Abi Oduyelu

# Nightingale House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 February 2016.

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

A registered manager was not in post. The registered provider had informed us in December 2015 that they had appointed a deputy manager who they planned to put forward for registration as manager for the service. 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.

Risks to people's health and well-being were not always assessed or were not sufficiently detailed to ensure people's safety. The provider's systems to check on the quality and safety of the service provided were limited and not always effective in identifying and acting on areas that required improvement.

Records were not well organised to support the effective management of the service. Staff training and support systems were not demonstrated as being consistently implemented. Care records did always have up to date information on all aspects of people's care needs to guide staff on how to meet people's assessed needs although staff knew people well and management had made changes to improve this.

Staff had attended training on safeguarding people and were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People medicines were safely managed and they had regular access to healthcare professionals. A choice of food and drinks was available to people that reflected people's nutritional needs and took into account their personal preferences.

People were supported by staff who knew them well. People's dignity and privacy was respected and staff were kind and caring. Visitors were welcomed and people were supported to maintain positive relationships with others.

The provider had a clear complaints procedure in place. People felt able and had opportunity to express their views on the service and to be listened to.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Risks, including the management of infection control in the service, had not always been identified or actions put in place to limit these to ensure people's safety.

People felt safe and staff knew how to identify and report any concerns to safeguard people. Staff recruitment processes were thorough to check that staff were suitable people to work in the service.

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

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Arrangements for staff to receive an induction, consistent training, supervision and appraisal needed improvement.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being met.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

### Is the service caring?

**Good**

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

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

### Is the service responsive?

**Good**

The service was responsive.

Although people's care plans had not always been regularly reviewed or reassessed and lacked some detail, staff knew people well and the management team had implemented changes to improve this.

People received care that met their needs and there were activities that people enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

The provider's systems to assess the quality and safety of the service were not comprehensive or effective in identifying areas where improvement was required. Required actions, where identified, were not completed promptly so as to make the necessary improvements to the service.

People had opportunity to comment on the service and their comments were responded 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.

This inspection took place on 15 and 16 February 2016 and was unannounced. The inspection was carried out by one inspector on both days.

Before the inspection we reviewed the information we held about the service including from the local authority. We also looked at notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with five people who used the service, four visitors, three members of staff, a visiting healthcare professional, the deputy manager and the registered provider.

We reviewed three people's care and five people's medicines records. We looked at the service's staff training plan, four staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Requires Improvement

# Is the service safe?

## Our findings

Arrangements to manage the risk of cross infection required improvement to safeguard people from the risk of infection. The upstairs sluice room was locked and there was no clear way for staff to open it promptly when needing to access the room, with for example, soiled items. There was no hot water to the handwashing facilities in this sluice room. Taps in areas around the home were deeply lime scaled which was a potential infection control risk as lime scale harbours germs. Surfaces in the laundry were damaged and difficult to clean. While a separate storage room for clean laundry once dry was available, a system was not in place within the laundry to manage a separate flow of dirty and clean laundry prior to and after washing which posed a risk of cross infection.

Staff and the registered provider confirmed that soiled linen was carried to the laundry room in black plastic bags, opened in the laundry room by care staff and then put into the machine to wash. The registered provider confirmed that they did not complete infection control audits within the service and they could not demonstrate that all staff had attended training on the prevention and control of infection. The registered provider had already been advised of the concern regarding infection prevention in the service following the local authority inspection of the service in October 2015. While some work had been undertaken the provider had not taken timely and effective action to limit the risk of infection in the service.

Environmental risks were not consistently assessed or steps taken to address them to support the safety of people and staff. The provider confirmed that no risk assessment in relation to Legionella was in place and checks on the water system were limited. The fire risk assessment provided was last updated in 2011. It relied on individual personal emergency evacuation plans [PEEPS] for each person in the service. The provider and the deputy manager confirmed that no PEEPs were in place for any of the people in the service.

People's care records contained assessments of risks individual to their care needs including safe moving and handling and bedrails. However, these had not always been reviewed regularly to ensure they remained an accurate guide to limit risk and ensure people's safety. Care records showed that one person was recently identified as at risk of choking. The deputy manager confirmed that there no assessment of the risk in place. This meant there was a risk of staff not having clear current guidance to support consistent and safe limitation of risk.

These identified areas area breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at recruitment files for two recently recruited staff. We found that satisfactory systems were in place to complete checks such as people's criminal history and the taking of references from their previous employers in a care setting to ensure their suitability for the role. The deputy manager told us that the service would now be maintaining separate records of interviews and ensuring that interviews and recruitment processes were carried out in line with equal opportunities legislation.

People and their relatives told us there were enough staff to meet people's needs. Staff also told us there were enough staff on duty each shift to enable them to provide people with suitable and safe care. While their role was to manage the service, the deputy manager told us they worked as part of the care staff at times to enable adequate support to be provided for people and they had queried the suitability of night staffing levels with the provider. We noted limited occasions where lounges were not always monitored by staff, this was particularly when one of the care staff changed roles in the afternoon to prepare the evening meal. The provider did not have a system in place to regularly assess people's needs and to analyse this to determine the number of staff required to meet people's current needs. This could mean that people were at risk of receiving unsafe care as staffing levels had not been reviewed to ensure people's on-going safety and well-being.

People confirmed they felt safe living in the service. One person said, "I feel comfortable and safe here because of the staff and the way they look after us." A relative told us, "I do feel [person] is absolutely safe here. Staff monitor and do check on [person] when they are in their bedroom." The provider had policies and procedures in place to support staff to safeguard people and told us that they had access to the local authority guidance electronically. The provider told us there had been no safeguarding event raised in the service since the last inspection. Staff and the deputy manager had a clear understanding and knowledge of how to keep people safe from the risk of abuse and told us they had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to safeguard people.

People told us that they were satisfied with the way the service looked after and administered their medicines. Medicines were suitably managed and safely stored. Records were maintained of medicines received, administered and returned and were completed consistently. Where medication records were handwritten they were signed by two staff as a check to ensure accuracy. Guidance was in place to support staff when people were prescribed medication on an 'as required' basis such as for pain. The deputy manager had implemented a system of weekly audits to ensure the reliable and safe management of medicines.

Requires Improvement

# Is the service effective?

## Our findings

While staff told us they felt supported and had received suitable induction, training, supervision and support, we found that improvements were needed. The provider was unable to demonstrate that all staff had attended training or updates, for example, in moving and handling, infection control or the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that we could be reassured that staff had received training to provide them with the knowledge and skills to carry out their role and responsibilities effectively. Records showed that staff had had improved opportunities for supervision and annual appraisal in the past year, some of which had been completed by the recently appointed deputy manager.

One person told us that staff were, "Absolutely wonderful at their job." Staff told us they received an induction when they started working in the service and found it helped them to do their job well. Records showed that the deputy manager had completed an orientation induction with recently appointed staff and confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff.

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.

Records showed that people's capacity to make some decisions, such as taking medicines and the use of bedrails, were assessed. Decisions had been made in their best interests where needed by appropriate people. One relative advised, "I have been involved in the DNAR as [person] does not have capacity and I have power of attorney to manage their health and welfare decisions as well as their finance." A DNAR is a medical decision that resuscitation treatment would not be attempted as it would not have a positive outcome for the person. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. The deputy manager confirmed that applications had been, or were being made to the local authority for DoLS assessments to be considered for authorisation.

People spoke positively about the choice of food and drinks served. One person told us, "I get lots of drinks, the food is good and they always ask what I would like." Another person said, "The food is lovely. There is plenty and we have a lot of different things." We noted that not everyone was offered an active choice at lunchtime, for example people living with dementia who could not verbalise a choice were not shown the two meals to help them to make a choice visually. A relative told us that the quality of the food served at

Nightingale House was "above that in other services they had visited and fresh ingredients were used here". People were supported with regard to their nutritional and calorific intake. A relative told us, "The staff do try to get [person] to eat. They know [person] really likes those chocolates and satsumas they left with [person]. They really do make an effort." The deputy manager had identified that full nutritional assessments were not in place and was working on implementing these to provide a good baseline to support effective nutritional monitoring for people.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell. People also told us that they were regularly attended to by the visiting chiropodist. A relative said, "[Person's] teeth are cleaned properly and they see the chiropodist regularly. Staff never take a chance, they call either the GP or an ambulance and call me." A healthcare professional told us that staff in the service clearly understood the importance of monitoring people's health, promptly calling in professionals and following the advice and instructions provided to ensure people's well-being. A relative commented on the deputy manager's high level of knowledge of healthcare issues and how this had meant the person's specific condition was picked up quickly so that appropriate interventions could be put in place.

Good

# Is the service caring?

## Our findings

People felt well looked after in a caring and friendly environment. One person said, "Although I did not want to come to a care home, I love it here and now would not want to leave. It is first class if you ask me and nothing is too much trouble." Another person said, "Thank them for me, they are good to me, bless them." A relative told us, "Staff are really friendly and helpful. They really do care. They are always cheery and do care for [person]. They do seem to be very caring."

People and their family members confirmed they were involved in the assessment of their needs and decisions regarding their care. One person said, "My [relative] was able to visit before I came here and I feel this was the best part of the assessment actually." A relative confirmed that they had been involved in the assessment and decisions regarding the care of their family member and had been able to visit to see if they felt it was suitable to the person's needs. They said, "We saw several homes but liked the feel of this one. They sat with me and asked me about [person] and we did the care plan."

People told us that they were able to make decisions and choices about their day to day lives. This included where to spend their time, what and where to eat and drink, when they went to bed and whether their joined in with the social activities. One person said, "I prefer to stay in my bedroom. I am invited to the lounge but I prefer not to go. Sometimes I like to watch television in bed. Other times I do not like to go to bed early and that's okay, they leave me until late."

People felt their privacy was respected. One person said, "Staff always knock before coming in and always check that everything is alright." Another person told us, "Staff do respect me, for example when they are getting me changed." We saw that staff who supported people at mealtimes or with their medication did so in a respectful and caring way, giving the person time and encouragement. Staff addressed people by their name and we noted friendly chat and banter where people were able to be involved in this. We noted that the window coverings on some people's ground floor bedrooms meant they had to have the curtains closed even during the day to ensure they had privacy in their room. The provider and deputy manager confirmed they would consider additional options such as blinds to improve people's choice and privacy.

People's relationships were supported and their visitors were welcomed in the service. One relative told us, "I always feel very welcome and visiting is completely flexible, you can come when you like." There were a number of shared bedrooms and the deputy manager and provider could not tell us whether people had had a choice in this matter. There was a separate area upstairs however where people could spend time alone or meet with their visitors privately.

Good

# Is the service responsive?

## Our findings

Each person had a plan of care in place that included important areas of care such as skin care, nutrition and social activities. Further developments were required to ensure that all of people's needs were reflected so that staff had guidance on how to meet these in line with the person's preferences and needs. This included, for example, a full end of life plan with information on meeting their specific needs in relation to people's faith and their pain management. Improvements were also needed to recording the repositioning of people and totalling the amount of fluids people had each day so these could be monitored to ensure the person's needs were met. Although further improvements were needed, care was good and staff understood people's needs and how to best support them. The deputy manager also continued to make improvements to the care plans in line with the local authority's recommendations of October 2015. This included an index of the care plans to make information easier for staff to find. The deputy manager had also introduced an end of life decisions form for each person and confirmed that further improvements were planned.

People and their relatives were involved in planning and reviewing their care to reflect their needs and preferences. One person said, "I do have a care plan and I was asked what I needed. They give me what I need." A relative said, "We were involved in the assessment. Staff sat and did the care plan with us and the update too." People told us they received care and support that was responsive to their needs. One person told us that staff responded to their individual preferences about the types of food they ate and made sure these were available. Another person told us, "Staff help me with makeup and perfume as they know these matter to me." The deputy manager told us how one person's needs and preferences regarding their faith had been supported and suitable items recently obtained to support this for the individual. We saw that these were available to the person in their own bedroom. Another person told us how the service had responded to their request and supported them to move to a larger bedroom when it became available.

Staff received a handover at each shift to update them on any changes to the person's needs. This information and that in the care plans enabled staff to provide people with the care they needed. Whilst there was no record kept to show that the repositioning had been completed, staff were able to tell us about people's care and support needs, such as who needed repositioning and how frequently, so as to help prevent the development of pressure ulcers. Records of care provided otherwise were detailed and provided a clear account of the care people received.

People told us they enjoyed the social activities provided and that these met their needs. One person said, "There is enough to do". Other people told us they were invited but chose not to take part in the activities. The provider told us that while they were trying to recruit a member of staff to specifically support social activities two care staff had been allocated additional hours in the interim. An outside entertainer was in the service during our inspection and people confirmed that they enjoyed this. Records showed that people also participated in drawing, puzzles, pet therapy and pampering sessions.

People told us they felt able to express their views about the service and felt they would be listened to. One person told us, "I would feel able to raise any issues. I have never had any complaints although I did comment once on the approach of an agency staff member. I have never seen them here since." Another

person said, "We can tell the staff if we are worried. You just tell the staff and things get done. They sort things out. The [deputy manager] is good, she comes round twice a day to check and she would make sure things got done."

The provider had a system in place to manage complaints and to show they were investigated and responded to. Information on how to access the complaints procedure was displayed. The registered provider told us that no formal complaints had been received since the last inspection so we were unable to judge the effectiveness of the complaint procedures.

Requires Improvement

# Is the service well-led?

## Our findings

The service was not consistently well led. There was no registered manager in post and the provider told us they were currently managing the service. The provider told us that the deputy manager had now been appointed and would take over the role of manager of the service. We had informed the provider in January 2016 of the requirement to notify us that there was no longer a registered manager in post in the service and of the arrangements in place to manage the service. The provider had not notified us formally of this although we had directed them to guidance to help them with this. Additionally, the deputy manager told us of some other events in the service that the provider was required to notify us of. The provider confirmed they had not notified us as they did not know of their legal responsibilities to do so. They confirmed this would now be completed without delay.

Systems to ensure the effective running of the service were limited. The provider had no clear systems in place to ensure that staffing levels met people's current needs, or that staff had received the training and support required to ensure their ability to support people effectively and safely. Areas of the premises and furnishings were tired and needed some attention. There was no maintenance programme in place to ensure a pleasant environment for people to live in and check for example the availability of call bell cords. Policies and procedures were difficult to access when requested, had not been updated to reflect current legislation and guidance or did not contain reasonable detail to guide staff or to support a safe, quality service.

Records regarding the running of the service were not always available or were disorganised and difficult to access in the service. One person told us that the call bell was not always working properly although it was on the day of the inspection. There was no evidence of this being tested or inspected to ensure it was in good working order. The provider could not provide confirmation that moving and handling equipment had been recently inspected. The provider was unable to provide confirmation that current risks in the service had been assessed, such as in relation to fire and water so they could ensure suitable actions were in place to protect people from associated risks. The provider gave us a partly completed health and safety check record. In response to our query, the provider confirmed they had just written this during the inspection and could not confirm that the information in it was accurate or reflected the safety levels in the service. This meant that systems to manage safety the in the service were not robust.

There were no infection control audits in place or checks to ensure that practices relating to prevention of infection met with current guidance in line with the Department of Health Prevention and Control of infections in care homes. The provider had been made aware of these risks by the local authority following their inspection of the service in October 2015. This meant that the provider had not acted promptly to improve the safety of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had opportunity to comment on the service. A meeting for people had taken place in October 2015

which considered issues such as the menu and activities. A Quality Assurance Management report dated July 2015 was provided. This inaccurately stated that infection control audits and accident analysis and were completed in the service. It contained an analysis of the surveys completed by people and stakeholders in the service and all outcomes were positive. The report also identified the improvements completed in the service in the past year, such as ensuring people were included in their care planning, in response to people's comments.

We saw that the deputy manager had begun to implement improvements in the service. People knew who the deputy manager was. They told us that the deputy manager was approachable and checked regularly with them about the service they received and took action to put improvements in place. Relatives and staff also spoke highly of the deputy manager. A staff member said, "The [deputy manager] is very organised, it is nice to work that way.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered provider had not protected people against the risks of inappropriate care and treatment. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider had not operated effective systems to protect people against the risks of inappropriate or unsafe care as robust arrangements were not in place to assess, monitor and improve the quality of the service provided. |