

Greenswan Consultants Limited

Nightingale Nursing 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

At our last inspection 5 April 2016, we rated the service good. At this inspection we found that there were areas that required improvement. These were in relation to safe medicines recording, fire safety, safe storage of cleaning products, confidentiality of records and governance systems.

Nightingale Nursing Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nightingale Nursing Home provides accommodation and nursing care for up to 34 older people, this included people living with dementia. At the time of the inspection there were 26 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People, their relatives and staff were very positive about the registered manager and how the home was run. The registered manager had a hands on approach and met with staff frequently to ensure they had the information needed for their role.

There were systems in place to help identify issues and address them. Action planning systems needed to be more detailed. Staff knew what was expected of them and understood the ethos of the registered manager which meant good care outcomes for people.

The service worked with other agencies to help develop systems in the home. However, some actions raised by the local authority had yet to be fully completed. People had their individual risks assessed and this was shared with staff. However, some staff were not clear on some aspects. Medicines recording needed to be improved. Infection control was promoted.

Staff were recruited safely. However, the registered manager needed to ensure that employment gaps were explored. People were supported by enough staff who were trained and felt well supported.

People and their relatives told us that they felt safe and staff knew how to report any concerns. Fire drills were completed but the documentation of these needed to be more robust to ensure all staff attended and knowledge was tested. The service required a fire risk assessment from a competent external agency. Following the inspection, we were told this was booked for the following week. The service was awaiting repairs following a five-year electrical inspection carried out in August 2018.

The staff worked in accordance with the principles of the Mental Capacity Act and people had access to

health professionals. People enjoyed their meals and maintain a healthy diet.

The environment was clean but would benefit from improvements to the decoration to make it homelier. People and their relatives told us that staff were kind and friendly. People were involved in planning their care and privacy and dignity was always promoted.

People were happy with the care they received and their care plans were personalised. There were activities available for people.

There had been no recent complaints and people and their relatives felt confident to approach the registered manager or staff if something arose. People's feedback was sought and responses were very positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines management needed to be improved.

People had their individual risks assessed and this was shared with staff. However, some staff were not clear on some aspects.

Infection control was promoted.

Staff were recruited safely. However, the registered manager needed to ensure that employment gaps were explored.

Fire drills were completed but the documentation of these needed to be more robust to ensure all staff attended and knowledge was tested.

The service required a fire risk assessment from a competent external agency. Following the inspection, we were told this was booked for the following week.

The service was awaiting repairs following a five-year electrical inspection carried out in August 2018.

People told us that they felt safe and staff knew how to report any concerns.

People were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and felt supported.

The staff worked in accordance with the principles of the Mental Capacity Act.

People enjoyed their meals and maintained a healthy diet.

People had access to health professionals.

The environment was clean but would benefit from improvements to the decoration to make it homelier.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind and friendly.

People were involved in planning their care.

Privacy and dignity was always promoted.

Visitors were welcomed into the home.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the care they received.

People's care plans were personalised.

There had been no recent complaints and people and their relatives felt confident to approach the registered manager or staff if something arose.

People's feedback was sought and responses were very positive.

There were activities available for people.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People, their relatives and staff were very positive about the registered manager and how the home was run.

The registered manager had a hands on approach and met with staff frequently to ensure they had the information needed for their role.

There were systems in place to help identify issues and address them. However, governance systems was an area that requires improvement.

Staff knew what was expected of them and understood the ethos of the registered manager which meant good care outcomes for

people.

The service worked with other agencies to help develop systems in the home. However, some actions raised by the local authority had yet to be fully completed.

Nightingale 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We did not request a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was carried out on 8 January 2019. The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with three people who used the service, two relatives, four staff members and the registered manager. We reviewed information from service commissioners and health and social care professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

There were systems in place to promote safe management of medicines. This included staff training, audits and weekly counts of boxed medicines. There was a staff signature list, care plans for medicines prescribed on an as needed basis and nursing staff could tell us about people's medicines and any change. However, we counted eight boxed medicines and found that three of these did not tally with records held. For one person we found that this was due to incorrect labelling from the pharmacy, however, the homes audit system had not identified the error on the label. One error was a missed signature for a tablet dispensed that morning and the third was a missed dose of paracetamol. The accurate recording of medicines was an area that required improvement.

The service carried out internal fire risk assessments which were reviewed annually. However, the requirement is that an external and competent agency complete a fire risk assessment of the service. This had not yet been completed. Following the inspection, the registered manager told us that this was booked for the following week. The service had their five-year electrical inspection in August 2018. Electrical work was identified as needed. However, at the time of this inspection the work had not been carried out. Following the inspection, the registered manager sent us communication with the company tasked with completing the work stating that this would be completed as soon as possible. Ensuring assessments and safety check are completed in accordance with requirements was an area that required improvement.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home had no malodours on the day of our inspection. However, it had been noted during an inspection from the local authority that cleaning products had not been stored securely. During our inspection we saw that cleaning products were stored in a bathroom, this included de-scaler, and air fresheners were around the home resting on handrails. While we acknowledge that people living at the home were not independently mobile so the risk of anyone inappropriately using the cleaning products was reduced, safe management of the chemicals was not being practised. This was an area that required improvement.

The registered manager discussed issues and events with staff during team meetings. Changes, updates and reminders of practice were given so that staff were aware of what was expected of them. People had individual evacuation plans in place for in the event of an emergency. However, staff were not clear on how they would evacuate people who were bedbound in the event of a fire. Staff had received training and taken part in fire drills. However, the documentation of these needed to be more robust to ensure all staff attended and knowledge was tested. This included making sure all staff attended one drill every year, testing scenarios of different areas of the house and ensuring staff know how to evacuate someone who may be cared for in bed. This was an area that required improvement.

People told us that they felt safe. When asked if they felt safe, people we spoke with answered, "Yes." Relatives also felt people were safe. One relative said, "I turn up at all sorts of times and have never been worried about anything I have seen or heard." Staff were aware of what form abuse may take and what to do if they had a concern. We saw that there was information on recognising and reporting abuse displayed in

the home. Staff knew how to recognise and report concerns. There had been no safeguarding concerns raised about the home.

People had their individual risk assessed and these risks were reviewed monthly. People living at the service were at high risk of developing pressure ulcers due to their complex needs but no-one living at the service had a pressure ulcer. This proved that risk assessments were finding potential risks appropriately and the management plans in place were working well.

Accidents and incidents were reviewed by the registered manager to help ensure all remedial action had been taken to reduce the risk of a reoccurrence. There was a very low number of accidents and incidents within the home. We noted that no-one living at the service was independently mobile and everyone was supported by staff to transfer or reposition. The low number of incidents showed that staff were working safely and control measures in place to mitigate risk were effective.

People told us that their needs were met in a timely fashion. One person said, "I press that (call bell) and they come." Staff told us there was enough staff. One staff member said, "Staffing is good, I can only remember maybe one shift when we have been short." Another staff member said, "People come first." We noted that people did not wait very long for support and during mealtimes there was ample staff around to support people.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. They ensured all required documentation was received before a member of staff began employment. However, the registered manager needed to ensure that all employment gaps were explored as part of the recruitment process. We discussed the need to satisfy themselves of the staff members fitness to work in a care setting even if they had worked in a care role prior to this service.

Is the service effective?

Our findings

People were supported by staff who received training and regular supervision. People and their relatives felt staff had the proper skills for their role. One relative said, "It's a vocation not a job for the staff there."

Staff told us that they felt that the training was relevant and they felt supported by the management team. One staff member said, "Training is updated every year." A staff member had completed nutrition champion training. They told us as part of this role they monitored weights and updated records and developed actions to address concerns if people were at risk. This training also allowed them to give better guidance to their colleagues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA were being met and found that they were. Staff had a clear understanding of the process. One staff member said, "Always assume they have capacity." Another staff member said, "You can still offer them (people assessed as not having capacity) choices and support them to make a choice."

People were supported to enjoy a variety of food. One person told us, "It's good." A relative told us, "A lovely variety of food." They went on to tell us that prior to moving into the home their relative was low in weight, on a soft diet and unable to feed themselves. Now the person had put on weight and was eating a normal diet independently. The relative said, "They make an effort to take [person] to the table. Even though they need to be hoisted. They could not bother and give the meal in the lounge but they don't, [person] is at the table every meal."

Feedback on a recent survey said, "The menu is varied and well presented." We saw breakfast and lunchtime was relaxed. For lunch people were given choices earlier in the day. Staff handed these the meals out but did not remind people what they had. For people who may have impaired vision or may have been living with dementia, this would be helpful to them. The food looked and smelt appetising and people told us it was nice. The tables were set and drinks were available along with a menu. However, no picture menus were in use and condiments were not available or offered for people's meals. The cook did walk round offering more gravy. The kitchen staff had a list of dietary needs and preferences to help them when they were preparing food. Staff took time sitting with people supporting them with eating and were attentive by wiping mouths and drips on the tables to promote their dignity.

Where people had been assessed as being at risk of not eating and drinking enough, or had lost weight, food

and drink intake charts were held. We saw some people had been referred to the speech and language team. The registered manager monitored people's weights and we noted that people's weights were stable. There was a nutritional champion who developed an action plan if people were noted to be losing weight and gave advice to their colleagues.

People had access to health and social care professionals. There was regular support and guidance from the speech and language team and dieticians. There was also a visiting chiropodist and a hairdresser. A relative told us, "They make sure [person] has her hair done every week like she likes."

The environment was kept clean and we noted the domestic staff being thorough in their tasks. Some bedrooms were personalised and people had praised a recent tidy up of the garden. However, many of the walls throughout the home were full of posters, notices and advice notes. This did take away from the homely feel. Following the inspection, the registered manager told us that they had removed many of these posters. We also found that communal areas, such as the lounges and dining room lacked a homely feel. Walls would benefit from better decoration and furnishings that offered a feeling of warmth to the building. We reviewed the service improvement plan and maintenance book and no plans were listed to address these areas. This was an area that needed to be developed. Following the inspection, the registered manager told us there were plans to improve the environment using wallpaper instead of paint and adding more pictures.

Is the service caring?

Our findings

People told us that staff were kind and they were happy living at the service. One person said, "They are all nice." A relative told us, "They are patient and they relate really well with everyone. They sit next to someone, touch their arm when talking. Make sure they have rugs over their knees if it's cold." Comments on a recent survey included, "They are always respectful." Other feedback read, "[Person] felt part of your community very quickly."

People and their relatives, as needed, were involved in planning and reviewing people's care. Plans included life histories. The registered manager had an action on their service improvement plan to further develop these and we saw that this was ongoing. Feedback from a relative said, "[Registered manager] took me through every step." We saw that people and their relatives were invited into annual reviews of care. We also noted that during the day of inspection the registered manager spoke with many relatives giving them updates about how people were. They were able to do this without checking notes or speaking to care staff which showed they knew people well and were aware of their current needs and any changes.

Staff were knowledgeable about people's likes, dislikes and preferences and we saw they knew people well. A relative told us, "When [person] moved in we had to fill out all these forms about her. Staff have obviously read it as they know about things and her."

People's privacy and dignity were respected. We noted staff knocked on doors and were discreet when supporting people. One relative said, "When people go to the toilet the staff are so respectful and confidentiality is upheld."

Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. A relative of a person who had passed away at the service visited regularly for lunch. The registered manager told us, "It is better than them feeling lonely at home." A comment card received by the home said, "The staff worked tirelessly to help us stay connected over the phone." A relative told us, "All ages are welcome, we even bring children in." Another relative told us, "They make a very big effort with the family, they say it's [person's] home you're all welcome."

Is the service responsive?

Our findings

People and their relatives told us that their needs were met and they were happy with the way they were supported. A relative said, "I can't fault the care, we are lucky [person] is there." They went on to say that staff had recognised their relatives discomfort when sitting in the wheelchair for long periods so they made sure the person was only in the wheelchair for as short a time as possible. Another relative told us, "The care is very good, [person's] needs are fully met." The relative went on to tell us how since living at the home, their relative had gained weight, was now sitting out of bed during the day and staff had worked to reduce their continence issues. They said, "Now their pressure sore has cleared up and I can take [person] to town as she is able to be in a wheelchair. I hadn't been able to do that for quite a while before moving in." We noted that people's needs were met and staff had an allocation sheet that was completed to help ensure all areas were met. We saw that people looked clean and comfortable throughout the day and wear dressed appropriately for the weather. People's care plans were reviewed monthly. The plans included risk assessments and specific plans for each care or health need. They gave clear guidance on how to support people in a way they liked and safely.

People were supported at the end of their lives at Nightingale Nursing Home. Staff worked to ensure people died a pain free and dignified death. Plans were in place so that people's wishes could be respected and families wrote to the home with their thanks for the support they received. One comment said, "Thank you for looking after [person] so well and for all the support of our family." Another comment read, "[Person] was offered dignity." A relative told us, "[Person] only had [period of time] at the home but during that time he was shaved, they could've not bothered as he was so poorly but they cared." The relative went on to tell us that the registered manager had 'pulled out all the stops' to get the person in the home at the end of their life so that they could spend time with their family.

There had been no complaints and concerns raised. The registered manager told us if anything arose, they could speak with people straight away and address any issues. We discussed the benefit of recording these minor issues or grumbles to help them track any themes or trends that arose. People and their relatives told us that they knew how to raise concerns and were confident to do so if the need arose. One relative said, "I have absolutely no concerns at all."

People and their relatives were asked for their views through a survey. Results from the most recent survey were very positive. Comments included, 'I can't think of anything they could do better', 'Everyone goes the extra mile and goes out of their way to make a good quality of life' and, 'This is an excellent home, like a big family'. We also saw that there was a comments box and suggestion book in reception. Suggestions that had been made had been signed by the registered manager as completed. For example, to tidy up the garden and move the bins that were making parking difficult. We saw a person who had made one of these requests had later sent a note thanking the registered manager for addressing the issue.

People were able to attend visited the activities room for board games and quizzes on the day of inspection. Those who were involved were enjoying it. However, we did not see any other activities going on throughout the rest of the house either in the lounges or for people who were cared for in bed. There were no objects for

activities around the home, for example, puzzles, magazines or games. People we spoke with were unable to give their views about the activities available due to their complex needs, they had limited verbal communication. We spoke with relatives about the activities available. One relative said, "There are crafts, singalongs, not many people living there are able to join in much as they are so poorly." Another relative told us, "I've seen [person] joining in when she was more able. They always take the trouble to talk to her about the things that interest her." They went on to say that staff had made every effort for their relative to carry on with the things they enjoyed while they were able. Feedback on a recent survey said, "Activities are good." The service was visited by the local church, whose volunteers also supported people to attend church, and a local school who visited at Christmas to sing carols. A relative told us, "[Person] wanted to go to church so they arranged for someone to take her each week."

Is the service well-led?

Our findings

People and their relatives were positive about the registered manager and how the service was run. A relative told us, "It is a lovely atmosphere. Like a family." They went on to say, "[Registered manager] is always available, as are the staff." Another relative said, "[Registered manager] always comes in and speaks to everyone, he knows me by name." Feedback on a survey said, "[Registered manager] and his team are fabulous. Leadership filters down to all of the staff as he is prepared to do all tasks."

Staff were very positive about the registered manager and told us they enjoyed working at the service. One staff member said, "The manager here is very good." Another staff member told us, "I see the manager going round, you can see him anytime, he has an open door." Staff also told us that they saw the provider regularly. The registered manager met with the staff team regularly throughout each week. They discussed people they supported and any events that they needed to be aware of. Staff knew what was expected of them regarding people's care. People's care was well delivered and the management approach to this ensured that people's care needs came first.

There were a range of audits and checks completed to assess the quality of the service, identify any issues and prompt staff to ensure they had completed tasks to the appropriate standards. Where shortfalls had been found, action plans were put into place to address these. However, although we saw that these were generally signed off when completed, the initial plans did not include timescales or who would be responsible. We also found that where instructions were given as part of meetings, action plans were not developed. The registered manager had service improvement plans for each month. These were used as goals for them to achieve. They related to better monitoring of call bell response times, displaying nutritional information and improving or updating activities. However, people, their relatives and staff were happy with outcomes and although action plans were not especially detailed, this did not mean the actions were not carried out.

The provider visited the home weekly and the registered manager discussed any issues or resources needed. Staff told us that the provider was approachable and they felt they were kept informed of updates and changes. However, there was no formal audit from the provider or an external auditor. We asked if consideration had been given to managers of other provider locations carried out home or peer audits and the registered manager told us that this had not yet started. The service would benefit from oversight from someone other than the registered manager or a weekly visit from the provider to ensure all actions were completed and to identify any shortfalls.

The service had been visited by the local authority in April 2018 who had raised many of the points found on our inspection as actions from their visits. The findings of our inspection indicated that the provider's and registered manager's response was not as effective as it could have been. This included fire risk assessment, improvements to the fire drill records, further development of activities and action plans, storage of cleaning products and ensuring documentation, was stored securely. We found that the priority of the home was people's care and people did receive very good care and everyone we spoke with was very happy as a result. However, more robust governance systems would help ensure that these standards were maintained in the

future. This was an area that required improvement.

People's records were not always stored securely to promote confidentiality for people who used the service. We saw at times that care notes were in corridors, folders with information about people were outside the office and the office was not secure. The registered manager told us that normally the cupboard where care plans were stored was locked. However, when we arrived the key was in the door making them accessible to people who may not have been authorised to have access. This was an area that required improvement.