to work with stakeholders to ensure the wellbeing of those in their care.
- There was a lack of effective communication which also impacted on staff at the service who told inspectors they were not aware of what was happening but had welcomed outside support because they were struggling with the day to day management.
- The provider's action plan did not include how they would positively re-engage with professionals (including commissioners of care) in the future.

At our last inspection we found the provider failed to respect people's dignity and support people to have maximum choice and control of their lives. This is a breach of regulation 10 (Dignity and Respect) and regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10 and 11.

Although there were no people using the service at the time of this inspection, the provider remains in breach of regulations 10 and 11. This includes matters of privacy, dignity, respect and consent/choice.

- Policies, procedures and risk assessment continue to need significant updating and improvement, all of which directly impact and link to these issues. They cannot be managed safely and effectively without clear links to best practice guidance, policies and process for staff and management.
- The provider's action plan does not include detail on how it will achieve and monitor these matters and only states staff will be required to attend training for Dignity & Respect.