Nightingales Nursing Home Limited

Nightingales Nursing Home

Inspection report

35 Aylestone Lane
Wigston
Leicester
Leicestershire
LE18 1AB

Tel: 01162883443

Date of inspection visit:
23 December 2015

Date of publication:
03 February 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected the service on 23 December 2015 and the visit was unannounced.

Nightingales Nursing Home provides accommodation for up to 38 older people. The home specialises in caring for older people and those who require palliative and end of life care. All accommodation and communal areas are on the ground floor. The majority of bedrooms have ensuite facilities. The home has an enclosed courtyard garden for people to use. At the time of our inspection 37 people were using the service.

It is a requirement that the home has a registered manager. 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 place.

People told us that they felt safe. Staff members knew how to keep people safe and how to report concerns. Equipment was being checked regularly and the provider had a plan of what to do for a range of emergency situations.

Risks had been assessed where these posed a risk to people but these had not always been thoroughly documented. For example, although staff knew the correct equipment people needed this was not recorded.

People told us that there were enough staff to keep them safe. Relatives and observations on the day of our visit confirmed this. We found that the recruitment of new staff included checks to make sure people were kept safe.

Medicines were being handled safely. People confirmed that they had received medicines when they had needed them. However, the recording of medicines was not always clear.

Staff had received support from their manager and had undertaken regular training. People were being supported by staff that knew their needs and preferences.

Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People signed to say that they consented to the care and support offered and where they could not, this was documented.

People were satisfied with the food and drink available. Staff members knew the likes and dislikes of people and had fortified food where this was needed. Where people were at risk of dehydration, records were not always completed fully.

.

Access to healthcare professionals was available and we found people's health needs were being monitored. People's records were updated daily to show any change to their health needs.

People told us that the staff were caring. The support staff offered was kind and thoughtful. We saw that staff supported people to be involved in decisions about their care. Information on advocacy services was not available.

There was information about people's interests. However, we found that people's life histories were not always documented.

Staff maintained the dignity and privacy of people. For example, staff were careful and discreet when sharing information about people.

Records were available about the support people required. However, the information was not always complete. For example, information on pressure ulcer care had directed staff about the support people needed but any follow-on action was not always recorded.

People could take part in activities which they were interested in if they chose to.

People contributed to the review of their care and support. Relatives confirmed that they had also taken part. We found that the recording of changes to people's support needs was usually taking place.

People and relatives told us that they knew how to complain. We saw that where concerns had been raised, the registered manager had dealt with these effectively.

Staff told us that they felt supported by the registered manager and there were opportunities to raise concerns if they needed to.

Staff and relatives told us that they were able to make suggestions to improve the service. Staff members confirmed that staff meetings had taken place where they could share ideas.

People and relatives had been asked for feedback on the service provided. Questionnaires had been sent to relatives but the results had not yet been shared.

The registered manager was aware of their roles and responsibilities. We found that the registered manager had reported incidents to the relevant authorities where this was required. Regular auditing of the service was occurring with actions to improve the quality of the home.

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.

People told us that they felt safe. Staff understood their responsibilities to keep people safe and could identify different types of abuse.

The recording of risks to people was not always complete.

Is the service effective?

Good

The service was effective.

Staff knew people's preferences in relation to food and drink.

Staff received regular training and support from their manager.

Staff understood the requirements of the Mental Capacity Act 2005 and how to carefully consider when they may have needed to deprive someone of their liberty.

Is the service caring?

Good

The service was caring.

People told us that the staff were caring.

Staff knew about people's preferences and involved them in making decisions.

Staff maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and documented. Sometimes the information about people was not complete.

People received care and support that was based on their

individual needs.

Changes to people's care needs had not always been documented.

People were able to take part in activities that they were interested in.

People knew how to raise a concern or a complaint.

Is the service well-led?

Good

The service was well led.

People and relatives were able to give feedback to the service.

The registered manager knew their roles and responsibilities.

Quality audits were taking place to improve the home.

Nightingales Nursing 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.

The inspection took place on 23 December 2015 and was unannounced. There were three inspectors who undertook the inspection and an expert by experience. An expert by experience is a person who has had personal experience of caring for someone in this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included statutory notifications that the provider had sent to us. A statutory notification is important information about events that the provider must send to us as required in law.

We spoke with nine people who used the service and four relatives. We spoke with the registered manager, a registered nurse and three care staff. We also carried out observations of people receiving support from staff.

We looked at the care records of three people who used the service and other documentation to see how the service was managed. This included policies and procedures, audits that the registered manager had carried out and medicines management. We also looked at three staff files to check recruitment processes and the support staff had received.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person commented on the checks staff had made, "They are always in and out". Another person told us, "If I'm unwell during the night they come". A relative said, "They put a pressure mat down for my relative's safety, which is reassurance to me".

People were supported by a staff team that knew how to keep people safe. Staff knew their responsibilities when dealing with actual or suspected abuse. One staff member told us how they would report any concerns to the registered manager. Staff also confirmed that they could report to the local authority if the registered manager was unavailable. We saw that there was a safeguarding policy available for staff that identified the types of abuse, the roles and accountabilities of staff and the need for all staff to have undertaken training in this area. Records confirmed that staff had attended adult safeguarding training. We spoke to the registered manager who was knowledgeable about the different types of abuse and their duty to refer any safeguarding concerns to the local authority.

We saw that risks to people had been considered but the recording of these was not always thorough. For example, we saw instructions for staff to follow for using moving and handling equipment for a person. However, this lacked information on the specific equipment required. We spoke to staff about this and they knew the right equipment to use but they told us it was not always documented. There was a risk therefore that staff who may not have been so familiar with individuals' needs or particular individual pieces of equipment may not have supported people in a safe way. One staff member told us, "I believe I have had enough training in the safe handling of people". We spoke to the registered manager about the documents we had seen and they told us they would review these. There were a range of risks assessments in place to keep people safe that had been regularly reviewed. For example, we saw that where people were at risk of falling, this had been assessed and the appropriate measures had been put in place to stop this from happening where possible.

We found that people lived in an environment that was safe. There were rails available throughout the home to help keep people safe when walking. We checked that equipment was being serviced regularly including fire and moving and handling equipment and found that they were. We saw that there were plans in place for a range of emergency situations to keep people safe. We looked at fire evacuation practices and found that staff had not taken part in one. We spoke to the registered manager about this who showed us questionnaires that staff were given to check their understanding and competence. The registered manager told us that this was preferred as there were people who were cared for in bed and to practice an evacuation would cause discomfort and distress.

We looked at accident records and found that staff were recording these appropriately. We also looked at individual evacuation plans for people that informed staff what support people needed if an incident occurred. We found that these were specific to people but contained limited information. We spoke to the registered manager about this who told us that they would review them.

People told us that there were adequate staff to keep them safe. One person said, "Crikey, you couldn't ask

for more workers". Another person told us, "By and large, the care workers always respond promptly when I ring the buzzer". Relatives were equally satisfied with the staffing levels. One relative told us, "The place is very well staffed, they don't skimp on staffing". Staff told us there were enough staff to provide safe support to people. On the day of our visit we saw there were the appropriate amount of staff to keep people safe.

Recruitment practices were safe and followed the provider's policy and procedure. We saw that new staff were checked before they started working at the home to make sure that they were suitable to work with people. The service had a system in place to regularly review the suitability of staff. Where staff needed to have been registered with a regulatory body, in this case qualified nurses, this had been completed.

People received their medicines as prescribed, in a safe way and in line with the service's policy and procedure. One person told us, "I cannot recall one time when my pills have been forgotten. They are very efficient". A relative said, "If [person's name] requests pain relief they get it immediately". Medicines were stored safely and only accessible by people who administered them. We found that staff had received training in the handling of medicines and records confirmed that their competency had been checked by the registered manager. Where medicines were being crushed to enable people to take them safely or where there were changes to a person's medicines, these had been authorised by the person's doctor.

We looked at the recording of the administration of medicines. We found that it was not easy to audit the amount of medicines in stock. For example, we saw for one medicine a person had 35 tablets when they had moved into the home but signing by staff accounted for 36 tablets. The registered manager did not know why this had happened but told us they would contact the pharmacy to look at an improved way of recording. We saw that one person had run out of their medicine. We spoke to the registered manager about this and they told us that this had happened due to the person moving from another service and that they were working quickly to resolve this. The registered manager told us that they had monitored the person for any changes to their condition and were looking at making improvements with the previous provider so that this did not happen again. A relative told us, "There is a problem getting the medication, but it's the pharmacy and local board's fault. The manager is trying their best and is on the case with a vengeance".

Good

Is the service effective?

Our findings

People were being supported by staff that had received regular training. This enabled staff to understand people's needs. One person told us, "I think the workers are very able and skilled at what they do". A relative said when describing their family member's support, "The staff know how to calm him down". Another relative told us, "I am amazed how perceptive and in tune they are (staff) about their needs, they are very skilled". Staff told us that they felt they had received adequate training. A staff member commented, "We have a variety of training, some in-house and sometimes we complete booklets". We looked at the training records and found that staff had received regular training. For example, staff had recently completed training in continence management, moving and handling and equality and diversity. We also saw that new staff were being supported to complete the Care Certificate. This is an induction course that aims to equip new staff to work effectively with people who receive care and support.

Staff had received support from the registered manager to enable them to provide effective support to people. We saw on the day of our visit that the registered manager was available for staff to offer support and advice. Staff confirmed that they had regular meetings with their manager. We found that qualified nurses had study stays on specific tasks to keep up to date with their knowledge. For example, we saw documents that showed us that effective catheter care had recently been undertaken by some nurses. Other staff had been observed in their practice when supporting people in areas such as moving and handling and continence support.

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.

We checked whether the service was working within the principles of the MCA. One relative told us, "I am actively involved, and my relative is too, despite his limited capacity, in his care. The manager is consulting with us on an on-going basis". We found that the provider's documentation made reference to considering if a person could consent to the care being offered, where not an assessment of capacity would have been required. We found these to be in place and were focused on specific decisions. For example, we saw a decision making document in place for the use of bed rails for two people. We saw that a person's next of kin had been given the authority to make decisions on behalf of the person and this had been carefully recorded.

People can only be deprived of their liberty to receive care and treatment 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 looked at documents that showed us that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) for authority to restrict a person's freedom. Staff told us about their understanding of the MCA and DoLS and were able to describe their roles and responsibilities. We saw records showing that staff had undertaken

training in these areas and were supported by the provider's policies and procedures which were in place.

People were satisfied with the food and drink on offer. One person told us, "The meals are great and there is plenty of choice. If you don't want what's on offer, they'll make you an alternative, no quibble". A relative said, "They try and temp [person's name] to eat a little better, they offer choice and the food is all home cooked and nutritious". Staff told us that information about any specialist food people required and their individual preferences was available to them. We saw daily records that showed people could decide what they wanted to eat.

We saw that the service monitored people's weight and risk of malnutrition where this was important. One person told us, "I'm on a reducing diet here, I've lost some weight". The person was happy when telling us this and said that they were due to see a dietician with support set up from the registered manager. A staff member told us how they supplemented some people's food to make sure they had the correct nutrition. Some people required their intake of food and fluid to be monitored so that they remained healthy. We found that people's fluid charts were not always recorded completely. This meant that the documents did not reflect the support given to people by staff. We spoke to the registered manager about this who told us they would review their records and remind staff about the importance of completing records accurately.

We saw that people had food and drink available to them throughout the day and that they were supported to eat where this was needed. Specialist equipment was in place to provide effective support to people to maintain their independence when eating. At lunchtime we saw staff describing to people what they were eating where people were confused. People told us that they enjoyed the atmosphere which we found to be pleasant and unhurried.

People were being supported to maintain their health. One relative told us, "They always respond promptly when a GP is needed. What I like is that they always take me to one side and keep me informed. They have even telephoned me on occasions when need be". On the day of our visit we saw a GP in attendance at the request of the registered manager. Where people were ill we saw that plans were in place to support the person to improve their health. For example, there was a short term care plan in place for a person with a chest infection that made reference to seeking on-going medical advice and support if needed. Records indicated that referrals to health professionals had been made for specialist support and advice. We saw that daily records documented people's daily health needs, with interventions from qualified nurses where this was needed, to keep people healthy.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "You couldn't want for better care here. The girls are absolutely fantastic. Same with the night staff; all very pleasant and consistent. They all seem to have your best interest as heart". Another person said, "They hurt a bit when they are turning to change me – it's not their fault, it's because of my condition, but they certainly do their best". Relatives confirmed the caring approach of staff. One relative told us, "They are chatty with my relative, talking all the time". Another relative said, "I don't think you'd get anywhere better who take the resident's point of view as priority".

Staff told us that they felt they were caring. One staff member told us, "I would be happy for my parents to be here and know they are looked after and well cared for". Another staff member said, "We treat everyone like a relative of ours". We saw that staff spoke with people in a warm and friendly way. Staff took time to listen to people where communication was sometimes difficult to understand and offered reassurances where needed. A relative confirmed this and told us, "It is not just the care they give to Mum but the care they give to us, the family. They keep us all positive". We heard staff talking with relatives in private and sharing information about their family member which showed a caring approach.

A relative told us, "[Person's name] sheets are always clean, it's the small things they are doing which makes it excellent". We looked in people's bedrooms and found that people had personal possessions surrounding them that they told us were important to them. The bedrooms were tidy and had personal touches which showed us that the staff cared.

Staff were helped to care in ways that people preferred by having information available about people's likes and dislikes. However, people's personal histories had not always been documented. This information could help staff to engage in a wider range of discussions with people about things that were important to them. We spoke to the registered manager about this who told us that the information had been difficult to obtain but said that they would review their records. We found that records relating to people's care and support were being stored confidentially.

People told us that they were involved in decisions about their own care. One person told us, "They know my little ways, how I like things done. I have certain procedures which they follow".
Relatives told us that they were involved in decisions about their family members' care. One relative said, "Care plan? Oh, yes, we feel very much involved". We saw that people were being involved in decisions about their day to day care. For example, we saw that people were being asked about what they wanted to eat and if they required pain relieving medicines.
We found that records detailed why people had not been involved in decisions about their care, for example because of advanced dementia, and that others had been appointed to speak on their behalf. Where people could be involved in decisions about their care, we did not see information on advocacy services. This meant that people may not have been receiving the support and guidance they may have needed or wanted. We spoke to the registered manager about this who said that they would look at how they could tell people about advocacy services.

People were being treated with dignity and respect. One person told us, "My room is respected as private". A relative commented, "My relative is always neat and tidy…clothing is clean and changed daily and if [person's name] spills anything they'll change the shirt as necessary". Another relative told us, "This place has helped to keep my mum's dignity at the end of her life".
Relatives told us that they could visit day or night. One relative described the ill health of their family member and how they were encouraged to visit at whatever time they wanted to. A relative told us, "I can visit whenever I want, absolutely".

We saw that bathroom doors were closed when personal care was being attended to and staff carefully and discreetly shared information about people with other staff. There were reminders in bathrooms to remind staff to ensure that people were being treated with dignity when assisting them with personal care.

Requires Improvement

Is the service responsive?

Our findings

People had received care that was responsive to the support they required. One person told us, "I like the way the staff are helping me to lose weight. I'm starting to feel good about myself". A relative confirmed how the service was responsive to their family members' needs and said, "My relative's room was changed to a side one where [person's name] couldn't see the cars, which sometimes had the effect of making [person's name] wander and distressed. Things are much better now".
We were told about a person whose needs changed and how the service had adapted and changed to be able to continue to support them. The family member commented, "…nearly had to leave because of dementia but the home went above and beyond. We talked about the help and support required and the home had [person's name] best interests at heart".

People's needs were assessed prior to living at the home. One relative told us that they had been part of the initial assessment and had given the registered manager information about the person's needs. We saw 'welcome forms' completed by family members asking for information on people which was then transferred to people's care plans. Records about people's care needs gave staff some information about how to support people. However, the information was not always detailed. For example, where people were at risk of developing pressure ulcers, an assessment had been carried out but there was no indication of what action needed to have been taken. There was a risk therefore that staff who may not have been familiar with someone's specific needs may not have met them effectively or safely. We saw sections of care planning for a range of needs that people required support with including moving and handling, continence and communication. However, the information was brief and not always specific to people. It was not always clear how independent people were to carry out their own care. For example, one person's records stated that they were not able to use a call bell but the information did not explain why. A family member told us about their view on the home's recording and commented, "I know the day sheets and paperwork isn't extensively filled out, but they are adequate". We spoke to the registered manager about the care plans who told us that they would be reviewed.

People contributed to reviews of their care and support. One person told us, "My wife and I have regular meetings with the manager, checking out if my care package is right for me". Another person said, "My wife and I are always being consulted as to how things are going". Records showed us that updates and reviews of people's needs were not always occurring. For example, one person had a change to their mobility and used a walking frame but this was not documented. We spoke to the registered manager about this who commented that records should have been updated and told us that they would arrange for the information to be reviewed. Other records showed us that changes were being documented and reviewed.

We saw that staff members worked in a person-centred way. This is where people are placed at the centre of their care. Handovers of information between staff focused on each person and described their needs. For example, one person had become frail and not seen their doctor for some time. The decision was made to make an appointment which showed staff were responsive to people's changing needs.

People told us that there were activities to undertake that they were interested in. One person said, "I've got

quite a lot of things to do". Another person agreed that there were opportunities to do things that they liked and told us "Yes, it depends if I'm in a sleepy mood". We saw that there was a staff member who carried out activities with people on two afternoons a week. There was an activities book and daily notes that detailed how people had spent their time. People confirmed that they had enjoyed the activities on offer. One person told us, "Look, the staff took the time to paint my nails, even my toenails. It makes me feel good".

People felt comfortable to raise a concern or complaint. One person told us, "I feel I can tell the staff anything that may be troubling me, and I know they'll help me in any way they can." Another person said, "I've never had to make a complaint in all the two years I've been here. I'm sure if I did, it would be dealt with in a stress-free, no-nonsense way". A relative confirmed that any concerns were dealt with, "You only have to speak to the manager and they will try their hardest to get things done". Staff told us how they would support people to make complaints if they were told something of concern. We saw that there was a complaints procedure in place that had been used to address minor concerns that had been raised to the registered manager. There were cards of gratitude about the staff team in the entrance hall from relatives of people who had used the service.

Good

Is the service well-led?

Our findings

People told us that they thought the registered manager did a good job. A relative confirmed this and said "It seems like a sort of cascade approach is in operation. The manager is pleasant and efficient and this flows down to the care workers, right the way down to the person who does the laundry". Another relative told us, "You couldn't find a better home, nor a better run home". Relatives said that they had found the registered manager approachable. One relative told us, "The manager has time for me".

Staff were aware of their roles and responsibilities and were clear about speaking up if they had concerns about the practice of their colleagues. One staff member told us, "It is my responsibility to report bad practice". We found that the provider's whistleblowing policy detailed the protection of staff if they reported concerns. In this way staff received support that was open and transparent about working practices. Staff had been encouraged to reflect on their practice and to look at ways they could further improve the support they offered to people. For example, there were questionnaires for staff on providing best care that had been completed.

Staff told us that they had received good support. One staff member said, "The manager has an open door and I will go to them with any issues". We saw staff talking to the registered manager and conversations were professional and focused on people who were receiving support. Staff told us that they had staff meetings where they had discussed issues relating to people using the service and ideas of how to improve the service. One staff member told us, "We have trained staff meetings with the manager; the care staff… have separate meetings". We looked at records and found that minutes of meetings were not available for the most recent meeting. We spoke to the registered manager about this who said that a staff member had these and they would make sure they were available to staff.

The service was open to receiving ideas for improving what they offered. A relative told us, "Oh, the manager is very approachable. You can talk about anything". The registered manager told us about an accreditation scheme that the home was working towards to further improve the quality of end of life care they offered.

We saw that questionnaires had been sent to relatives and healthcare professionals recently. The feedback had been largely positive but the results had not been shared with people using the service or the respondents. We spoke with the registered manager about this who said they had not yet completed this but would do so in the near future. We saw that people were being asked regularly about things that mattered to them. For example, there were monthly questionnaires completed with people about the quality and choice of food available.

There was a registered manager in place who was aware of their duties to notify the relevant authorities of significant incidents. For example, the registered manager told us that they had been working with a social worker about possible financial abuse which showed us that they understood their role and responsibilities. We saw the registered manager supporting staff during our visit and acted as a role model in that they were working professionally. This showed effective leadership.

There was a Statement of Purpose displayed which identified the care offered and what services people could expect. We spoke to staff members and the registered manager who had a shared understanding of what the service strove to achieve. This was high quality care which we saw the staff team working towards during our visit.

The registered manager had made arrangements for the quality of the service to be checked regularly. For example, we saw that audits had been carried out to look at people's bedrooms, the kitchen and equipment in use. Where actions were needed, these had been documented and carried out. We saw that carpets were being continually replaced, equipment was kept in good working order and the manager was continually looking for ways to improve the service offered. This meant that people were receiving care and support within a service that continuously monitored itself to look for ways to improve quality.