

# Nightingales of Kidderminster Limited

# Nightingales Residential Home

## Inspection report

Wolverley Court, Wolverley Road  
Kidderminster  
Worcestershire  
DY10 3RP

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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

### About the service

Nightingales Residential Home is a 'care home'. People in care homes receive accommodation and nursing or 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. Nightingales Residential Home accommodates 23 people in one adapted building which is set over three floors. There were 18 people living at the home at the time of our inspection.

### People's experience of using this service

People told us they felt safe and well supported. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people's health and wellbeing had been identified. People, and where appropriate, their relatives, had been involved with decisions in how to reduce the risk of harm. Risk assessments for fire safety were now in place. There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

Staff treated people as individuals and respected the choices they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. The provider recognised that more social activities were required at weekends and had recruited a new activities co-ordinator to fulfil this role. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences and done so by staff in a respectful and dignified way.

All people, relatives and healthcare professionals we spoke with spoke highly of the provider and manager and felt they run a service that was welcoming and friendly. The manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision. These checks were still being established and the provider was adapting these as the manager, new deputy manager and senior staff were stepping into their new responsibilities.

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 04 January 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Nightingales Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Nightingales Residential Home is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission, however they left this post in June 2019. A new manager was in post at the time of the inspection and has applied with the CQC to become the registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. The provider was not asked to complete a provider information

return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During inspection

We spoke with eight people who used the service and one visitor about their experiences of the care provided. We spoke with the maintenance person, the cook, two carers, a senior carer, the manager, the director and the nominated individual who is also the owner of the home. We looked at aspects of two people's care records and other records that related to people's care such as medication records and monitoring of weights, along with other records about the management of the service and three staff recruitment files.

#### After inspection

We spoke with two relatives and two healthcare professionals about their experiences of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Robust checks were completed for fire safety checks and actions followed through.
- People's care plans and risk assessments had been reviewed and contained up to date information about their current needs.
- All people we spoke told us staff understood their care and support needs and had the help and support from staff when they needed them.
- All relatives felt their family member was safe and had been involved in conversations with the staff team about how to maintain the person's safety.
- Staff were aware of people's individual risks and how best to support them. There was a good communication system in place for ensuring consistent and timely care was delivered. The staff team had regular updates from management to ensure risks were being managed, mitigated and reviewed.
- A healthcare professional told us that staff understood people's individual risks, and took prompt action to address these.
- People were receiving their medicines when they should. One person told us, "Staff watch me take medication, but I know it's for my benefit. If I ask for painkillers, they give them to me."
- The provider had made good progress to ensure they were following safe protocols for the receipt, storage, administration and disposal of medicines. We found that some further work was required to ensure medicine records for 'as required medicine' was consistently in place, along with care plans for people who require medicines for a short-term period, such as antibiotics.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe by the staff who supported them. One person said, "I feel safe; nothing has happened to make me feel unsafe." Relatives felt their family members were kept safe from harm. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The provider and manager understood their responsibilities regarding the action to take to protect people

from harm.

#### Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. One person said, "There are lots of [staff] around when you need them." While a visitor said, "There are ample staff about." We saw staff were visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs.
- The manager understood people's individual support needs and the staff skill mix required to keep people safe. They organised the staffing levels based upon people's individual needs and reviewed this regularly, or when people's care needs changed.
- The provider carried out safe recruitment practices before employing staff to work in the home.

#### Preventing and controlling infection

- People told us staff kept the home clean and well kept. People told us that their clothes were laundered well. We saw the home was clean and smelt fresh.
- Staff understood the importance of infection control to protect people and visitors from the risk of infections

#### Learning lessons when things go wrong;

- Staff communicated information about incidents and accidents. The manager monitored these events to help prevent further occurrences. Where people had experienced an accident, measures were put in place to further reduce the risk of future incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection we found people's needs were not assessed and regularly reviewed. At this inspection we found that people's care needs had been assessed and while the care plans we read had been reviewed, the manager explained they were putting plans in place to ensure these were routinely reviewed.
- People confirmed they were involved in the assessment of their care. One person said, "[I have had] one formal review, [I] think they [staff and management] know me". It was clear that all staff knew people well and understood how to meet their individual needs.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At the last inspection the provider did not follow the principles of the MCA. At this inspection we found that improvements had been made. The manager worked with healthcare professionals and people's relatives to understand whether people had capacity to make particular decisions about their care and put best interest decisions in place which was of the least restrictive practice.
- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Relatives confirmed they were involved in mental capacity assessments with their family member and best interest meetings. They felt that where it had been found their family member lacked capacity to make

certain decisions, staff supported the person in the least restrictive way.

- Where the provider had deemed people were being deprived of their liberty, applications had been sent to the local authority.

Staff support: induction, training, skills and experience

- Staff members new to care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification in social care.
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as dementia care.
- There was a good skill mix of staff on duty at the time of our inspection.
- The provider recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.
- The provider encouraged career progression, and supported staff to develop their knowledge, skills and experience within the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. One person told us, "The food is lovely; they don't skimp".
- We spent time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, or specialised equipment to maintain their independence, this was done respectfully.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where a person's weight had changed, the manager sought advice from the person's doctor.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them weekly.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- A healthcare professional confirmed that people's needs were met, and the care provided was in line with their guidance.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection we found this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we found staff did not always respect people's privacy when in their own rooms. At this inspection we saw staff knock on people's doors and wait for a reply before entering.
- People told us they were treated in a dignified and respectful way and we saw staff were respectful towards them at all times. One person said, "Staff are friendly and nice. I can ask them anything. You ask for something and it comes. They [staff] help you out as much as possible."
- A relative told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the service they received. One person told us the staff were "lovely". They went on to say, "They [staff] really care about people."
- A relative told us, "The staff are very dedicated and friendly."
- We found the atmosphere in the home to be calm and relaxed. We heard conversations between people and staff were friendly and supportive. We saw people supporting one another and engaging and reminiscing together. From listening to conversations between all staff and people it was clear that they knew people well and what was important to them.
- A healthcare professional told us that each time they had visited they had seen caring interactions between staff and the people who lived there.

Supporting people to express their views and be involved in making decisions about their care

- People had opportunities to be involved in their care, through care review meetings, resident meetings or speaking with staff on an ad-hoc basis. People told us they felt comfortable discussing their care with staff and gave examples of changes following conversations. Relatives felt staff listened to them and respected their views when supporting their family member to make decisions.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated Requires Improvement. At this inspection we found the key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found social activities had not been tailored to people's individual needs. At this inspection we found some improvements had been made. This included the introduction of "talking books" for people who had sight loss to listen to. We also saw staff sat with people and engaged in conversations and topics that interested them.
- However, we found that social activities were still being established. For example, one person was supported to visit the shops, while another person told us they had not had this opportunity. A further person told us they would like to go out to the theatre, but again had not had the opportunity. We discussed this with the provider and manager who told us they would explore these options with people.
- We saw there were group activities, such as crafts, which people told us they enjoyed. External entertainment was also sought, and people told us how they enjoyed the singers, and different themed events that were put on.
- The provider told us that a new activities co-ordinator was beginning to work at the home, and would work flexibly over the weekends, so they could continue to support people with their social activities.
- People's care records were now being reviewed regularly and any changes in care were identified through assessments and monitoring.
- People confirmed they were involved in the planning of their care and their needs were met. People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Relatives confirmed they were involved in their family member's care, where appropriate, and their views were taken into consideration.
- A healthcare professional told us that staff contacted them or the person's doctor when they had any concerns or required advice.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken.
- Staff told us, and we saw, there was a good level of information about people's needs and preferences. Where people's needs were changing we saw this was communicated to the manager and assurances from external healthcare professionals were promptly sought.
- Staff told us, and we heard, they had a detailed handover and were aware of any changes to people's care and support since their last shift.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection we found people who were hard of sight or hearing were not fully supported with other alternative methods of communication. At this inspection we saw that improvements had been made, with a range of communication tools and aids to better support communication with individuals and ensure they had information in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent their day according to their preferences. Some people preferred to spend their time in their own rooms, or within the communal areas.
- People told us their family and friends were welcome to visit at any time. A visitor told us how they were always made to feel welcomed by staff.
- A relative shared with us how accommodating the staff team were in supporting the person to maintain their hobbies, such as gardening, and valued this approach from the provider.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative we spoke with told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes. Where people were receiving end of life care we found this was done in a respectful and dignified way.
- A healthcare professional confirmed that the staff supported people well with their end of life care, to ensure they were comfortable and had all of their care and support needs met. They told us they maintained good communication with themselves throughout.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider did not have effective quality monitoring systems in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider completed checks to ensure the manager was assessing, monitoring and reviewing the quality of the service. The provider was establishing and embedding these checks and reviewing how they monitored the service going forward.
- A new manager had been in place since June 2019 and had spent time writing and reviewing people's care records. They had a very good understanding of people's needs, any changes and how to respond to these. They manager told us that they were continually looking to improve the service, from improving paperwork, to developing staff's knowledge and understanding to keeping up to date with changes in best care practices.
- Staff told us the morale within the home had improved and felt the new manager was approachable should they have any ideas or suggestions for the way the service was run.
- We saw communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- The provider told us they had introduced a new deputy manager role and were recruiting a staff member into this role. They were also developing and working with their senior carers to provide them with the opportunities for additional responsibilities and lead roles.
- The manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The provider understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the

home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- All people we spoke with spoke highly of the provider and knew them well. People shared examples of how they had taken the time to get to know them, that people knew the provider's family and felt it was a provider who was committed to providing a welcoming and accommodating service. One person said, "They [the provider] are kind. It's lovely [here], [they] couldn't have found me a nicer place. They [the staff] are golden". While a further person said, "[The provider] does everything well. [They] know their job and do it. I'm happy here."
- People, visitors and relatives told us the manager was kind and supportive. One visitor told us, "I know owner and manager. [The manager is a] lovely girl. [I] couldn't give her enough praise." Relatives confirmed they felt the staff were open and welcoming and listened to their views.
- A healthcare professional told us how the manager was, "exceptional", and was proactive and passionate in the work they did within the home.
- People and their relatives felt involved in the running of the service. People told us they had resident meetings where they discussed matters that were important to them such as changes to the home. During these meetings they could suggest ideas for improvements and what future activities they would like to do.
- There was a good approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- All staff we spoke with were happy with the way the service was run and where they had suggested improvements in the past, these were responded to.
- Staff felt valued and appreciated for the work they did. They expressed to us how proud they were to work at Nightingales Residential Home and the positive outcomes they achieved for people.
- The provider, manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.