Abi Oduyelu

Nightingale House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 15 November 2016.

Nightingale House is registered to provide accommodation with personal care for 30 older people. People living in the service may have care needs associated with dementia. There were 27 people living at the service on the day of our inspection.

Improvements were noted to the systems to manage the safety and quality of the service since our last inspection. A manager had been appointed and had recently been registered with the commission as required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Further improvements were needed to the manager's knowledge of the requirements of their role and to the content and organisation of required records; including care records. Enhancement of the environment and people's social opportunities were areas for development.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were suitable. Risk management plans were in place to support people and to limit risks to their safety. Medicines were safely stored and administered in line with current guidance to ensure people received their prescribed medicines.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Staff were trained and supported in their role. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services.

Staff were friendly, kind and caring towards the people they supported and care provided met people's care and support needs overall. People's dignity, privacy and independence was respected and they found the staff to be friendly and caring. Visitors were welcomed and relationships were supported.

People knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

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.

Systems were in place to identify and manage risks in the service.

The provider had systems in place to manage safeguarding concerns. Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service.

There were enough staff to meet people's needs safely. People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were supported by staff who received ongoing training and supervision.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were well supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness. People, or their representatives, were included in the assessment of and decisions relating to people's care needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Requires Improvement

The service is not consistently responsive.

Improvements were needed to ensure people's care and social needs were fully planned for and delivered.

People felt able to raise concerns and complaints and were sure they would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager needed to update their knowledge of the responsibilities of their role in relation to record keeping.

Improved systems were in place to assess and improve the quality of the service provided. Opportunities were available for people to give feedback, express their views and be listened to.

Nightingale House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit was undertaken by two inspectors and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements.

During the inspection process, we spoke with seven people and three of their visiting relatives. We also spoke with the registered manager, the consultant supporting the service and four staff working in the service. We received information from three healthcare professionals who had regular contact with the service.

We looked at seven people's care and four people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

During our inspection of this service in February 2016, we found that the provider did not have suitable arrangements in place to protect people against the risks in the service, including environmental and individual risks. This was a breach of Regulation 12 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's safety.

At this inspection of November 2016, we found that while some issues need additional attention, sufficient improvements had been made such as to the management of infection. The sluice room was easily accessible, suitable hand washing facilities were in place and a number of taps had been descaled or replaced in the service. A number of surfaces in the laundry had been replaced to be easier to keep clean, although some decoration required finishing to further improve this. Suitable systems and equipment for transporting and washing soiled laundry safely were in now place. Staff had received infection-control training and infection control audits had been introduced.

Since the last inspection, risk assessments had been completed by the consultant supporting to the service in relation to water and fire safety. We noted however that the fire risk assessment did not, for example, refer to the wedges we saw being used to hold doors open. We contacted the local fire advisory authority who confirmed they will follow this up directly with the provider to ensure any required improvements are implemented. Individual risk assessments were in place in relation to choking to ensure staff had guidance on how mitigate the risk for people safely. Equipment used by people, for example during transfers from bed to chair, had been inspected to ensure its safety.

While some decoration had been completed or new carpets fitted since our last inspection, some areas of the home continued to look shabby and worn. There was limited signage or other symbols to support people living with dementia to orientate themselves within the building or, for example, to recognise their own bedroom. The registered manager told us they knew that the environment and the use of colour and visual aids to support those living with dementia were not the best; however as the provider retained budget control the registered manager could not improve this. A health professional who otherwise spoke very positively about the service told us, "The environment of the home could do with being updated and I do find at times the home looks worn and tired." The provider's information return (PIR) advised that a Planned Programme of Routine Building Maintenance and Repairs and Renewals was in place so that people would live in a safer and more pleasant environment. We have requested this be sent to us as the registered provider was out of the country at the time of the inspection to enable us to see, for example, when the laundry was scheduled to be completed.

Following our last inspection, a format had been introduced to assess people's dependency levels to enable the provider to ensure that staffing levels in place were suitable to meet these safely. The registered manager was unable to show us how this information was used to inform the required staffing levels. The registered manager told they spent a lot of time observing staffing levels in the home and also had confidence that staff would report immediately if levels were not adequate. People and staff confirmed that

staffing levels were suitable to meet people's needs safely. Staff deployment had been considered and staff were allocated an area of the home to work in at the start of each shift. This meant that communal areas on both floors were routinely monitored and staff were also available to support people who preferred or needed to stay in their own bedroom. We saw that staff were available when people needed them and call bells were answered promptly.

People and their relatives confirmed they felt the service provided safe care. One relative said, "[Person] is very safe living here and this is one of the main things we were concerned about as they keep trying to leave, but the staff are great with them." The registered manager and staff had a good understanding of how to keep people safe from the risk of abuse. Staff had attended training on safeguarding people. They knew how to report any suspected abuse and confirmed they would do this to protect people. No safeguarding alerts had been raised in the service since our last inspection. This meant we were unable to judge the effectiveness of the system at this time.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service. While the records were, at times, disorganised, were able to determine satisfactory recruitment practices from the staff records we reviewed.

People were protected by safe systems for the storage, administration, recording and disposal of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available. The manager confirmed that a system would be introduced to formally record the site of skin patches as good practice. This is to ensure that the application site is rotated to prevent the person's skin reacting to or becoming sore from the patch being constantly placed on one area. We observed staff administering people's medicines and saw this was done safely and with respect. A basic system was in place to audit medicines on a weekly basis. The registered manager showed us a more robust auditing format that was now to be introduced to strengthen safe medicines management.

Good

Is the service effective?

Our findings

People spoke positively about the staff. One person said, "I am not sure of the manager or the staff names but they are all good." Relatives also told us that they felt that staff were well trained and this was demonstrated in the way they supported and cared for people. One relative told us they felt staff had the right training and knew their specific role. The relative said, "I do feel ? staff have had all the right training. I have heard a staff member say, for example, 'I cannot do medication' and I assume this is because they are not trained for that."

Staff told us they received suitable induction and ongoing training to support them in their role and to meet people's needs. They also confirmed that they received regular supervision and annual appraisal to ensure their competence in practice was maintained. Staff told us their induction included an 'in-house' orientation to the service, the opportunity to 'shadow' and work alongside more experienced members of staff. Records were available to show that some staff had completed a formal induction to an industry recognised standard.

Records to demonstrate staff training, supervision and appraisal for all staff were disorganised. The manager confirmed that staff had received the necessary training but could not easily evidence this in their records. The registered manager told us that both they and the consultant supporting the service were trained to train other staff in safe moving and handling. Documentary evidence to support this could not be provided. We did not see any concerns relating to staff moving and handling practice. Staff told us they were well supported and received formal supervision and appraisal. We saw some records of staff supervision and annual appraisal. The registered manager told us they observed staff practice regularly and would now ensure that regular formal competence assessments were completed and recorded in relation to medicines management.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had attended training on MCA and DoLS although some staff found it difficult to explain what this had included. Records showed that people's capacity to make everyday decisions was assessed and decisions made in their best interests where needed. This included the use of covert medicines, which is where people are given their medicines without their knowledge. Where people were deprived of their liberty appropriate applications had been made to the local authority for DoLS assessments to be considered for authorisation. The registered manager also demonstrated that applications had been submitted recently where some

existing authorisations were due to expire. Staff sought people's consent before providing their care and support. We heard staff check with people that they were happy with what was happening and that the pace suited the person.

People told us they enjoyed the food and drinks served and that they had enough choice. Comments included, "It is nice food and I am sure if I did not like what is on the menu I could have something else." We observed that people had access to drinks throughout the day. The menu choices of that day were written on a wall board and so not accessible to all the people in the service. There were no pictorial menus used to help people living with dementia to make more positive choices. Staff did tell people what the available choices were and we noted, for example, that a staff member tried to explain to a person, when asked, what tuna pasta bake was.

People's nutritional risks were assessed and actions put in place to support this where indicated. Some people's fluid intake was being monitored. We noted that these records were not always well completed or totalled to assess the fluid intake and demonstrate effective monitoring. The registered manager confirmed they would address this with staff immediately. Records showed that input had been obtained from the GP and dietician where needed as well as speech and language therapists where there was a risk of choking. A relative told us, "I thought we were going to lose [person] at the beginning of the year as they were not eating. [Person] had digestive problems in the past. That has not happened here and their appetite has got much better since being here. The meals look good and [person] now has a man sized portion."

Records indicated and relatives told us that people's health was well managed within the service. One person said, "They are very good in taking my relative to the hospital and to GP appointments. They let us know, for example, when the district nurses come in and what they say about my relative." All three of the health care professionals we had contact with spoke very highly about the way the service supported people's healthcare needs. A healthcare professional told us that all the people they supported in the service had had a recent review of their dementia care and medicines needs. Another healthcare professional who attended the service regularly said, "It is wonderful here. The [registered manager] and staff are organised and there is always one member of staff available to go around with us. It is really good; they always contact us if they have any concerns about people."

Good

Is the service caring?

Our findings

People lived in a caring environment. One person said, "Staff are very kind." Another person said, "They are alright, the staff here." We saw that staff reassured people gently when people were upset and staff, for example, held their hands and spoke to them quietly. Staff did take time to listen to people and to speak with them. A relative told us, "All the staff are really lovely and are attentive to [person's] needs. They talk to [person] and to other people here in a very caring way."

A health professional told us, "I have observed the staff to be kind and considerate when speaking to the residents and I have also noted they speak to them respectfully and in a manner which is suitable for the patient. My only concern is that the home does employ a considerable amount of people whose first language is not English and this can cause some problems in language and communication." Another professional told us, "In the two years I have visited the home, I have always found staff kind, caring and respectful of residents and appropriate in their use of services to them. I have never visited a patient unhappy to be in Nightingale House and have worked with their residents in the Acute hospital where they are eager to return home. Personally I think this is a great indicator of the quality of care when residents do not feel they are in receipt of a service, but at home."

People told us they could not remember if they were involved in the assessment, planning and review of their care. Records showed and relatives told us that they had been involved in the assessment of people's needs and in decisions regarding their care. One relative said, "Lots of other providers declined to care for [person]. The registered manager did an assessment while [person] was in hospital and contacted me and were happy to take [person]. We were asked about their life history and things they like to do." There was less clarity about people's involvement in care planning and while some relatives had signed to confirm their involvement, some people and relatives told us they did not know about the care plan. The registered manager confirmed that they would follow this up and take appropriate action without delay.

While staff sometimes used generic endearments rather than people's names, people overall were treated with dignity and respect. Staff spoke discreetly to people when asking about their personal care needs. Staff ensured doors were closed while people were receiving personal care. People were supported to maintain their skills and independence, where possible. One person said, "I wash myself. I can do things myself but staff are there if I need them. They helped with my medicines when I first came here but I do not have any medicines now." The registered manager told us that another person, who was able to make their own decisions, did not wish to continue taking medication. The person confirmed that the registered manager had made an appointment for them to see their GP so they could tell the GP their opinion. A health professional told us, "I have always found the staff at Nightingale House advocate strongly for the patients in their care, promoting autonomy and self-determination as much as possible." Another health professional said, "The manager is a very kind and caring person who advocates for the residents."

There was a welcoming approach in the service. People told us their visitors were always welcomed and this was confirmed by the visiting relatives we spoke with. One person said, "I can receive visitors at any time, there are no restrictions." A relative said, "They don't stop you coming at mealtimes, but there are not keen

on it, it's good. We visit regularly and are always offered a drink when we arrive." The registered manager told us they felt it was important to have good relationships with the relatives of people in the service, and to make them feel welcome as part of caring for the person. A health professional said, "The manager is able to develop good relationships with residents, carers, staff and other professionals and I know [registered manager's name] is very highly regarded by all groups, for their professionalism, knowledge and dedication to the individuals in their care and [the person's] carers.

Requires Improvement

Is the service responsive?

Our findings

People's care records did not fully reflect their care needs. The registered manager confirmed that a plan of care was not in place for one person recently admitted to the service. This meant that staff did not have clear information on how to support the person or provide the care the person needed. One staff member told us the person had no associated risks relating to their care needs, that the person had had a bath and that the person's only problem was that their skin was dry and their toenails needed attention. We found a record, completed by staff in the service since the person's admission, which stated that the person had an open sore on their skin and that the person expressed discomfort from this during the weekend. This meant that staff did not have accurate information which potentially put the person at risk of not receiving appropriate care. The registered manager told us they would stay on in the service after the inspection to complete the care plan.

We also found that, where care plans were in place, they did not always provide current or sufficient information on people's individual needs and wishes to ensure consistent care, including in relation to end of life care. Recent records showed that another person had an open sore on their sacral area. There was no care plan in place in relation to this or to confirm if any actions had been taken to support healing and prevent further deterioration. The registered manager later advised us that, having spoken with staff regarding this, the district nurse had been involved and the skin was now healed, however this had not been documented or updated. Where one person was receiving their medication covertly, there was no information as to the best or agreed way to achieve this for the individual person. Another person had a care plan in place relating to using a hoist for transfers. There was no information to guide staff as to which hoist or which sized sling was to be used in line with the person's assessed needs. The registered manager was unclear as to how often care records were to be updated. A health professional told us, "Some of the care plans do require updating and some of the personal resident information could be better i.e. life stories, history etc."

People told us they received care that responded to and met their needs. One person said, "I did not want to come her but know that I need to be here as I cannot now be on my own. I am nearly back to how I used to be. This is partially due to the staff who are so good and their care, I am recovering well." One person was anxious as they believed a personal possession had been stolen. Staff reassured the person, explaining they would check the person's bedroom and soon returned with the person's item, which eased the person's concerns. Another person was quite distressed and wanted to leave the service. Staff took time to talk to the person quietly until the person was able to walk with staff back into the living room to have a cup of tea.

Social activities varied in their suitability to meet people's individual needs. People told us about outside entertainers and other events such as a recent Hallowe'en party. While some people chose not to participate, social activities for people living with dementia or for some of the people who remained in their bedroom were limited. A health professional told us, "Often residents are sitting in the lounge with chairs around the edge with no engagement happening with or between residents. I have not seen any activities in the home although that may just be my timing of visits." The planned activity on the day of the inspection was to watch a film. We noted that some people spent much of their day sitting in the lounge either

watching the film or listening to music from a more recent era and there were few individual social opportunities provided. We observed long periods of inactivity where people were either sleeping or disengaged. The registered manager told us they were working on completing 'all about me' documents to ascertain people's past interests so that more suitable activities could be introduced and staff would have topics to introduce to stimulate conversation with people.

Information about the provider's complaints procedure was displayed in the service. The PIR told us that the service had not received any complaints since our last inspection. This was confirmed by the registered manager at this inspection and meant we were unable to judge the procedure's effectiveness.

People told us they were unsure about the complaints procedure but they would feel able to tell the staff or the registered manager about any concerns and felt they would be listened to. One person said, "I am not sure of the manager or the staff names but they are all good." A relative said, "I am not sure that I have information anywhere but I would raise any issues with [registered manager's name] or the owner. I feel confident that [registered manager's name] would listen to me." A health professional told us, "I have not had cause for concern or complaint in my interactions with the home during my time in post and have not heard any of my teams make any comment other than very positive."

Requires Improvement

Is the service well-led?

Our findings

During our inspection of this service in February 2016, we found that the provider did not have suitable arrangements in place to ensure the service was well-led. This was a breach of Regulation 17 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's safety.

At this inspection on 15 November 2016 we found that, while further development was needed in some areas, sufficient improvements were in place. The provider had employed the services of a consultant initially to set up quality systems. These included the environmental risk assessments and regular checks which had been put in place such as for the call bell system. A procedure had been introduced to assess people's dependency levels to inform safe staffing levels. A maintenance programme had been introduced and we saw that improvement and decoration of some areas had been undertaken. A manager had been employed since the last inspection who had registered with the commission as required.

The manager had previously been registered as manager of the service for many years. People told us they found the service to be well led and the registered manager committed to providing people with safe, quality care. A health professional said, "The home is well led. In fact one of my colleagues at our team meeting last week said 'every care home should have an [registered manager's name], when we spoke about the difficulties we face in helping homes manage some behaviours in dementia." A relative said, "This home is well led. [The registered manager] was here on Saturday the other week as she said she needs to see what goes on."

The registered manager confirmed they needed to and would update their knowledge without delay, for example, of the five domains that CQC inspect against and their responsibility to notify us of certain events such as DOLS authorisations being granted. They also identified a need to designate some tasks to other suitable staff or the consultant; this included audits of care plans, all of which were written and checked by the registered manager. A weekly report was sent to the provider to update them about relevant matters in the service. Only some of these reports were available and the quality and organisation of records was an identified area for improvement throughout all aspects of the service.

The atmosphere at the service was open and inclusive. A copy of our last inspection report and the service's current rating were displayed in the service to provide people with information in an open and transparent way. Staff told us they felt well supported and that the registered manager was very 'hands on' and available in the service should they need advice and leadership. The registered manager had re-established links with other health and social care professionals to access facilities and healthcare input for people living in the service. This included involvement in the local dementia forum through which the registered manager was booked to attend training on dementia and supporting associated behaviours.

People and their relatives had opportunities to express their views on the service through meetings for residents and relatives as well as an annual quality survey. The outcome of the most recent survey was summarised in the quality assurance report of October 2016. This noted that people were satisfied with

most areas of the service provided. Areas identified for improvements included awareness of the complaints procedure and the decoration of the service. The complaints procedure was to be included for discussion in the next residents meeting and the ongoing decoration will be included in the ongoing action, with the provider to speak to people individually to include them in the décor choices for the service.