

MAPS Properties Limited

# Nightingale Care Home

## Inspection report

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30 September 2020  
12 October 2020

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Nightingale Care Home is a residential care home providing personal care to 40 people aged 65 and over, some of whom were living with dementia, at the time of the inspection. The service can support up to 47 people.

Nightingale Care Home is a period building which has been extended and converted to provide accommodation over two floors. The service has two lounges, dining room, conservatory and secure garden areas.

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

People were safe. Safeguarding incidents were identified and reported as required. Actions had been taken to identify and address risks to people. A system was in place to oversee incidents that occurred in the service. The registered manager and staff had a good understanding of people's individual risks and how these were managed. Additional infection control measures had been taken in response to the covid-19 pandemic. We have signposted the registered manager to guidance regarding isolating following admission to the service and cohorting.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 29 April 2019)

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns regarding the management of risk and onward safeguarding referrals in response to incidents that occurred in the service. A decision was made for us to inspect and examine those risks.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

**Inspected but not rated**

# Nightingale Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about the management of risk and onward safeguarding referrals in response to incidents that occurred in the service.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Nightingale Care Home 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 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

We gave a very short notice period prior to the inspection. This was because we needed to discuss, assess, and plan our visit to the service due to the Covid-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Due to the Covid-19 pandemic the first day of inspection was carried out by two inspectors visiting the service for a shorter period of time. The rest of the inspection was carried out remotely by the lead inspector who made calls to staff and relatives away from the site. This inspection activity took place between the 30

September 2020 and 8 October 2020. A virtual meeting to provide feedback from the inspection took place with the registered manager and regional manager on 12 October 2020

During the inspection we spoke with one person who used the service and 11 relatives. We spoke with nine staff, this included the registered manager, the regional manager, a team leader, two senior care assistants, a domestic staff member, and three care assistants.

We reviewed the care plans for six people using the service. We reviewed records relating to incidents in the service, cleaning schedules, and covid-19 risk assessments and policies.

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.

After the inspection

We had further contact with the registered manager to assess and validate evidence found.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern regarding the management of risk and onward safeguarding referrals in response to incidents that occurred in the service.

We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents that occurred in the service were identified and onward referrals made as required. The registered manager was aware which incidents should be reported to the multi-agency safeguarding hub and how to do so.
- Information for people, staff, and visitors to the service on how to raise safeguarding concerns was displayed. Staff confirmed they had received training in adult safeguarding. They were able to tell us how they would identify potential safeguarding concerns and how to report these. Relatives told us they felt their relatives were safe in the service and were treated with kindness and care.

Assessing risk, safety monitoring and management

- An analysis of incidents that occurred was in place. The current analysis relied on the registered manager collating the data from incidents, we found this system meant that there was a higher risk of errors. For example, we found a fall that had occurred had not been included in the analysis. The registered manager confirmed that a new electronic system was being put in place which would address this concern.
- Risks to people had been identified and associated risk assessments put in place. For two people we found some minor errors in how the falls risk assessment had been calculated. The registered manager told us they would take action to discuss and support staff regarding this.
- Where incidents had occurred, such as a fall, we saw that the associated risk assessment had been reviewed and further mitigating actions considered. The registered manager and staff had a good understanding of people's individual risks. This included how to identify escalating risks and what actions to take in response. Relatives told us there was a collaborative approach to risks and their views were considered.
- Some people at a high risk of falls had risk assessments which included the need for regular observations and checks. We saw, and staff confirmed, that these were undertaken as per risk assessments and recorded. For people at risk of distressed behaviour we saw this risk had been discussed with relevant healthcare professionals, onward referrals made, and additional monitoring put in place.

Preventing and controlling infection

- The registered manager was aware of the requirements that all people admitted to the service required a 14-day period of isolation. People being admitted from the community were not always in 14-day isolation. The registered manager told us this was because some people had effectively been isolated for this period at home prior to their admission and another person, coming from hospital, had been unable to comply

with isolation.

- There were no supporting risk assessments to show how the registered manager determined risks regarding isolation and what mitigating actions they took in response. We discussed this with the registered manager who told us they would put in place risk assessments. They also told us they would discuss with local hospitals any concerns they had about supporting people to isolate prior to discharge.
- The registered manager and staff told us it was not always possible to support people to socially distance due to people's cognitive impairments. Staff encouraged people to socially distance where possible, and the environment had been reviewed to support this where possible. However, there had been no consideration of the use of cohorts and grouping. The registered manager told us they would review these strategies following our inspection.
- We were assured that the provider was reducing the risks of visitors from catching and spreading infections. Relatives told us arrangements for visiting were well communicated and put in place. Information was clearly displayed on arrival to the service and an area for visits had been isolated and was cleaned thoroughly following a visit taking place.
- We were assured that the provider was using PPE effectively and safely. We observed the correct PPE being used, staff were aware of what should be used and how to dispose of safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Staff and relatives confirmed regular cleaning throughout the service took place. A separate infection control audit took place on a monthly basis.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.