

Thames Carehome Limited

Nightingales Care Home

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

Our inspection took place on 19 June 2018 and was unannounced.

Nightingales 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. We regulate both the premises and the care provided, and both were looked at during this inspection.

The service can provide care and support for up to 17 older adults. At the time of our inspection, the service accommodated 12 people. Each person had their own bedroom, and there were communal facilities such as bathrooms, dining, lounge and kitchen.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our inspection on 2 March 2017, there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued four requirement notices and a warning notice against the provider and required an action plan. At our last inspection on 22 and 24 May 2017, we found the provider had complied with the warning notice. Therefore, at the of this inspection, there were four outstanding breaches of the regulations. We consider that satisfactory changes were made to demonstrate compliance with two of the four breaches.

Since our last inspection, some risks related to the building and premises were satisfactorily mitigated, for example fire safety and the hot water and central heating. However, there remained risks from the premises which were not adequately managed. Although there was a maintenance worker who attended the service, dangerous risks were still present to people and others. This included trailing electrical wires, access to areas that were meant for maintenance, and broken fixtures and fittings. There were insufficient control mechanisms to protect people from the risk of infection, including the lack of appropriate use of deep cleaning of the premises, especially the carpeting.

There was insufficient adaptation, redesign and redecoration of the premises to ensure effective care. Carpets were stained and damaged in places, bedding and linen was stained and some aspects of the building required repair or updating.

People were well-supported by staff who understood how to recognise and report any form of abuse or discrimination. The risks associated with people's care and support needs had been fully assessed and recorded on admission to the service. Suitable and highly personalised plans were implemented and regularly reviewed to manage any ongoing risks. Staffing levels had improved and meant people's individual

needs were met safely. All prospective staff had pre-employment checks to ensure they were of suitable character to support people who used the service .

People's individual and personalised needs and requirements were initially assessed when they moved into the service. Staff had received sufficient appropriate training and ongoing support to ensure they had the skills and knowledge needed to work safely and effectively. People received reassurance and physical assistance to safely eat and drink, and associated risks such as choking were recognised and managed. Staff supported people to access a wide range of community and acute healthcare services to ensure their health needs were regularly reviewed and met.

Staff knew people well and clearly demonstrated a kind, thoughtful and caring attitude at work. Staff and the registered manager mainly supported people to express their views and to be fully involved in any decision-making that affected them, although there were few 'residents' meetings. People were treated with dignity, respect and kindness, and we observed individual acts of highly-personalised care from a committed workforce. There was popular provision of home cooked puddings, and the commitment of staff to provide regular hydration.

People received consistently-personalised care that reflected their individual needs and preferences. The provider's complaints procedure demonstrated good previous complaints handling, and this year there were no complaints .

The provider's quality assurance processes were not as effective as they needed to be. There was a basic audit process which, although undertaken regularly, did not provide accurate outcomes for follow-up, and did not provide robust assurance of good governance. Staff told us they worked in a positive workplace culture and liked working at the service.

We found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

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 always safe.

Risks from the building and equipment placed people and others at continued risk of harm.

People were protected from abuse and neglect.

People's medicines were safely managed.

People's care risks were adequately assessed and mitigated.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The adaptation, design and decoration of the service still required improvement.

People were supported by staff who had the necessary knowledge, skills and training to care and support them.

People were protected from malnutrition and dehydration.

The service was compliant with the provisions of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People had formed friendly bonds with staff.

People were placed at the centre of care and treatment decision-making.

People's privacy and dignity was protected.

Is the service responsive?

Good ●

The service was responsive.

People requested increased access local and community activities.

Information was provided to people in a way they could understand it.

People's care plans were detailed and person-centred.

An appropriate complaints management system was in operation.

People were treated equally, and the service preserved their protected characteristics.

Is the service well-led?

The service was not always well-led.

Improved auditing by the provider was needed to monitor the safety and quality of people's care.

The registered manager was knowledgeable, skilled and competent.

Staff described a positive workplace culture.

The service displayed their prior inspection rating and complied with the duty of candour requirements.

Requires Improvement 

Nightingales Care Home

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.

Our inspection took place on 19 June 2018 and was unannounced.

Our inspection was completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience was familiar with the care of older adults in residential settings.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also requested information from the local authority, clinical commissioning group other health or social care professionals. We checked records held by Companies House, the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We attempted to communicate with five people who used the service. Staff members assisted us to communicate with some people. We also spoke with five relatives. We spoke with eight members of staff, including care workers, the cook, the activities co-ordinator the registered manager and the operations manager.

We looked at seven sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at personnel files and records associated with the management of the service, including quality audits.

We looked throughout the premises and observed care practices and people's interactions with staff during our inspection.

Is the service safe?

Our findings

At our inspection on 2 March 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider did not ensure that the premises were safe to use for their intended purpose and used in a safe way. In addition, some equipment used by the provider for delivering care or treatment to people was unsafe. We issued a requirement notice to the provider. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question effective to at least good.

The service had taken some steps to ensure people's safety from the premises and equipment risks. For example, fire safety risks we identified at our March 2017 inspection were remedied. The fire brigade inspector visited the service in March 2017 and found the fire safety satisfactory. Wall mounted radiators had covers installed to prevent burns to people. The hot water and central heating issues were resolved. The service had commenced replacing older style beds (divans) with profiling (hospital) beds.

However, people and others remained at risk of avoidable harm from the premises and equipment. For instance, we noted that portable oil-filled radiators were in two people's bedrooms and in a communal lounge. The radiators were in the bedrooms at the request of people who used the service. They were not in use at the time of our inspection, but did not have guards to prevent burns if people have contact with them. In another person's room, there was a TV aerial cable plugged into a socket, trailing out the window and entering a second bedroom via another window. This meant the cable was at risk of damage from the opening and closing of the two windows. A door to the main electricity supply was unlocked, which meant unrestricted access to the electrical installation. A window frame in a bathroom was broken and falling apart, with the risk that wood from the frame could fall on someone using the toilet. A panel in a bathroom wall was not secured and placed on the floor. The hatch behind it led to a void space in the building, with pipework and other utility equipment inside.

There was a lingering malodour of urine throughout the building during our inspection, but especially on the ground floor. We visited all areas of the service to check if we could establish the source. We could not find any linen, bathrooms or dirty utility areas where the smell of urine originated from. We also asked the registered manager about the smell, who acknowledged it but could also not isolate the cause.

Infection prevention and control was unsatisfactory. Communal areas were generally clean, although behind some furniture there was dried food and other debris which was not from the day of our inspection. In one person's bedroom, a catheter bag was in the en-suite toilet. The tubing and connection used to drain the person's catheter was on the floor, which contaminated the equipment. Some bowls used for washing for personal hygiene were dirty and required replacement. A mop and bucket were stored in a communal bathroom. This was because there was a lack of a suitable place (such as a utility room) to store the equipment. A standing hoist base had food crumbs and dust in it. The top panels of two radiator covers had peeled paint, meaning that correct cleaning by wiping the finished surface was not possible. People were placed at risk of infection from failure to maintain the premises and clean all areas.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff received training in infection control. We observed staff used personal protective equipment (disposable gloves and aprons). There was appropriate access to waste facilities. We noticed a staff member cleaning during our inspection, and they showed us the records they kept of tasks they had completed. They were aware of the national cleaning code (a colour-coded system for clothes, mops and buckets). They acknowledged some people's rooms were difficult to clean effectively because of the number of personal belongings. This was people's choice and the staff respected people's right to choose what personal items they kept in their room.

Some people's communication was limited, but they could express their feelings about the safety of the service. People's feedback was mixed. They told us they received their medicines in a timely manner from staff and at times the staff could be busy doing other things, so they must wait. One person said sometimes there is enough staff and sometimes there was not. One person commented, "I think it's OK here. The staff do ask me if I'm OK. One person had bruising and a cut on her arm. This was from a fall and there was appropriate wound dressing and documentation about the event.

People's relatives expressed confidence in the safety of the care and support their family members received at the home. Care risks for people were clearly and comprehensively identified and risk assessments were undertaken on admission at the service. This process took into consideration key areas of risk, such as people's long-term health conditions, their mobility, nutrition, and any specialist care equipment they used. These assessments were regularly reviewed by the care worker who knew the person best. This meant that, for example, recorded weight loss was identified and quickly acted upon. Staff demonstrated good awareness into the agreed management of the specific risks to individuals. They received a range of training on how to work safely, including health and safety, fire safety and first aid training. People's care records were either logged electronically or on paper. The electronic records were password protected, and the paper records were stored centrally, away from people's rooms.

Staff utilised safe working practices including the safe and appropriate use of mobility equipment to carry out transfers and help people move around their home.

The service took steps to protect people from abuse and discrimination. Staff received appropriate training and support for this. Safeguarding processes were robust; people were safeguarded from abuse and people's safety was maintained. The registered manager and staff knowledge of abuse was sound, and they fully demonstrated their understanding of the safeguarding policy and processes. Staff were aware of the local safeguarding policy, and knew how to recognise and report discrimination and abuse.

The service carried out checks on all prospective staff to ensure they were safe to work with people. This included obtaining employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions. We checked an audit of staff personnel records which were incomplete. The manager was aware of this and was part-way through the audit at the time of our review.

Staffing levels were assessed and organised in line with people's current care and support needs. The registered manager monitored the service's staffing requirements based upon the assessment of people's changing needs. People's relatives and staff confirmed staffing arrangements at the service meant people's individual needs could be met safely. Most people who used the service had a low or medium level of support required for their daily care needs, and the dependency scores had risen over the previous year. We

saw there were sufficient staff on duty to provide people with the personalised support needed to continue to ensure their safety and wellbeing. The addition of a second night care worker and evening care worker had a positive impact on staff morale and ensured people had access to timely care.

We reviewed how the service ensured people's medicines were handled and administered safely. Staff had benefitted from appropriate training and assessments, and were competent in medicines management. Medicines were stored securely either in a locked medication trolley or locked medicines cabinets. The care staff who administered medicines maintained correct medicine administration records. We saw them request and obtain people's permission to administer their medicines, and checked they had been taken appropriately. They understood and could discuss the action to take in the event of a medication error or refusal. Pharmacy stocktake, medicines training and competence assessments were undertaken by an external pharmacist, with ongoing audit to support this. The service had followed our recommendation to review and implement nationally-recognised best practice guidance for medicines management in residential care settings.

Is the service effective?

Our findings

At our inspection on 2 March 2017, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the premises and equipment used by the service provider were not suitable for the purpose for which they were being used or properly maintained. We issued a requirement notice to the provider. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question effective to at least good.

At this inspection, insufficient improvements were made to appropriately adapt, design and decorate the premises for people who used the service. A continued lack of satisfactory plan to modernise the premises, and invest in the building, meant the service's decoration and design was unsatisfactory. We noted that a bathroom on the first floor was painted. We saw the entrance area including a visitors' toilet was decorated. At the time of our inspection, the carpets were shampooed five weeks' before. There remained some residual deep stains. Other areas of the carpets were poorly maintained, with trip hazards on entry to some rooms. Two bedrooms we saw had carpet replaced, but other bedrooms with carpet and communal areas had tired floor coverings.

In another bathroom, there was no toilet roll holder, and the toilet paper was inserted on a bath tub handle away from the toilet. A further bathroom had a toilet roll holder, but not mounted to the wall and lying on the side of a bathtub. This made it difficult to reach the toilet paper, and increased the risk of people falling whilst trying to grab it. Around one toilet, the linoleum was poorly cut, with the floorboard exposed and the lino bunched up around the base. The ceiling in the communal lounge area had cracked, peeling paint where water had managed to enter the space. In some people's rooms lighting was poor and the room was dim, which exposed people to an increase risk of falls.

A 'bath' book was in use by staff to record when people had a bath or shower. The entries showed people still did not have frequent baths or showers. For example, we saw one person had two baths in a week. People were offered daily washes in their room, and were provided a choice of when to have a full wash in a communal bathroom or shower.

We recommend that the service reviews the accessibility requirements of communal bathrooms and showers.

Storage for essential equipment, such as hoisting apparatuses and chair scales, was limited. This meant hoists and other equipment were positioned in people's bedrooms or in communal spaces. The service cares for some people who have a diagnosis of dementia, although in the early stages of their disease. There has little adaption of the service to ensure a dementia-friendly environment. For example, there is a lack of colours of equipment and fittings which people who have dementia can recognise. The provider has failed to embrace nationally-recognised best practice guidance in the decoration of the service to encourage people's orientation through signage, pictures and symbols.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)

2014.

At our inspection on 22 and 24 May 2017, we made a recommendation about the call bell system. There was no new call bell system in place at the time of our inspection. However, after our inspection site visit, the service sent evidence that a new call bell system was installed. This would provide benefits to staff and people who used the service, as there were display units on both floors and the call bell would be audible throughout the building.

Records associated with staff support were clearly organised and demonstrated satisfactory staff development. Staff completed mandatory training and updates including safeguarding, moving and handling, fire safety and infection control. Some training such as moving and handling was delivered face-to-face, so staff competency could be assessed. The registered manager was responsible for delivering some of the training. Training updates were completed regularly. Care workers told us they had completed mandatory training. We saw regular staff reviews and training in the 2018 records pertaining to support.

The service participated in the clinical commissioning group's (CCG) 'hydration project' initiative. There is evidence that people who drink more fluids have a decreased risk of developing urinary tract infections. The aims of the project are to reduce antibiotic usage, sepsis and avoidable hospital admissions. Requirements included at least seven dedicated drinks rounds per day, frequent encouragement for people to take fluids and additional support for people who needed help with drinks. We consistently saw people enjoying drinks, and drinks offered to people. A large range of drinks was available for people. There was a dedicated 'hydration station' (drinks trolley) which was taken to people so they could see the drinks and provided encouragement to take fluids. We saw evidence that the frequency of urinary tract infections at Nightingales Care Home had decreased. The longest period of no one having an infection was 39 days. Prior to the project, there was an average of 14 days between people developing infections and requiring antibiotics. This was a significant improvement in ensuring people's effective hydration. The results of the project were clearly displayed on a graph for staff to review and the registered manager communicated regularly with the CCG to report the service's progress.

People received adequate hydration, but continued to dislike the 'cook-chill' ready meals. Comments included, "Food is awful. It tastes terrible" and "Food used to be nice, but not anymore." Frozen meals were purchased from a supplier and heated on site, then served. There was a variety of meal choices, and alternatives were available if a person changed their choice of menu. There was a cook making a cake and other food during our inspection. People told us they did like the homemade foods, particularly the baked items. There were snacks and fresh fruit available for people between meals. Staff could also prepare other basic food like sandwiches or soups if people requested this. People's weights were regularly recorded and weight loss or gain was flagged by staff. Where needed, staff notified the GP regarding any unusual weight fluctuations.

Two people received thickened fluids. There was an oversupply of canned product for both people, and more than one open tin at a time. We also asked the registered manager to clarify with the CCG pharmacist that one person's thickening product was correctly prescribed. The registered manager confirmed that the right product was in use, although subject to review. We provided some suggestions to the registered manager and staff about good management of the powdered thickening products, and they assured us an appropriate solution would be implemented to prevent future recurrence.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The service obtained verbal and written consent from people and other correctly. Staff asked people for consent before performing person care and before entering their bedroom. Staff also asked people appropriate questions before assisting them with their other activities of daily living. Written consent was recorded on a basic form which the registered manager had created. It covered appropriate topics such as consent to photographs, agreement to accommodation and person care, information protection and sharing of care records. We suggested to the registered manager about how the form could be further improved, and they were receptive to our feedback.

People were only deprived of their liberty lawfully. Staff told us the principles of the MCA and understand that a person's capacity must be assumed unless proven otherwise. The registered manager made appropriate DoLS applications to the supervisory body (local authority) when a person lacked capacity, was under continuous care and supervision and not free to leave the building without staff (part of the so called 'acid test'). The registered manager kept a list of all DoLS authorisations and their expiry date. There were evidence new applications were repeated close to then expiry date. During our inspection, best interest assessors attended to make an assessment for one person's DoLS. We noted the registered manager interacted professionally with the social care practitioners, and provided all the necessary information so an informed decision could be made. The registered manager had copies of people's approved enduring and lasting power of attorney documents.

Staff worked well together and with other organisations to ensure people received effective care. The service worked with the GP, podiatrist, district nurses, and other health and social care practitioners to ensure people's health was optimised. People who required specialist clinic or diagnostic tests were supported to attend these.

People's care preferences, likes and dislikes were assessed and recorded to achieve effective outcomes of care. For example, there was a "How I would like to be cared for" document, "Preferred meals" and "Preferred routines" which detailed people's choices. These were detailed and contained a good variety of questions to ensure staff provided tailored care with people. One person told us, "Yes, I can choose when to get up or go to bed."

Is the service caring?

Our findings

We checked a popular care home review website for any feedback about the service, but there were no public reviews available. We have not received any feedback from members of the public about the service since our last inspection. However, people were supported by staff who knew them well and who encouraged them to express their views. Those views were taken into consideration when planning care and daily activities. People were consistently treated in a kind, respectful and dignified manner.

Care was delivered with due regard to privacy and dignity, although people were referred to as "love" and "darling", which is sometimes considered inappropriately casual, unless the person had given their permission to be addressed in this way. We spoke with three people about this who said either, "I don't mind" or "I like it". People told us the staff were kind when they spoke with them and did call them by their preferred name most of the time.

Staff demonstrated positive relationships and interactions with the people they supported, and showed good understanding of their individual needs and requirements. They greeted people kindly, engaged in conversation and prioritised people's comfort. When delivering care and support, such as physical assistance to eat during mealtimes, they did so in a patient and attentive manner. We saw that people were comfortable in the presence of the staff supporting them.

Staff sought consent prior to entering rooms or undertaking personal care, and due care was taken to ensure that curtains were drawn and doors closed prior to the delivery of intimate procedures.

Comments from people included, "Yes, staff are nice [...] nothing wrong with them", "[Staff are] always smiling", "I have a full wash. Staff keep the door closed when they help me", "Yes, [staff are] nice", "I feel they do listen" and "If I can do anything for myself, staff don't bother; they let me get on with it." This indicated Nightingales Care Home continued to be a caring service.

Care plans provided guidance for staff in encouraging people's independence. They indicated areas in which people remained independent and those where they needed assistance. People's personal preferences and routines were recorded and staff we spoke with could provide examples of how people liked things done. For example, one person liked to collect multiple items in their bedroom, regardless of the ability to use them. We observed staff use this knowledge when they supported different people.

Confidential information about people who used the service, staff and others was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The ICO is the UK's independent body set up to uphold information rights. The Data Protection (Charges and Information) Regulations 2018 requires every organisation that processes personal information to pay a fee to the ICO, unless they are exempt. We found the service complied with the General Data Protection Regulation requirements for record-keeping. Records were secured away when not in use. All confidential information was satisfactorily protected.

Is the service responsive?

Our findings

The service employed an activities co-ordinator in a shared role, but did not always provide a suitable social environment. Although a few activities were provided, this mainly seemed to consist of watching television, or listening to a bible story. Information about activities or social interaction was not well signed. People told us they would like to venture into the community more often. A staff member was booked to attend a one-day activities training programme following our inspection site visit. This would increase the number of staff who could organise and run meaningful social activities.

People who used the service told us there were no external outings unless a relative took them out for the day, and that people "spent a long time sitting in the lounge." The day we inspected was warm and sunny. A small proportion of people who used the service liked to stay in their bedrooms. There was an extensive landscaped garden at the rear of the service. This area was kept tidy and manicured. One person said they liked to go into the garden, but staff did not offer to take people outside very often. No one was offered the opportunity to sit outside in the warm fresh air, or to enjoy the garden area. Instead, they sat facing either each other or towards a television in the communal lounge area for much of the inspection time.

People's comments also included, "There isn't much going on", "No, I'm bored sometimes", "I like to sit here [...] I'm not bothered about going out", "When staff have time, they chat to me" and "I'm not sure the last time I went out." However, one person visited the day centre twice a week.

We recommend that the service reviews the activities programme so that people have access to meaningful stimulation.

The service demonstrated a good commitment to equality, diversity and human rights. The registered manager explained an example where the service was sensitive to a person's protected characteristics. Prior to the person's admission the staff were briefed on issues surrounding care needs and the requirement for exercising caution in confidentiality. Staff were also briefed on the need to be inclusive in the day-to-day care of the person. We saw that staff treated the person no differently than others who used the service, and acted discretely. The service was also inclusive of cultural and linguistic diversity. At the time of our inspection, one faith was catered for but no one else at the service identified with other faiths.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. During our inspection, we gathered evidence about these five steps by examining documentation, talking to staff and people who used the service. People's communication needs were assessed and where they required, alternative means of communication were considered and applied. One person with visual impairment used a communication card with bold, large print. The "About me" section of their care documentation contained information about the impact of their memory loss and altered vision in one eye. There was information about how to communicate with the person: "use letters, speak slowly, stand directly in front of [me]."

People received highly-personalised care and support, tailored to their individual needs, preferences and requirements. This was a significant improvement from the previous inspection, where follow-up reviews had not taken place as often as could be reasonably expected. Care plans were comprehensive and included falls risks, nutritional scores, regular weights and tissue viability. The service did not have any pressure ulcers within the 12 months prior to our inspection. This indicated people at risk of altered skin integrity received appropriate care from staff to prevent pressure ulcers.

People and their relatives gave us feedback about their care which demonstrated staff personalised support to the individual needs and preferences. We reviewed five people's care plans, and noted the high quality of the personalised documentation. These were written by the people's keyworkers, who had a close relationship and substantial understanding of the preferences and needs of each person. The care plans were reviewed monthly, except for do not resuscitate conversation notes, which did not appear to be reviewed after admission. Staff were aware of care policies and guidance, and person-centred care was evident in all social support we observed between staff and people who used the service.

At our previous inspection on 2 March 2017, we found that the service's complaints process was outdated. The complaints process was revised and improved by the service to ensure it was up-to-date. At this inspection, we spoke with five relatives. Each of them told us they had not made a complaint because they were "happy or very happy" with the care people had received. People's relatives knew how to raise concerns with the provider, and had confidence if raised, these would be acted upon. All said they would, in the first instance, raise any issue with the registered manager as they felt assured it would be dealt with quickly and appropriately.

Staff we spoke with knew where the provider's complaints policy was kept and what the procedure was if a complaint was made. One staff member told us of an improvement to the service that was made after a complaint about food brought in by an external 'cook-chill' company. Another told us of improvement being made to the staffing numbers after a review and a complaint that insufficient staff had previously been on duty overnight. The registered manager said that the service had very few complaints, and that this was partially down to her regular communications with people and their relatives. We reviewed the complaints file and management system and noted the service had not received any complaints in the previous year.

The service had procedures in place to identify people's wishes for their end-of-life care, with the input of their relatives, at the appropriate time. There was one person living at the home who was receiving end-of-life care during our visit. End of life care practice came under the remit of the local palliative care team, working in partnership with staff to support the individual and their family.

Is the service well-led?

Our findings

At our inspection on 2 March 2017, we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the service did not act in an open and transparent way in relation to care and treatment and failed to keep a copy of all correspondence with relevant persons. We issued a requirement notice to the provider. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question effective to at least good. At this inspection, we consider the service has made satisfactory changes to ensure they act with candour when there are notifiable safety incidents. The service is now compliant with the requirements of Regulation 20.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. The regulation also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing).

The registered manager provided evidence of an incident where duty of candour applied, an investigation occurred and a written apology was provided to the relevant persons. They had also completed training in the duty of candour requirements. Staff we spoke with also had a good understanding of the duty of candour, and called it "being open and honest". They could describe when they would use it, how that would be undertaken, and that conversations with people and families should always be documented and appropriately stored. Staff felt able to raise concerns about incidents and near misses. This knowledge formed part of their mandatory training and they provided good understanding of the processes.

At our last inspection, we also found a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider failed to display at least one sign at the premises showing the prior inspection performance rating by the Commission. At this inspection, the 'ratings poster' was legibly and conspicuously displayed in the reception area of the service. The rating was displayed on the provider's website.

At our March 2017 inspection, we recommended that the service increased the scope of audits and checks, to provide a better assessment of whether the service was well-led. At this inspection, the provider's quality assurance processes were not as effective as they needed to be. A review of local audit activities showed that although this was regularly undertaken, it was not done in a sufficiently robust or detailed manner. Audits were completed by a variety of staff at the service. There were a range of audits, which included personnel files, care documentation, premises and medicines. Effective scrutiny of the results did not always occur. This meant some items which were meant to be audited were incomplete. We discussed this with the operations manager and registered manager at the end of the inspection. We pointed out the need to ensure audits are fully completed, and where actions are required for improvement, these are always recorded, acted on and regularly reviewed. The registered manager and operations manager were receptive

of our feedback.

Staff told us the registered manager was knowledgeable, skilled and approachable. They praised her management of the service and overall relationships with them. One staff member said, "The [registered] manager is excellent because [of her] trust of staff. [She] points out any failings." Another staff member said the registered manager had promoted their confidence, and was "Always there for me." A further staff member said, "I can't say a bad word about the [registered manager]." A staff member said the operations manager visited weekly or fortnightly and spoke with people who used the service, staff and relatives. The operations manager was leaving their post shortly after our inspection. Information about how the registered manager would continue to be effectively supported was not available at the time. Visits by the provider's representative occurred, but these were described as ad hoc, administrative and not as part of the monitoring of safety or quality of care.

The workplace culture was generally positive at Nightingales Care Home. Staff described most staff worked well together, with occasional disagreements about issues or staff who did not "work as hard" as others. A staff member stated they felt autonomous and independent in their role. Another staff member said they felt in a position of trust. They said, "I don't always get on with some staff, but most I enjoy working with." A further staff member said, "I love working here. It's very homely [...] I know someone [a person] who would like it here."

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The SoP was available at the service for anyone to review, if requested. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to this inspection and saw that the service had submitted notifications since our last inspection. We checked this at the service and found it accurately reflected what had been submitted to us.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment were not provided in a safe way for service users. The registered person had not ensured that the equipment used by the service provider for providing care or treatment to service users was safe for such use and was used in a safe way. The registered person had not adequately assessed the risk of, controlled the spread of and prevented infections.</p>

The enforcement action we took:

We issued a warning notice against the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>All premises and equipment used by the service provider were not clean, suitable for the purpose for which they were being used and properly maintained.</p>

The enforcement action we took:

We issued a warning notice against the provider.