

Knightingale Care Limited

Nightingale House Care Centre

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 8 August 2016 and was unannounced. Nightingale House provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 45 people who require personal and nursing care. At the time of our inspection there were 40 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and stored safely. We saw that staff obtained people's consent before providing care to them. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the Dols, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision. People were encouraged to enjoy a range of hobbies and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as medicines and infection control. However audits had not been carried out on care plans to ensure they were up to date and complete. Accidents and incidents were recorded. The provider had informed us of

notifications as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

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 consistently safe.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how

to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

The service was not consistently well led.

There were some systems and processes in place to check the quality of care and improve the service however checks had not been carried out on care records.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

Requires Improvement 

Nightingale House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August 2016 and was unannounced. The inspection was completed by an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, their deputy and five members of staff. We spoke with six people who used the service and eight relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "I feel very safe here, more than when I was at home. I don't have to worry about anything." Relatives told us that they felt their family member was safe. One relative said, "Everyone here is very good and I feel very happy that my husband is in safe hands at all times. It's the only place he has been where I can go home and sleep at night knowing I don't have to worry about his care that means such a lot when you love someone dearly and want the best for them. They do a splendid job here and although he is in bed most of the time he has never had any pressure areas or skin breakdowns. It's through their vigilance and professional care that he is so lovingly cared for by them all. I cannot praise them enough here at Nightingale House."

People and staff told us that there was enough staff to provide safe care to people. A relative said: "I hardly ever hear any buzzers going or any not answered, they always seem to respond very quickly if I do happen to hear one." We observed staff responded to people promptly. The registered manager told us that they were looking at increasing the staffing numbers in the early evening as this was a particularly busy time and they wanted to ensure that people were not waiting for care. The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

We observed the medicine round and saw that medicines were administered and handled safely and records were fully completed. People were asked if they wanted their as required medicines (PRN) such as painkillers. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. PRN protocols were in place to indicate when to administer these medicines and whether or not people could request and consent to having their medicines. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

We observed that there were key pads in use for accessing the building and that relatives, staff and visiting professionals had access to the number for entry. The registered manager told us that there was a system in place for managing entry to the building however the provider did not have a policy in place to ensure that the allocation of the number was monitored and changed regularly in order to safeguard people against intruders. Although we observed that entry to the building was managed the lack of a policy meant there was a risk that the number could be passed on and access to the building be gained inappropriately. This issue is dealt with within the well led section of this report.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. We observed that staff had the skills to care for people according to their needs. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as the care of a person living with dementia. There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. We saw that appraisals were in the process of being carried out. Appraisals are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms and consent to photography to ensure that care was provided with people's agreement. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS, although other applications had been made and the provider was awaiting the outcomes of these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

One person said, "The food is okay, it's as good as you would expect in a care home." The registered manager told us that people were given choices on a daily basis. One relative raised concerns about the teatime meal. We visited the kitchen later in the afternoon and saw the teas which had been prepared for the residents to eat. The sandwiches looked appetizing and individual plates had been prepared with the

people's names on. Each was different with individual preferences, some had special bread and some had special requests.

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice of three meals. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. We saw that care plans detailed what support people required. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

A relative told us, "I am always kept well informed and I know if they need to get the doctor or anything then they let me know." Another relative said, "It's always very reassuring that the home keep me very well informed about anything to do with my relative. They let me know when they are not very well and when the doctor has been called, or indeed when the doctor has been. It's great to have the knowledge and feedback. It instils so much confidence in us." We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. The registered manager told us that they had good relationships with the local GP services and the district nurses who visited regularly. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Care plans were also in place for short term health issues such as following a surgical procedure to ensure that staff provided appropriate care.

Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. Transfer documents were in place for when people were admitted to hospital to assist hospital staff to understand people's needs and health issues on admission.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. A relative said, "They care for my relative very well indeed, just as we would really. Even when they don't know we have slipped into the bedroom we hear them and they are always polite, courteous and jolly! It's lovely to hear them." One person said, "They are so very kind and caring, second to none." Another person said, "I think they are wonderful kind caring people, well trained too." Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for and liked living at the home.

A relative told us, "I have no concerns about the care of my relative here. I know my relative is very safe and that the staff provide the best care for them. It's a lovely place just like one big family. Nothing is ever too much trouble." A comment on the survey carried out with professionals stated, "Lovely caring centre, and attentive staff." People were involved in deciding how their care was provided.

We observed that staff were aware of respecting people's needs and wishes. For example, a person preferred to have their medicines in between their main meal and pudding and staff told us how they facilitated this. We observed a comment in a staff meeting which said, "Clients always have a choice and this must be respected."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, on the day of our visit it was a person's birthday and their bedroom had been decorated to reflect this. We saw that when providing care staff were kind and considerate, for example when administering medicines staff took the time to explain what they were for and assisted people to take them in their preferred manner. We observed a member of staff supporting a person who had swallowing difficulties to have a drink. They were patient and calm and ensured that the person was kept clean throughout by assisting them with a napkin.

When staff supported people to mobilise they did so at their own pace and provided encouragement and support. For example, we observed a member of staff walking with a person who was using a mobility aid. The staff member chatted with the person but at the same time provided guidance and reassurance in respect to their mobility. They said, "You lead the way, where you want to go." Another person was nervous when being supported to move and staff reassured them whilst they were providing support. They said, "You're not going to fall, I won't let you. You're very safe."

People who used the service told us that staff treated them well and respected their privacy. We observed a member of staff apologising to a person because they were blocking the corridor where the person wanted to be. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Staff understood the need for confidentiality however we observed that the care records were not always stored in a locked area to ensure people's personal details were protected. The records were kept in an

office however the door was not always locked. We spoke with the registered manager about this who told us that there were plans in place to refurbish this area to provide more secure storage.

Is the service responsive?

Our findings

Activities were provided on a daily basis. Staff and relatives told us that there were various things taking place regularly at the home such as sing a longs, board games, arts and crafts, bingo, manicure and hand massage. A relative said, "Oh yes, there's always something going on when I come in, it's good to see, the activities officers are brilliant." There was a well-stocked and resourced activities room and we observed the afternoon session. Although dominoes was the scheduled activity people were able to access activities as they chose. For example, some residents were doing a jig-saw, one was watching their favourite TV programme and others were playing dominoes. Another resident was being encouraged to participate in a sensory session using a range of everyday items to encourage discussion. People said they enjoyed the activities that were organised within the home. Where people preferred to stay in their rooms and not join in collectively, staff spent one to one time with each person.

The care records we looked at did not detail people's past life experiences. Information such as this is important because it helps staff to understand what activities people have previously enjoyed and try to offer similar experiences. However when we spoke with staff we found that they were aware of people's past and likes and dislikes. The registered manager told us that they were considering the best approach to complete the care records about people's previous experiences as it was not always successful when asking relatives to complete these. People also had access to church services of different faiths within the home and we saw that any specific cultural wishes were recorded in care records.

Assessments had been completed on admission to ensure that the home could provide the appropriate care to people. One person and their relative told us they had discussed everything with staff when they first came in so felt involved. A relative said, "I do know about the care plan and have been involved in its formulation. I know they write about everything they do and that I can see and read it if I wanted to." People were supported to maintain their skills as they wished, for example, one person administered their medicine themselves and they were supported to do so. This was recorded in the care record and care provided as the person chose.

Care records included personal care support plans and detailed people's choices. For example a record detailed the carer that a person preferred to provide assistance with their personal care. A relative told us, "I think it's nice having a male care worker too now it's nice that the male residents have a choice now as to who can shave them and do personal care for them." Another record detailed how staff should communicate with a person, it stated, "Ensure staff speak loudly and clearly." Care plans had been reviewed and updated with people who used the service.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative said, "They always make you feel welcome whenever and whatever time you come. We observed staff offering visitors a drink and chatting with them and their family member. In addition a small kitchenette was available in the lounge area for relatives to make drinks for themselves and their family member. We saw that one person had a visitor and they were enjoying a glass of wine together.

One person said, "If I had a niggle or complaint I just pop along to the office and speak with the manager and it's sorted, there's never anything to complain about really." A complaints policy and procedure was in place and on display in the foyer area. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format. This could result in a lack of accessibility to people with poor reading skills, however at the time of our inspection most people were able to access this. We saw that where people were unable to use a written format verbal discussions took place to understand whether or not they had any concerns. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

We found that the system in place for carrying out checks on the care records to ensure that they were complete and up to date had not identified some issue we found on the day of our inspection. In all the files we looked at we found incomplete documentation. We also found in one care record the person's allergies listed did not match with the medicine administration sheets. We spoke with the registered manager about this who told us that following a hospital admission it had been determined that they were not longer allergic to a specific medicine however the records had not been changed to reflect this. Identification sheets in the medicine documentation included photographs of people but did not include details of allergies, names or dates of birth which meant that staff could not easily check whether or not people were allergic to prescribed medicines. This had not been identified in the audit process. Where audits had been carried out we saw that action plans were in place and audits were monitored by the regional manager and provider.

The provider had not maintained up to date documentation to ensure that information to staff and the public was appropriate. For example a leaflet about the home was available but it did not accurately reflect the service which was provided. The provider informed us that this was being updated to include the dementia unit. Policies were provided by the provider however a policy was not available to support the safe management of the key pad system for external doors.

People felt the home was well run and told me all of the management team were approachable. One relative said, "I think the manager runs a tight ship and the staff know where they stand regarding the standards. The rooms are always clean and tidy, and the laundry is always done to a satisfactory standard. It's very rare that anything goes missing regarding clothing etc. which I understand is rare in care homes." Another relative said, "I think the home is well led and the people who work here all appear to like it and be happy in their work."

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that their priority was to ensure that people had a good quality of life. The registered manager told us that in order to ensure that they were aware of what was happening they regularly worked with staff to provide care and staff confirmed this. They also said that they carried out spot checks such as tasting the food to ensure that it was of a high standard. The registered manager attended external meetings with local organisations such as the local authority which helped to support them in their role. The registered manager said that these meetings were useful for learning and exchanging ideas to improve services.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. The registered manager had put in place arrangements to ensure that staff understood their roles and duties. For example staff were allocated on a daily basis to each unit but all staff worked across both units to ensure that there was sufficient skilled staff to provide care to people. We saw that there was also a system in place to allocate responsibilities on a daily basis such as ensuring that people had sufficient fluids.

A member of staff told us, "The manager is very supportive." Staff and relatives told us that the registered manager and other senior staff were approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting held on 7 July 2016 and saw that issues such as completion of food and fluid charts, infection control and record keeping were discussed.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us about accidents and incidents as required by law.

Resident and relatives' meetings had been held on a regular basis. We saw from the minutes of a meeting held issues such as meals and activities had been discussed. Surveys had been carried out with people, their relatives and professionals and positive responses received. Relatives told us that they had completed surveys. We saw that following the surveys actions had been put in place to address any issues raised. The registered manager told us that they encouraged people and staff to come and speak with them at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff.