Midland Healthcare Limited

Nightingale Care 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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This unannounced inspection took place on 26 and 27 March 2018. Nightingale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nightingale Care Home is registered to accommodate up to 49 people in one building. During our inspection, 17 people were using the service, including some people who were living with dementia.

The service had a registered manager at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in August 2017 we identified a failure to assess risks to health and safety of people and mitigate risks as much as possible. We found that staff had not always been recruited safely and did not always receive appropriate supervision or training. We had not been notified of certain events as required by law and the quality and safety of the service was not adequately monitored. The service was rated as Inadequate and was placed in Special Measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Risks to people's health and safety had been assessed. However, further improvements were required to ensure the risks were correctly calculated and mitigated the risk of harm as much as possible. People were supported by sufficient amounts of staff who had been recruited safely.
The staff understood their responsibility to protect people from abuse. People received their medicines safely and lived in a clean and hygienic home.

People received care and support in line with their preferences, however improvements were needed to ensure that care plans fully reflected people's needs and the support they required to meet these. People could access the community; however there was a lack of stimulation at times. People were provided with opportunities to make a complaint about their care; however improvements were required to ensure that these were fully responded to. Staff were knowledgeable about what support people required at the end of their life.

The staff had received appropriate training and support. People received an assessment of their needs before they moved to the home. People were helped to eat and drink sufficient amounts and staff monitored and responded to changes in people's health. People lived in a building which had been designed to meet their needs. People were supported to have maximum choice and control of their lives

and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People were supported by staff who showed them kindness and compassion. Staff knew the people well and told us they got to know people by spending time with them and reading care plans. People were given choices and were involved in making decisions about their own care as much as possible. People could be assured that their privacy and dignity were respected by staff.

People were provided with opportunities to comment on the quality of the service they received. People were supported by a staff team who felt supported and involved in the running of the home. Effective systems were in place to monitor the quality of the service provided. The provider had complied with conditions of their registration and we had been notified of certain events which had taken place in 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?

Requires Improvement

The home was not always safe

Risks to people's health and safety had been assessed. However, further improvements were required to ensure the risks were correctly calculated and mitigated the risk of harm as much as possible.

People were supported by sufficient amounts of staff who had been recruited safely.

People were supported by staff who understood their responsibility to protect people from abuse.

People received their medicines safely.

People lived in a clean and hygienic home.

Is the service effective?

Good

The home was effective.

People were supported by staff who received appropriate training and support.

People received an assessment of their needs before they moved to the home.

People were supported to eat and drink sufficient amounts and staff monitored and responded to changes in people's health.

People lived in a building which had been designed to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

Is the service caring?

Good

The home was caring.

People were supported by staff who showed them kindness and compassion.

Staff knew the people they were supporting well and told us they got to know people by spending time with them and reading care plans.

People were given choices and were involved in making decisions about their own care as much as possible.

People could be assured that their privacy and dignity were respected by staff.

Is the service responsive?

Requires Improvement

The home was not always responsive.

People received care and support in line with their preferences however improvements were needed to ensure that care plans fully reflected people's needs and the support they required to meet these.

People were supported to access the community; however there was a lack of stimulation at times.

People were provided with opportunities to make a complaint about their care; however improvements were required to ensure that these were fully responded to.

Staff were knowledgeable about what support people required at the end of their life.

Is the service well-led?

Good

The home was well led.

People were provided with opportunities to comment on the quality of the service they received.

People were supported by a staff team who felt supported and involved in the running of the home.

Effective systems were in place to monitor the quality of the service provided.

The provider had complied with conditions of their registration and we had been notified of certain events which had taken place in the home.

Nightingale Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 March 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a nurse 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 service.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share relevant information with us. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also sought feedback from the local authority, who commission services from the provider.

During the inspection, we spoke with eight people who used the service and the relatives of two people. We also spoke with the registered manager, a representative of the provider, the deputy manager, the cook, a member of the domestic staff, two senior care workers and a care worker.
Following our visit we also sought feedback from healthcare professionals who routinely visited the service and received feedback from one healthcare professional.

We looked at all or part of the care records of six people who used the service, medicines administration records, staff training records and the recruitment records of three members of staff. We also looked at a range of records relating to the running of the service, such as audits and maintenance records.

We observed care and support in communal areas of the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

When we last visited Nightingale Care Home in August 2017 we found that risks to people's health and safety had not always been assessed and regularly reviewed. In addition, measures required to keep people safe had not been fully implemented. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found there had been some improvements in this area and the provider was no longer in breach of this regulation. However, further improvements were required to ensure risk assessments were fully effective in reducing the risk of harm to people.

Staff told us that they understood risks to people's safety and that people were involved in decisions about the risks they took. We observed that staff used mobility equipment and supported people to move confidently. However, one person's records stated that they required the support of two people to move from their wheelchair to an armchair and on one occasion we saw that only one member of staff helped them to move. We raised this with the registered manager who told us they had only ever witnessed the person being supported by two staff but would monitor this.

People's care plans contained risk assessments in relation to different aspects of care. However, we found that risks assessments had not always correctly calculated or reduced risks to people. For example, one person's care plan stated they attempted to get out of bed during the night. Records showed that the person had experienced a fall when attempting to climb over bed rails during the night. Bed rails are sometimes used to reduce the risk of a fall from bed. It is important that consideration is given to whether the use of bed rails is suitable for the person because unsafe use could cause people harm. Although a risk assessment was in place in relation to the use of bed rails, this had not considered the risk posed by the person attempting to climb over them. Records showed that bed rails were removed following this incident. However, the risk assessment process had not been fully effective in keeping the person safe.

In addition, we looked at the falls risk assessment for two people who were at risk of falls. We saw that this had not been calculated correctly. This is usually scored as high, medium or low. We brought this to the attention of the deputy manager who acknowledged that the risk tool had not been used correctly. They told us that would review the person's risk score and the way they used the tool in future. Although the tool had not been used correctly, this did not change the support the person required; therefore the risk of harm was low.

We checked on other measures required to keep people safe and found these were implemented. For example, some people had pressure relieving mattresses to reduce the risk of them developing a pressure sore. We found these to be at the correct setting for the person. Records also showed that people received regular repositioning if this was required to reduce the risk of a pressure sore.

Regular checks were carried out to ensure the safety of the environment. For example, in relation to fire safety, water temperature and equipment. In addition, each person living at the service had a personal emergency evacuation plan which detailed the support they would need to evacuate the service in the event

of a fire or other emergency.

People told us that staff supported them to manage risks to safety and well-being. One person told us, "I just need a bit of help when I get dressed so that I don't lose my balance and the staff are very good about helping me." Another person told us, "I had a few falls when I was at home on my own but not since I've been here. The staff are careful not to let me fall." One person's relative said, "The staff are very good and rush to people if they see them struggling to get up."

Some of the people who lived at the home were living with dementia and sometimes expressed their emotions through behaviour. People's relatives told us they were confident in how staff responded to their family members behaviour. One person's relative told us, "[Relative] can display challenging behaviour but the staff here know how to distract [relative] and calm them down. They are really good."

We asked staff about people who lived at the home who could be resistive to support. They explained they gave people time and reassurance and were confident they could meet these people's care needs. They told us that different people responded to different approaches or staff members. We observed that staff clearly understood the behaviour displayed by one person and responded appropriately to ensure the person's and their own safety.

During our last inspection we found that recruitment processes were not established or operated effectively. This meant that a staff member had commenced working at the service without required recruitment checks to ensure they were safe to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found there had been improvements in this area and the provider was no longer in breach of this regulation.

People could be assured that safe recruitment processes were followed. Before staff had started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from staff who may not be safe to support them.

People were supported by a sufficient amount of staff to keep them safe and meet their needs. One person told us, "Mostly there's enough staff around to help." Another person told us "I'm never kept waiting. The staff come straight away if I need them. If they can't come straight away, they let me know they won't be long."

During our inspection we observed there were sufficient amounts of staff to provide support and respond to people's needs, although during the first day of our inspection we observed that staff were not always effectively deployed. We observed that people did not receive timely support during or after a meal. For example, some people were not supported to move to another area in a timely way once they had finished their meal. One person was displaying increasing discomfort and said, "I would like to have a sleep if I could get to a chair to sit in." We observed the person was supported to move into a chair approximately 20 minutes later. The registered manager acknowledged that the mealtime during the first day of our inspection had been chaotic due to a number of factors, such as two people choosing to get up later in the day. During the second day of our inspection we observed that people received timely support during and after their meal.

Despite the above, we saw that people's requests for support were generally responded to in a timely

manner and calls bells were answered quickly. Staff told us that staffing levels were "fair" and that people who required 'one to one' support received this.

People told us they felt safe and people's relatives told us they were satisfied that their relatives were safe. One person told us, "I feel safe as the staff look after me really well." Another person told us, "This (home) is a very safe place." One person's relative told us, "My relation is extremely safe here and the staff are marvellous."

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. A safeguarding policy for staff was in place and records showed that the majority of staff had completed training in safeguarding adults within the last six months or were in the process of completing it. The staff we spoke with described the signs of different types of abuse and the action they would take in response to any concerns about possible abuse. Staff were confident that the registered manager would take appropriate action in relation to any safeguarding concerns they raised.

The registered manager was aware of their duty to report safeguarding incidents to the local authority. Records we viewed confirmed that relevant information had been shared with the local authority when incidents had occurred. The local authority is responsible for investigating any allegations of abuse.

People received the support they needed to take their medicines as prescribed by their doctor. One person told us, "The nurse is very good. They bring my tablets and a drink of water and waits until I've taken them." A person's relative told us, "It's not always easy to tell if [relation] has any pain but they (staff) do seem to be able to gauge it and give some pain relief."

We observed staff administering people's medicines and saw they did so safely. Records showed that staff who had responsibility for administering medicines had received training and had their competency to do so assessed. Information was recorded to aid the safe administration of medicines and to ensure their effectiveness, such as guidance for medicines to be given 'as required.' Records showed that medicines had been given appropriately and that if medicines were not given, the reason for this was recorded.

Medicines were stored safely and securely. Regular checks were carried out of controlled drugs. Controlled drugs are medicines which require special administration and storage. We found that there was more of one controlled drug available than was recorded; this was due to a recording error when the person came into the home and was rectified by the registered manager.

People told us they felt the service was clean and were complimentary of the laundry service. One person told us, "The staff do all my washing here and they keep my things really nice. When they bring my clean clothes in, they fold them neatly as well before they put them away." We observed a good standard of cleanliness in bedrooms and bathrooms and that people had been supported to maintain their personal hygiene.

Staff told us they had received training in infection control and records showed this to be the case. We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available and we also found that bathrooms contained soap and hand towels. We spoke with domestic staff who told us they had adequate time allocated for cleaning and were aware of the action they should take in the event of an outbreak of infection. Records showed that daily cleaning schedules were completed.

People were supported by staff who understood the need to report accidents or incidents to the

management team. Staff told us that they felt improvements had been made in relation to risk and ensuring that appropriate action was taken following accidents and incidents which occurred. One staff member gave us of an example of an accident which had occurred at the service and the measures which had been implemented to keep the person safe in future.

The manager told us that staff completed accident and incident forms which they reviewed to ensure that action had been taken to reduce the risk of harm. We found that the action taken in response to accidents and incidents was not always fully recorded. However, when we checked whether measures were in place to keep people safe we found they were. This meant that the service responded to accidents and incidents and implemented changes to help prevent a reoccurrence.

Good

Is the service effective?

Our findings

During our last inspection in August 2017 we identified a failure to ensure that staff received appropriate supervision, appraisal and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found there had been improvements in this area and the provider was no longer in breach of this regulation.

People and their relatives spoke positively about the skills and knowledge of staff. One person told us, "The staff are very good". A person's relative told us. "The staff here are really good. If there was anything wrong, I'd be the first to see it, but there is nothing."

Staff received an induction when they commenced working at the service which provided staff with information about policies and procedures. Records showed that staff who had recently been employed at the service had completed this induction.

Staff received training relevant to their role and records we viewed showed the majority of staff were up to date with training which the provider had identified as being mandatory. This included training in fire safety, moving and handling and dementia awareness. Staff told us that they had received a lot of training since our last inspection and that systems were in place to ensure they remained up to date. Staff said they were able to 'sign up' for training courses they were interested in and were supported with their professional development. Staff told us they received regular supervision and felt supported by the management team.

Before people started using the service, an assessment of their needs was carried out. This assessment was used to develop care plans specific to people's needs. People's relatives told us they were consulted about their relations needs during the care planning process. One person's relative told us, "I have been involved from the word go in the care plan." Records reflected that best practice guidance was used to ensure that people's needs were assessed and provided for. For example, nationally recognised assessment tools were used to determine risk levels in relation to nutrition and skin integrity.

People were complimentary of the quality of the meals they received at the home. One person told us, "I like the food" and people's relatives confirmed they were offered the opportunity to join their relation for meals. People confirmed they were offered a choice of food and drink. One person told us, "I think there are a few different things at lunchtime. The staff ask you what you want." We observed that people were given a choice of food and drink, and staff presented people with visual options to aid their choice.

We observed mealtimes at the home. During the first day of our inspection the meal time was not well organised and there was not enough staff present to provide timely support and assistance to people to eat their meal. During the second day of our inspection we observed that people were supported to eat and drink well. People's meals were well presented and if people required adapted meals or cutlery, plate guards or aprons to promote their safety, independence and dignity, this was provided.

The cook was provided with information about people's food preferences and dietary requirements

and people's feedback about the food was sought. This ensured that people were supported to eat the food they enjoyed. Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. Records showed that the advice of the GP was sought if people's weight changed and that food supplements were given as prescribed to help people maintain a healthy weight.

The staff we spoke with were knowledgeable about the support people required to eat and drink to maintain good health. We looked at the records of one person whose fluid intake was monitored to ensure they drank a sufficient amount of fluid each day. Records showed that the person was drinking the amount specified in their care plan to maintain good health.

People were supported to maintain their health and access external health support. People's relatives were confident that external medical support would be sought from the GP if their relation became unwell and that they were kept updated of any changes to their relations health. One person's relative told us, "Communication is really good with us and the staff tell us straight away if [relation] is off colour or anything." Another person's relative commented, "The staff are good in that respect. They will always get in touch if [relation] isn't well or they are worried at all."

The staff we spoke with were knowledgeable about people's health conditions and how this may impact on them. They told us they regularly liaised with the GP and other health professionals such as district nurses and occupational therapists. Records showed that people had access to a range of external health professionals which staff had contacted when changes had occurred. For example, care records showed input from the GP, continence nurse, speech and language therapist, chiropodist and optician.

Systems were in place to ensure that information about people's health and care needs accompanied people in the event they were admitted to hospital. Each person's care plan contained information to be used in case of an emergency. This included a photo of the person, information about any allergies, medical conditions and specific support requirements. Two of these documents did not contain correct information. For example, one person's emergency document did not reference that they had a DNACPR order in place and another person's did not correctly identify the level of support the person needed with their mobility. These documents were updated following our feedback. The registered manager told us they were also planning to use a system being introduced by local commissioners. This is the 'red bag' initiative and is designed to improve the transfer of information, medicines and personal belongings in the event that a person was transferred to hospital.
The premises that people lived in met their needs. The design of the building had considered the needs of the people using it. For example, corridors were well lit, were free from trip hazards and had grab rails to support people with their mobility. People had access to suitable bathing equipment in spacious bathrooms. People had access to a secure garden area and we observed one person making use of the outside space during our visit. The registered manager told us communal areas of the home had recently undergone refurbishment and that people living at the service had been involved in choosing the carpet.
People told us that staff asked for their consent before providing support. One person told us, "The staff are always asking me. Everything they do; they say, is it okay? I'd tell them if I didn't like anything." Another person told us, "They staff ask me everything." Our observations supported what people told us. For example, we saw people were asked for their consent and provided with explanations when being supported to change their position.
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.

The staff we spoke with showed an understanding of the principles of the MCA. They told us they had received training in the MCA and records showed this to be the case. People's care plans contained details of people's capacity to make decisions and where people had been assessed as lacking the capacity to make certain specific decisions; an appropriate best interest decision had been made and recorded.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that a number of applications had been made to the local authority if people were identified as potentially being deprived of their liberty and some of these had been authorised. The staff we spoke with were aware of which people had a DoLS authorisation and described how the person should be supported in line with the authorisation.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us, "The staff are all lovely with us." Another person told us, "It's their job to look after us but they are smashing." One person's relative commented, "The staff are fantastic. I've seen nothing but kindness towards people here."

We saw numerous examples of warm and friendly interactions between people and staff. The registered manager told us that at 11am each day staff had a 'tea break' during which all members of staff sat with people and had a cup of tea and a chat with them. We saw that this had a positive effect on some people who were smiling and chatting with staff.

Staff showed a genuine interest in people's welfare and ensured they were comfortable. For example, we observed that people were discreetly asked if they would like to use the toilet before being assisted to move to a different area. People were asked if they would like a blanket or foot stool and staff ensured that people's hot drinks were still warm and within reach. We saw that one person was supported to have eye drops administered. The member of staff who was supporting the person explained what they were doing clearly and supported to person to clean their eyes by gently using a piece of tissue.

The staff we spoke with knew the people they were supporting well. Staff told us they got to know the people they were supporting by spending time with them and by reading their care plans. We saw that people's care plans contained a document entitled, "This is me". This contained information about people's family relationships, work histories and events or support requirements which were important to the person. During our inspection a person at the home was celebrating their birthday, we observed staff taking the time to wish the person a happy birthday and talk about a birthday card they had received.

People confirmed that they were given choices about how and when they wished to be supported. One person told us, "I go to bed when I'm ready." People's care plans contained information about people's communication needs. We saw that staff used strategies to aid people's understanding decision making abilities such as presenting people with visual choices. We observed that people were given clear instructions when receiving support. For example, we observed one person being supported to move, the staff gave clear explanations and instructions and provided reassurance to the person throughout.

People had access to independent advocacy. The registered manager told us they considered whether people required the support of an independent person to speak on their behalf or represent their best interests. These people are called advocates. We saw that information about advocacy was available at the home. The registered manager told us that at the time of our inspection one person was being supported by an independent advocate.

People were supported by staff who respected people's privacy and dignity. People were supported to maintain their personal hygiene and keep their clothing clean. People had access to a hairdresser and we observed that some female residents had manicured nails. We observed that people were asked discreetly if they required a 'comfort break' when being supported to move.

The staff we spoke with gave examples of how they ensured they respected people's privacy and dignity. These included knocking on people's doors before entering, promoting choice; ensuring people received birthday cards and were able to maintain contact with their relatives. A member of staff had been designated as a 'dignity champion.' We saw that people who lived at the home had been supported to create a display about dignity. The dignity champion took an active in role in supporting other staff to become dignity champions and invited people's ideas about how dignity was promoted in the home.

Requires Improvement

Is the service responsive?

Our findings

People's care plans contained information about what was important to people and their preferences about how they wished to be supported. Each person had care plans which provided guidance and information to staff about their care and support needs in relation to different areas of care, such as skin integrity, nutrition and mobility. These generally contained personalised information about the person's needs and their preferences in relation to their care. For example, one person's care plan stated that they preferred a bath to a shower, what they were able to do themselves and when they would like to have their clothes laundered.

Staff told us they found the information contained in care plans useful and that these were kept updated when people's needs changed. Records showed that people's care plans had been reviewed on a monthly basis. However, some people's care plans were not fully reflective of their needs. For example, one person had a medical condition which could be impacted on by what they ate. This medical condition was not referenced in their nutritional care plan and there was no information about how this impacted on their health or diet. Although staff were aware of the person's medical condition and told us the person had the mental capacity to decide what they ate, this was not documented. We found that another person's care plan had not been updated to reflect the recommendations of an external health professional or that full consideration had been given as to how the person could best be supported in relation to their health condition. This meant that people's care plans did not always fully reflect the person's needs and how they should be supported to maintain their health.

Before people moved to the home an assessment was carried out to ensure people could receive the support they needed. People and if appropriate, their relatives, were consulted about how support should be provided. One person told us, "I don't know about a care plan but I tell them exactly what I want or don't want." A person's relative told us, "We have had review meetings as well as informal discussions about [relation's] care."

Staff told us that one person who lived at the home liked to sit and go through their care plan with staff and that other people liked their families to be involved in care plans reviews. Records showed that people or their relatives were routinely involved or invited to be involved in reviews of their relations care.

People were provided with information about how to raise concerns or complaints about the home. We saw that information was on display in the home and that people were provided with the opportunity to comment and complain. None of the people or relatives we spoke with could recall having the need to make a complaint but felt confident to raise concerns with staff if they needed to.

We reviewed one complaint and one comment suggesting improvements which could be made which had been received by the registered manager since our last inspection. The complaint had been documented but records did not show what action had been taken in response to the complaint or comment and whether the complainant was happy with the response. We raised this with the registered manager who told us of the action they had taken in response but it was not clear that the home's complaints policy had been followed to ensure that complaints were resolved to the complainant's satisfaction.

People's relatives and staff provided mixed feedback on the provision of stimulation and activities at the service. One person's relative told us, "[Relation] has done some painting, but does complain about being bored. Staff told us that some activities were provided and staff sometimes took people out into the community but that the provision of activities at the home, "could be better."

During the first day of our inspection we observed limited meaningful activities for people. The TV in a communal area of the service was on for a significant proportion of the day. However, nobody appeared to be watching it and we did not see anybody being asked if they wanted any alternative such as the radio, music or a film being played. The registered manager told us that this was an exception and usually there was a member of staff on shift who was responsible for the provision of activities. During the second day of our inspection, we observed people being supported to engage in a music quiz and supported with arts and crafts. Staff confirmed that they tried to support people to access the local community as much as possible and we observed few people being supported to do so during our inspection. One person confirmed they were provided with opportunities to go out. They told us, "I sometimes get taken round the village. The last time they took me it was bitterly cold but they wrapped me up well in my coat and hat and blankets. Oh, I did enjoy it."

The registered manager told us that the home had an equality and diversity policy in place and we were provided with a copy of this. The registered manager told us that people were treated equally, according to their preferences and needs. They were aware of the Accessible Information Standard and told us how they would implement its principles. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us that when a person is first admitted to the home they spend time with the person and their family and would provide information in different formats of language if required.

People or their relatives were involved in discussions about end of life care. People had end of life care plans in place which contained basic information about how they wished to be supported. This included whether they had a Do Not Attempt Resuscitation (DNAR) order in place and where they wished to be cared for at the end of their life. Although the care plans did not provide detailed information, such as details about pain management, food and fluid and personal care, staff told us they had received training in how to care for people at the end of their life and would consider these aspects of care. The registered manager told us how one person had been supported to remain at the home at the end of their life and confirmed that 'anticipatory' medicines (to ensure they remained comfortable) had been available and the person's family was supported to remain with the person throughout the night as was their wish.

Good

Is the service well-led?

Our findings

Significant changes had occurred at Nightingale Care Home since our last inspection. We saw during this inspection that this had resulted in improvements which had a positive impact on people and staff. For example, senior staff positions had been recruited to such as a deputy manager, a new operations director had oversight of the home, areas of the home had undergone refurbishment and quality monitoring systems and processes had been improved. The atmosphere was welcoming and positive, staff appeared confident in their roles and people told us they were happy living at the home.

During our last inspection we found that systems were not operated effectively to assess, monitor and improve the quality and safety of the service. These included processes for ensuring risks to people were reduced. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found there had been improvements in this area and the provider was no longer in breach of this regulation.

Effective systems to ensure the safety and quality of the service were in place. We saw that audits had been carried out by senior members of staff in areas such as medicines, health and safety, infection control and care plans. Records showed that audits had identified some improvements were required and recorded the action planned or taken to address these. This showed that different areas of service provision were monitored by the management team and that areas of improvement were identified and acted upon.

During our last inspection we found that the provider had failed to notify us of certain events as required by law. These included safeguarding incidents which had occurred at the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During this inspection, we found there had been improvements in this area and the provider was no longer in breach of this regulation.

The provider complied with the condition of their registration to have a registered manager in post to manage Nightingale Care Home. The manager was aware of their responsibility to notify us of certain significant events which occur in a service, such as serious injuries or allegations of abuse. We checked our records and found that we had been notified of such events as required.

People could be assured that the provider had effective oversight of the home. The registered manager informed us that representatives of the provider visited the home on a regular basis. Records showed that discussions were held between the area manager and the registered manager. These discussions included the action taken in relation to incidents and whether the service could continue to safely support a person whose needs were increasing. This meant that the provider supported the registered manager to undertake their responsibilities.

People were supported by staff who felt supported by the management team. Staff told us that communication between staff had improved. One staff member told us, "There are a lot more meetings. We make suggestions and feel listened to. We are always getting feedback on our performance." Another staff

member confirmed, "Support system has got a lot better. There is better communication. We have staff meetings now." We saw records of staff meetings which showed that discussions took place about how improvements could be made in relation to paperwork and training.

The service had an open and transparent culture. The staff we spoke with told us they felt comfortable to report any incidents or accidents which occurred. One staff member told us, "If I have any issues, I ask for supervision and concerns get passed on." The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with

People and their relatives told us that the manager was visible and accessible. One person's relative said, "There have been a lot of changes, but everything seems to be settling down now. It is very good to be honest. The manager is always 'on the shop floor.' If she's in her office, unless she's having a meeting, the door is always open. She is always around the home seeing what is going on and checking things." Staff also told us that they were able to speak with the registered manager, area manager or operations director if they needed to and that there was "always" someone they could contact when needed.

People and their relatives were provided with opportunities to comment on the running of the service. Opportunities were provided to leave written feedback in the form of comments, complaints or suggestions. We did view one comment and it had not been recorded what action had been taken in response. The registered manager told us of the action they were taking. People and their relatives were also offered regular opportunities to meet with the registered manager. Records showed that these meetings were not always well attended; however the registered manager told us that the tea breaks at 11am each day had proved a good opportunity to talk to people about any improvements they would like to see.

The registered manager told us they attended meetings with other home care managers employed by the provider. The operations director told us they had plans to develop information and skill sharing further and were in the process of arranging a meeting between deputy managers to share information, ideas and skills.