Paxfield Associates (Sheffield) Limited

Nightingale

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Nightingale is a purpose built, two-storey care home situated in the Ecclesfield area of Sheffield. It can accommodate up to 40 people who require personal care for older people and those living with dementia. It is located near a shopping area and is close to a supermarket, a chemist and a bank. It is accessible by public transport.

This inspection took place on 6 April 2017 and was unannounced. This meant the people who lived at Nightingale and the staff who worked there did not know we were coming. On the day of our inspection there were 39 people living at the home.

There was no registered manager at the time of this inspection. The previous registered manager had left and the provider had appointed a new manager, who had started the process of applying to be registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Nightingale took place in May 2016. At that time we found two breaches of the Health and Social Care Act 2008 regulations in regard to staffing, and person-centred care. At this inspection we saw that the provider had made real improvements in these areas, in that there were enough staff to meet everyone's needs. Staff received regular supervision and appraisal. People's needs were being considered and met and they were being offered a good choice of food and drinks.

We found that people were protected from abuse. Staff we spoke with had a good understanding of safeguarding people.

People told us they liked living at Nightingale.

Thorough staff recruitment procedures were in place, which meant that people were cared for by suitably qualified staff who had been assessed as safe to work with vulnerable people.

The service had systems in place for the safe storage and administration of medicines.

We found the service to be meeting the requirements of the Mental Capacity Act. The provider had ensured that applications were made to the Local Authority for Deprivation of Liberty Safeguards (DoLS) to be authorised when appropriate.

People were supported to maintain good health, have access to healthcare services and they received on going healthcare support.

Care records were personalised and contained relevant information to enable staff to provide person-centred care and support. People and their advocates had been involved in their care and support planning.

The care records we looked at included risk assessments, which identified any risks, associated with people's care. Detailed plans were in place to support people to minimise these risks.

There was an activities coordinator and a varied programme of activities and entertainment was made available to people.

The provider had a complaints procedure in place. People felt they could speak with the manager if they had a concern and get a good response.

People living at Nightingale and staff working there, told us the new manager was approachable and responsive to any concerns they had.

There were effective systems in place to monitor and improve the quality of the service provided.

Staff, people who lived at the home and their relatives were regularly asked for their thoughts and opinions of the home, and were given opportunities to give suggestions to improve 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.

The provider had appropriate arrangements in place to manage medicines.

We saw there were enough staff to meet people's needs in a timely way.

Staff knew how to recognise and respond to abuse correctly. They understood the policy and procedures in place to safeguard people from abuse.

The service had safe arrangements in place for recruiting staff.

Is the service effective?

Good

The service was effective.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

Staff received appropriate training and had supervision to support them to undertake their jobs.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People living at Nightingale and their relatives told us that staff were caring.

We saw people were treated with dignity and respect, and that staff were kind and attentive to people's needs.

Staff were knowledgeable about people's needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs.

People and their families, where appropriate, had been involved in the planning of their care and support.

The service employed an activities coordinator and there was a programme of regular events for people to participate in.

People knew how to make a complaint. People told us the new manager was responsive to any concerns raised or suggestions made.

Is the service well-led?

Good

The service was well-led.

People told us and we saw that the new manager was approachable.

Regular audits and quality assurance checks were undertaken in order to monitor and improve the quality of the service provided.

People who lived at the home, their visitors and staff who worked there were regularly asked for their views about the service provided. These views were recorded and acted upon.

Nightingale

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.

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This inspection took place on 6 April 2017 and was unannounced. The inspection team was made up of 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.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission (CQC) every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services who had some concerns regarding low staffing levels at the service.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. This was mostly in the communal lounge and dining room of the home. We also observed lunch being served in the dining areas.

We spoke with nine people living at Nightingale and five visiting relatives. We spoke with the manager, the deputy manager, a senior care worker and four care assistants.

We reviewed a wide range of records including six people's electronic care records, four staff recruitment files and staff supervision files. We checked the medication records. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Nightingale.

Good

Is the service safe?

Our findings

People told us they felt safe living at Nightingale. One person said, "I feel safe, the staff are alright". Another person told us, "I feel safe here. I can get up and go to bed when I like. I don't really need help at night." We found care was planned and delivered in a way that promoted people's safety and welfare. We looked at some people's electronic care records and saw that potential risks to each individual person had been assessed and recorded. These identified potential risks to people and explained to staff what action they needed to take to minimise these risks. The areas of risk included risk of falls, poor nutrition, risk of pressure damage and moving and handling people safely. People's weights were monitored monthly. Risk assessments were regularly reviewed to make sure they remained relevant and up to date. We saw the people were referred to the relevant service when additional risks were identified

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In the lounge people were sitting with their feet up on foot stools, which they said they liked to do and some were wearing protective boots, to help prevent pressure sores. We saw that where people were assessed as at risk of pressure sores, profile beds and specialist mattresses were also in place.

We also found equipment such as pressure relieving equipment and mobility aids were used if assessments determined these were needed.

We observed staff using the standing hoist. They were very careful, safety conscious and patient. However, we saw one person being transferred in a wheelchair, when their feet were not on the footplates. The manager gave the reason for this and said they would follow up by liaising with services, such as occupational therapy, about a suitable alternative.

There was an up to date policy on safeguarding vulnerable adults, so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Care staff we spoke with were aware of different types of abuse and were clear about the actions they should take if they suspected abuse. They said they would always report any concerns to the new manager or senior member of staff on duty. They were confident their concerns would be taken seriously and the appropriate action would be taken to help keep people safe.

In the reception area a notice board displayed colourful and useful information about good practice in infection prevention and control, including topics such as the correct way to wash your hands. A new deputy manager had been appointed and had taken the lead for infection control in the home. They showed us the records they kept to make sure the home was kept clean. They were committed to ensuring that good practice was followed in the prevention and control of infection, and very well organised. Cleaning and infection control tasks had been broken down into schedules, with clear timescales, such as daily and weekly tasks, as well as deep cleaning tasks, such as the removal and cleaning of curtains. These were signed by staff when completed and there was evidence that the standard of work was checked by the management team. We saw cleaning schedules and rota's were in place.

We checked the overall system in place to monitor infection control and prevention. We saw the last audit had taken place in February 2017. It was detailed and had been completed thoroughly. An action plan was

in place and we saw evidence that action had been taken to address areas for improvement.

We checked store cupboards, sluices, toilets and bathrooms; all were clean and tidy. Hand sanitising facilities were available at key points throughout the building. The laundry room had been reorganised to ensure a better 'flow' of dirty to clean laundry through the laundering process. We noted that staff wore protective gloves and aprons as necessary.

We did note that a bin in the garden, used by staff and people who used the service when smoking, was overflowing. This was dealt with as soon as we brought it to the manager's attention.

At the last inspection we found there was a shortage of staff deployed. At this inspection we saw that this had been addressed. More staff had been employed and staff were deployed in creative ways, to meet people's needs. For instance, a hostess post had been created to support people with meals and drinks throughout the day. The staff we spoke with told us this had helped to free up care staff to respond to people's individual care needs. During the inspection there were always staff visible in any area where there were people. We noticed that staff checked with each other before leaving the room.

All the relatives we spoke with felt that their loved one was safe at the home. One person's relative told us, "When the previous manager was here a lot of staff left and they used agency staff. I don't like that they don't know these residents, but now it's much better. We've got lovely staff, these people need consistency" Another relative said, "We can go home knowing our [family member] is going to be safe and well cared for. It means such a lot. It is really good here."

We saw that the manager used a staffing tool to help calculate the numbers of staff needed to meet the needs of the people who lived in the home. We asked people's relatives if they thought there were enough staff and they said there were. For instance, one relative told us, "I think so. Of course, it would always be nice to have more staff, but I think it's OK now."

We asked people who used the service if they thought the room buzzers were answered quickly enough. One person said, "I hear buzzers going off, but they aren't going very long at all before someone comes." On one occasion we heard a person calling for help and a member of care staff appeared immediately to assist.

We looked at four staff's personnel files, including recruitment records to see if the home carried out adequate pre-employment checks. We found all pre-employment checks had been undertaken, including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information about any criminal convictions a person may have. This helps to ensure people employed were of good character and had been assessed as suitable to work at the home. This meant the home followed safe recruitment practices.

We look at how medication was ordered, stored and disposed of and found a robust system was in place. We also sampled medication administration records (MAR) and spoke with the senior care worker who was administering medicines. We found medicines had been given as prescribed and records had been completed correctly. An ongoing check on stock balances was in place and all medicines checked were found to be correct.

Protocols were in place for each person to guide staff about when and how to administer 'when required' [PRN] medicines. We saw the amount of variable dose PRN medicines had been routinely recorded to reflect what staff had given to people.

We saw covert medication [medicine hidden in food or drink] had been managed appropriately. For instance, we saw a meeting involving the person's doctor, the district nurse, staff at the home and the person's family had taken place to make sure it was in the person's best interest. The decision made at the meeting was recorded on the MAR and in the care records.

All staff responsible for administering medicines had completed appropriate training and were subject to ongoing observational competency assessments to ensure they were following company polices. We saw evidence that MAR were checked regularly to ensure all the required information was completed. Senior management had carried out regular medication audits. The last one, completed in March 2017, showed the service had attained a 98.5% pass mark. Where areas had been identified as needing improvement these had been actioned. The dispensing pharmacy had completed an audit in June 2016 where they identified some areas that needed attention. We saw when they completed their follow up visit in November 2016 all their recommendations had also been actioned.

Good

Is the service effective?

Our findings

We saw that people were supported to maintain good health and had access to healthcare services when needed. We asked people about access to a GP and other health professionals. We were told the GP came regularly every week, as well as when needed, and other health professionals when needed. We asked if people's relatives had any concerns about their family member accessing health professionals. None had any worries. For instance, one relative told us, "I came a while ago and my [family member] looked strange, so I told staff and they had a doctor there within an hour. It was excellent."

The electronic care records we looked at detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and opticians. We saw people's weight was being monitored on a regular basis and the manager explained to us how they were working with a local GP to provide better information to staff about topics such as monitoring people with diabetes.

At the last inspection we found that people's nutritional and hydration needs were not always met. At this inspection we saw that the provider had addressed this and people were being provided with a good choice of food and drink to meet their needs.

Care records identified the support people needed to eat, and the different diets people had been assessed as needing. For instance, puréed or fork mashable diet to help ensure people assessed as being at risk of choking were supported correctly. When concerns had been identified on the nutritional screening tool used to monitor the level of risk people were at with regards of poor nutrition or dehydration, care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, monitoring charts had been used to record and assess people's food and fluid intake and specialist advice had been sought from dieticians, speech and language therapists [SALT] and other healthcare professionals.

Menus were available in ordinary typeface, but there was a 'food file' with pictures of meals that staff could use to assist people in communicating their preferences. The manager said they were considering a pictorial menu board once the dining room was redecorated.

We saw a drinks trolley being taken round at 11.30 with tea and coffee, cold drinks, fruit and biscuits. Staff said that they were familiar with what people liked to have to drink, and added, "But, it's nice to ask." The staff were very patient when asking people what they wanted and people were encouraged to drink. Everyone who needed support to drink was given help. This was not rushed or task focused. One person told us, "This is a lovely cup of coffee. It's nice here."

We observed lunch in the main dining areas. People were being supported to make their way into the dining area from midday. Lunch was served at 12.40. Whilst this did seem a long time for people to sit waiting, people were content, staff were attentive and drinks were being offered throughout this time.

Tables had tablecloths, napkins and flowers and there was appropriate music playing. A few people sang throughout lunch, it was a nice dining atmosphere. People were asked where they would like to sit and were

offered a choice of food and drinks. Staff waited patiently for an answer. One gentleman did not know what he wanted, so the member of staff brought the two dishes out to show him. People were asked if they would like condiments and sauce.

The food being offered matched the food in the pictorial menu for that day, the food looked appetizing. If staff noticed someone was not eating well, they were asked if the food was alright and encouraged to eat. Everyone we saw had a good amount to eat. The staff who were assisting people to eat did this in an unhurried manner and communicated with the person throughout. We asked one person if the meal was nice and they said, "Yes, it was very nice I enjoyed it."

People who the lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the mental Capacity Act [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that DoLS applications had been made to the local supervisory body and where they had been granted; the manager monitored that any conditions included in the authorised DoLS were met.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. In reception we saw notice boards which displayed information about MCA and DoLS. There were policies and systems in place to support good practice. Where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care records. We saw also forms had been completed to evidence that people had consented to various topics. This included sharing their personal information with appropriate agencies, the use of CCTV cameras in communal areas and their general care and treatment.

We saw records and staff told us that they received an induction prior to starting their job. This included training in safeguarding awareness, safe moving and handling practices, and fire safety. Care staff told us they had been supported to undertake additional training in dementia awareness and we were told the service supported some staff to complete vocational qualifications in health and social care.

At the last inspection there was a lack of regular supervision and appraisal to support staff to carry out their duties. At this inspection we found that this had been addressed and staff were receiving regular supervision and appraisal. Supervision is a formal meeting where staff and their manager are able to discuss work concerns. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Some people residing at Nightingale were living with dementia. Some adaptations had been made to the home to suit their needs. There were coloured doors or memory signs and boxes to aid people's orientation in long corridors. There were names on bedroom doors where people wanted this and some people had memory albums in their rooms. There was a rear garden with a dementia friendly area which included places to sit. There was also safety flooring outside to reduce the risk of injuries should a person slip or fall. People told us that in the better weather they enjoyed using the outside space.

There was a summer house, which the manager said they intended to develop into a café. They said this was because people living with dementia tended to eat better when they went out to eat, and they hoped that going to the 'café' would encourage people to eat well.

The inside of the home was being further improved, to make sure that everyone's needs were catered for. The dining room was being redecorated and plans made to develop the room better, particularly for people

living with dementia.

Good

Is the service caring?

Our findings

Throughout the day we observed interaction between staff and people living in the home. This was very positive. The staff clearly knew people very well, their including their preferences, likes and dislikes. We noticed that staff always explained what they were going to do before attending to people's care needs. One person told us, "Staff are very nice. It's a lovely place. I am very happy here." All people we spoke with were very satisfied with the service in every way, and the staff came across as positive in their approach and happy in their work.

There was genuine fondness between people and the staff. For instance, we saw one person blowing kisses to staff as they came into the room. One relative told us, "The staff are lovely, very kind, my mum is much happier now she loves [staff member] she recognises their voice and smiles as soon as she hears them." Another relative said, "They [staff] have time for the residents. They really care. When they've done their work they go round talking to the residents instead of standing talking to each other."

People were able to choose when they wanted to get up and what they wanted to wear. For instance, one person had a lay in and, although clean and well presented, chose to keep certain items of their nightwear on when coming through to the lounge. People were asked where they wanted to sit, for instance, by the window, during lunch. One person chose to change tables several times and staff helped them to do so.

None of the relatives we spoke with had seen formal care plans, but said they had no worries because they were constantly being asked if everything was alright. A few praised a particular staff member, who they said was lovely and very helpful.

Everyone looked well cared for, clean and tidy. No one had dirty nails and we noticed some people had nail varnish on. This was fresh and unchipped.

In reception we saw notice boards which contained information about dignity and respect. A poster gave information on '10 things that make a difference to the way we communicate with people'. This included being patient and kind to people.

People told us their privacy was respected. We saw staff knock on people's door before entering people's bedrooms. All staff we spoke to were aware of the need to respect people's privacy.

We heard staff speaking to people in ways that suggested they had received training in how best to communicate with people living with dementia. They spoke kindly, listened and tried to interpret what the person was trying to communicate.

There was no-one receiving end of life care. Although one person had been admitted to receive end of life care, they had made such an improvement since coming into the home that their care plan was being reviewed. This showed that due to the improvements in their health and wellbeing, this was no longer their primary care need.

Good

Is the service responsive?

Our findings

We saw that the care was personalised. For instance, one person was holding an empathy doll and their relative said, "[Person] loves that doll and they make sure it's always there for her. If it has to be washed they bring it back as soon as possible." A member of care staff told us that some people loved pampering. They added, "One lady likes to look nice, and to have her make up on, so we do that for her." A relative also commented on this saying, "I've seen that they put one lady's make up on. It's very personalised care here."

People's views and that of their advocate or relatives were included in the care records. Where a person's capacity was uncertain we saw evidence of mental capacity assessments being undertaken.
People's planned care had been evaluated on a monthly basis to ensure it was up to date. However, we noted in one person's records the evaluation identified improvement in their wound management, but this had not been updated in the corresponding care plan. We spoke with the manager about this; they told us they would amend the plan straight away.

Daily handovers ensured new information was passed on at the start of each shift. This meant staff knew how people were each day, and if there was anything they needed to follow up or monitor. Daily notes had been maintained to a good standard regarding how each person had spent their day and any changes in their wellbeing.

There was an activities board displayed in the hallway, which outlined the planned activities and entertainment. This included, outing for lunch and to coffee mornings, the hairdresser. 'chairobics', singers visiting the home, a trip to the theatre to see the show, Shirley Valentine, and social events at the local church. We also saw various stimulation games, therapy dolls and 'twiddle muffs' for people to pick up and use if they wanted to. There were three outings planned for April and on the afternoon of the inspection several people went for a planned lunch out.

The service employed an activities coordinator, covering Monday to Friday. As well as organising entertainment and outings they spent time with small groups of people, or with individuals undertaking activities of their choice, including arts and crafts and games. There was an Easter notice board. This displayed pictures people had coloured in and they had also made Easter bonnets. There was a small, 'quiet' lounge with books and a television, as well as quiet areas with seating in the wider corridor areas. The home also had a room equipped as a hair salon.

People we spoke with told us they could choose where and how to spend their time, and where and when to see their visitors. Additionally, one relative told us, "Since [new manager] came we get offered a cup of tea when we visit. That never happened before."

There was an up to date complaints policy displayed in the main reception area. People and their relatives confirmed they knew how to complain and who to complain to. The complaints file held at the service showed that any complaints made were recorded, investigated and a response given. The complaints policy told people who to contact if they remained unhappy with the response from the manager.

The relatives we spoke with confirmed they felt able to raise concerns and make complaints, if they had any. All said they would not hesitate to go to the new manager and that she was always available.

Good

Is the service well-led?

Our findings

The previous registered manager had left and the provider had appointed a new manager, who had started the process of applying to be registered with CQC. During our inspection we saw the new manager interacted positively with staff, people who used the service and visitors. People told us they were visible and approachable. The manager had also recruited a new deputy to support them in the management of the home.

Everyone we spoke with was very impressed by the new management team and could not praise them highly enough. Several people told us the new manager was "Great" and one relative said, "[Manager] has made such a difference here, the staff are happier, in fact I think the residents look happier." Another relative said, "Even the laundry has improved. I was sick of finding my mother in someone else's old clothes. That doesn't happen now."

All staff we spoke with told us that they felt supported by management. Staff meetings took place and minutes of these meetings were made available, so those who were unable to attend could see what was discussed and any actions taken.

People told us that since the manager had come into post they had made every effort to be available for people living at Nightingale, their friends and relatives, and staff. All relatives we spoke with said that the new manager was always ready to have a chat if they had any worries. For instance, one relative said, "[The manager] is really good. She's always knocking about in the home. If I have any worries I would tell her straight away." Another relative said, "[Manager] is always available to talk to and if you ask for anything it's done." During the inspection we saw and heard people, visitors and staff frequently approaching the manager with queries and comments, she was always responsive to this.

The manager actively sought the views of people living, working and visiting Nightingale, and took action to rectify any concerns raised. We asked about relatives' meetings and one relative said, "They do have them, but I don't know why they bother, as they are constantly asking if everything is OK and any problems get dealt with straight away." We saw a notice in reception with feedback about a relatives' meeting that had been held since the new manager had been in post.

We saw that quality questionnaires were used to gain everyone's feedback. There were new ones designed with pictures. This was to help people who used the service, particularly people living with dementia, to understand and engage in the process, so their opinions could be heard.
Audits were regularly carried out for quality assurance purposes. We saw records of audits of medicines, infection prevention and control, and kitchen hygiene. We saw that health and safety, and fire safety audits were undertaken regularly. Where these audits had identified actions to be undertaken, plans were put in place to address the issues and updated when these had been completed. This demonstrated regular audits took place at the home and, where issues or actions were identified, these were addressed and resolved.

The manager was aware of their obligations for submitting notifications in line with the Health and Social

Care Act 2008. The new manager confirmed that any notifications required to be forwarded to CQC had been submitted, and evidence gathered prior to the inspection confirmed that a number of notifications had been received.