

Abi Oduyelu

Nightingale House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Nightingale House 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 care home accommodates 30 people over two floors in an older style adapted building. There is a passenger lift to provide access to people who have mobility issues and the garden is also accessible. 27 people were living in the service at the time of this inspection.

This inspection was unannounced and completed by one inspector on 7 and 8 March 2018.

At our last inspection in November 2016 we rated the service Requires Improvement. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Responsive and Well led to at least Good. At this inspection, we found that they had made the required improvements and the service was rated as Good.

Improvements had been made to people's care plans. There was a new care planning system in place and each person had a care plan. People's individual care needs were recorded and reviewed monthly to ensure they were safe and well. People had better opportunities for social activities and interaction. The registered manager's understanding of the standards and requirements they were inspected against had improved. An experienced deputy manager had been recruited who provided extra support to the registered manager. Records were more organised and the registered manager had sent us notifications as required to tell us about important events in the service.

Improvements had been made to premises and facilities. New furniture and carpets had been provided in some areas enhancing the safety and quality of the environment for people living there. New equipment was available in the laundry and the changes to the working surfaces in this room supported better infection management.

A registered manager was 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 about how the service is run.

People were supported in a safe way and staff knew how to recognise and report any risks to people's safety. Medicines were administered in accordance with the prescriber's instructions. Staff recruitment procedures protected people and there were enough staff to meet people's needs safely. Arrangements were in place for learning and making improvements when things go wrong.

Staff were provided with suitable training and support to enable them to meet people's needs effectively.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and associated guidance. People were satisfied with the food and drinks available which reflected their lifestyle preferences and nutritional needs. Access to healthcare professionals was well supported. The service worked with other organisations to ensure people received coordinated care and support.

Staff knew what people valued and how they liked to be supported in line with their assessed needs. People's dignity and privacy was respected and they were supported by friendly and caring staff. Visitors felt welcomed in the service. People told us that they received the care they needed.

People had opportunity to say how they felt about the service and the care it provided. Their views were listened to and actions were taken in response. The provider and registered manager had improving systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people living and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed and people received their medicines as they should. Arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Good ●

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing care and support.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet of their choice.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People's care and social needs were planned for and delivered. People at the end of their life could expect sensitive and dignified care to be provided in a way that met their wishes.

The provider had an effective complaints system that was made known to people and their families who felt able to raise concerns.

Is the service well-led?

Good ●

The service was well led.

The provider had improving arrangements in place to monitor, identify and manage the quality of the service.

Satisfaction surveys were distributed annually to people who used the service, their friends, relatives and staff to gather their views and influence service provision.

Nightingale House

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.

One inspector completed this unannounced comprehensive inspection on 7 and 8 March 2018.

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 improvements they plan to make. We looked at information that we had received about the service. This included any notifications received from the provider. Statutory notifications include information about important events that the provider is required to send us by law.

During the inspection process, we spoke with ten people who received a service and four visitors. We 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. We also spoke with the manager, the provider, five staff working in the service and three visiting healthcare professionals.

We looked at four people's care records and five people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People continued to receive a safe service. One person told us, "I do feel safe here. It is having staff around who always check how I am." Another person said, "I do feel safe enough because they are here for me." Relatives also told us they felt people received a safe service.

Systems were in place to safeguard people from abuse. Information was displayed in the service to tell people how to report any concerns or worries they may have. Current information was available to support the registered manager and staff to comply with local safeguarding guidance. Staff had attended training in safeguarding people. The registered manager and staff were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. The registered manager told us that there had been no safeguarding incidents in the service since our last inspection. This meant we were unable to judge the effectiveness of the system. We did not identify any safeguarding concerns during this inspection.

People's personal risks were assessed, for example in relation to falls or choking and kept under review to ensure they remained current. Risks assessments were also completed, such as for fire safety and actions had been taken to ensure people were safe within the service. Personal Emergency Evacuation Plans (PEEPs) were available. This provided staff and emergency services with information on people's support needs in the event of an emergency evacuation of the building. The service's maintenance and servicing records showed that equipment such as fire safety equipment, portable electrical appliances, the gas installation and the hoist were regularly checked to make sure people were kept safe. Records showed that recruitment procedures minimised risks to people as far as possible and evidence to support this was available.

People told us that sufficient staff were available to meet their needs. Staff reported that staffing levels were suitable and enabled them to meet people's needs safely. Our observations concurred with this. The registered manager completed an assessment of people's dependency and used a formal tool to determine the required staffing levels to meet people's needs. The registered manager also monitored staffing levels during the time they spent supporting staff to care for people. One person said, "Staff do answer the call bell and you don't wait long." A relative said, "This is not one to one care, you cannot expect that. There are enough staff about, they answer the bell first ring and there is always one in the lounge, it keeps people safe."

People told us that they received their prescribed medicines when they should. Systems were in place to ensure the safe ordering, receipt, administration, recording and return of medicines. We saw that people's medicines were administered in a respectful way. Medication administration records were consistently completed and tallied with the medicines available. A system had been introduced to formally record the site of skin patches as good practice, a noted improvement from our last inspection. This was to ensure that the application site is rotated to prevent the person's skin reacting to or becoming sore from the patch being constantly placed on one area. Regular audits and assessments of staff competence to administer medicines safely were completed to support safe medicines management.

We noted some improvements to the management of infection risk since our last inspection. The new furniture in the communal areas meant that surfaces were easier to keep clean. A new washer and drier had been obtained to support effective laundering of people's clothes and linen. The chef had a system in place to ensure date labelling of food once opened so it could be used or disposed of within safe timeframes. Staff practice supported safe management of infection.

The service had not reported any safety incidents to the Commission since the last inspection. The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Our findings

People continued to receive an effective service. People or their relatives told us assessment of people's individual needs took place before they came to live at the service, which they took part in. This informed the registered manager of people's needs and wishes so the registered manager could arrange to meet all aspects of people's diverse requirements.

Staff had received training in a range of areas since our last inspection. A health professional told us that staff had completed training topics with them recently and that the staff and the registered manager were very engaged with this training programme. The healthcare professional said, "We have noticed a big difference in staff knowledge since the programme began." The provider also retained the services of a consultant to provide staff with basic training such as safe moving and handling. A staff training matrix had recently been developed. This showed that while staff had received training, timely updates had not always been provided. While gaps were identified in areas of staff training and formal induction, the registered manager and provider confirmed that actions were in place to address this immediately. An additional external trainer had been approached to provide formal induction, first aid and more in-depth dementia care training to staff.

Records showed that some formal staff supervision and appraisals had been completed albeit not always in line with the provider's timeframes. The provider confirmed that they would check the staff training matrix and a supervision matrix monthly to ensure timely training and support are provided for staff. The deputy manager had introduced recorded observational supervision of staff practice to support staff and develop staff competence in supporting people's needs.

People told us they enjoyed the food and drinks served. One person said, "The food is fine. There is a choice and you could have an alternative if you do not like those. You can have tea or coffee. There is plenty of everything." People's dietary and lifestyle requirements were assessed and respected so that people received the food they needed and preferred. Staff, including the chef, were aware of people's requirements. One person told us, "I don't eat meat so they don't give it to me." We saw this in practice and that cultural preferences were respected. Blended food was presented in a way that retained individual colour and taste to tempt appetites and support enjoyment. The chef showed us that the majority of foods in stock were fresh produce and that most of the food served was 'home made'. People's nutritional needs were identified and referrals to a healthcare professional made where people were considered to be at nutritional risk.

The service monitored people's healthcare needs. People had access to routine healthcare services including GPs, district nurses and chiropody services in order to maintain good health. One healthcare professional said, "[Registered manager's name] is very caring indeed. [They] always demand the best for the people here, and keep demanding until we give it." Another healthcare professional told us the service monitored people's health well and said, "We have good relationships here and nothing gets missed. They work hard to ensure people get the care they need and prevent unnecessary admissions to hospital that could impact on their quality of life." The registered manager worked collaboratively with other professionals including where a person had moved from another service. A third healthcare professional

with a specialism in dementia care said, "[Registered manager] was always top of our list and always worked well with services. This is a home we would say is a good home."

People lived in an older style premises that was slowly being updated by the provider. The registered manager confirmed that improvements were still needed to maximise the suitability of the premises for the benefit of people living with dementia. Some areas needed additional attention, for example, the surfaces of some bedroom furniture were damaged. The provider told us this furniture would be replaced in the next financial year as part of their ongoing improvement and replacement programme. One relative said, "We have no problems with the environment and it was the best of the bunch."

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. 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.

People told us that staff asked for their consent before, for example, providing personal care. One person said, "They always ask me beforehand if they can do this or that for me." Staff had received relevant training and were able to demonstrate that they had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. This included, for example, where a person needed to have their medication disguised in food to support the person's healthcare conditions. Where people were deprived of their liberty, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. Where these had been authorised the registered manager had notified the Care Quality Commission as required.

Is the service caring?

Our findings

People continued to receive a caring service. People and their visiting relatives told us that staff were kind and caring towards the people who used the service. One person said, "Staff are lovely and always take time to ask how I am. [Registered manager's name] has a heart of gold and is very caring. I am very lucky."

People were relaxed in the company of staff and their body language indicated to us that they were happy with the staff that provided their care. We saw that staff spent time engaging people and talking with them in a friendly and companionable way. One relative said about the staff, "The staff here are very good and very friendly." Another relative said, "I have never heard staff here be anything other than kind to people. [Person] asks to come back here and is quite content. Staff are very helpful and very caring."

People and relatives confirmed that they were involved in decisions regarding people's care and treatment. People's care records contained information about their life history. This helped staff to understand the person as an individual and to be aware of any particular needs regarding relationships or their cultural or religious customs. Staff knew people well and the things that mattered to them such as their particular preference for fresh fruit in their room, activities and seeing members of their family.

People were offered choices and these were respected which added towards people having some independence and control in their lives to the best of their ability. We saw, for example, that staff showed people two different plated meals at lunchtime and people selected the one they wanted by pointing to it. One person told us how staff ensured that the person was given time to complete the parts of their own personal care that they could manage. Another person told us they became anxious if their bedroom door was closed during the day and that staff always respected this and made sure it was left open.

Staff treated people with dignity and respect. We noted that staff addressed people by their preferred names rather than by generic endearments. This was a noted improvement from the last inspection. People told us that staff were respectful and considerate about closing doors during personal care and about knocking on doors before entering rooms.

People's privacy was respected. People and relatives told us that they could spend time together privately if they wished. Visitors were encouraged as were people's relationships with relatives and friends. A relative said, "I have always felt welcome here anytime." People and or their relatives also told us they felt welcomed to visit Nightingale House to help inform their decision-making and choice about living there.

Is the service responsive?

Our findings

At our inspection of November 2016, we found that improvements were needed to people's care records. Care was not always planned for in a timely way and records did not fully reflect people's care needs. At this inspection, we found that improvements had been made and each person now had a plan of care in place. This meant that staff had information on how to support each person and provide the care the person needed.

Care plan folders had also been reorganised and indexed to enable staff to find relevant information more easily. Care plans and risk assessments had been updated and regularly reviewed to ensure they reflected people's current care needs. The records provided enough information to guide staff in meeting individual needs and wishes and ensure people received responsive, consistent care. There was a record of the support care staff had provided to people in relation to their daily care. Work had begun to further improve the care plans to provide more detail and ensure they were fully person centred. The provider confirmed to us in writing that additional staffing hours and support were now in place to enable staff to work through each care plan with timescales for completion. The recently appointed deputy manager was leading this and supporting staff in improving the care records.

People and their relatives told us people were well cared for and that the service responded to their needs and wishes. One person said, "I don't really remember about my care plan. They are all so good. If I need anything they do help me." A relative said, "They do care and listen to and get what [person] needs. If [person] is in pain they tell staff who will give [person] pain relief."

Staff knew people and their needs and responded to these. The care plan of one person cared for in bed advised that the person liked have a particular type of music playing in their room. We visited the person in their room and found the music playing. The person confirmed that this is what they wanted and enjoyed. Another person cared for in bed was at risk of choking when having drinks and a thickening powder was prescribed to limit the risk. Staff we spoke with were aware of this. We saw staff follow the instruction of the care plan regarding the use of the thickener and of the person's positioning to enable them to eat and drink well.

People's choices for where and how they wished to be cared for at the end of their life were now included in their care records. These choices had been captured and other professionals made aware of them so that people's preferences were met. 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' orders were in place where requested or appropriate. Training on end of life care had been completed by some staff and further sessions were planned to support this.

At our last inspection, the registered manager told us they were working on completing an "All about me" form designed to support people living with dementia or communication difficulties. We saw that these had been completed. The form told staff about the person's lifestyle, things and people important to them and about their interests to help staff see the person as an individual and have topics to stimulate conversations. Life story books were also in place. The registered manager told us that these had been used these to

develop improved social opportunities for people living in the service.

A planned programme of activities was available and some people were able to tell us about this. As well as external entertainers, members of the care staff were designated responsibility to oversee social activities and interaction during the day shifts. One person said, "There is a list up to tell you what is going on." We also saw staff sit and chat with people or work with them individually or in small groups with activities such as crafts, puzzles and books.

The provider had a procedure that outlined how complaints about the service would be managed and responded to. Our last inspection noted that the provider's previous quality survey identified that people needed better access to the complaints procedure. At this inspection, we saw that Information about how to complain was displayed in communal areas within the service. This ensured people who lived there and visitors had information about who to speak with and how to raise concerns. One person told us, "Complaints information is available; we have seen it but have not needed to use it." People told us they had no complaints but would feel able to say so if they did. One person told us, "I have no complaints but I could tell them if I did; no problem." We found complaints had been managed appropriately and clearly recorded.

Is the service well-led?

Our findings

At our last inspection in November 2016, we found that the registered manager needed to improve their knowledge of the responsibilities of their role, particularly in relation to record keeping. At this inspection, we found suitable improvements in care records to support staff to provide people with safe, quality care. The registered manager was now aware of the five domains and the key lines of enquiry that the Commission inspect against. Where we found one incident that was not reported to us, this was attended to immediately. We had received other notifications from the registered manager since the last inspection. This included where DoLS applications were authorised.

A registered manager was 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 about how the service is run. Staff told us they felt well supported by the registered manager and were aware and committed to the home's aims and values. Relatives knew the registered manager and the provider by name and told us they were approachable and regularly available in the service. One person said, "The home is run reasonably well and they seem to cope well."

The provider had more recently appointed an experienced deputy manager in the service. The registered manager told us this had been most supportive and that the deputy manager was very knowledgeable. The deputy manager had led the improvements to the care planning records and the introduction of other changes such as the observational supervision of staff practice. Work was ongoing within the management team to review responsibilities, accountability and communication to ensure continuous improvements.

Systems were in place to regularly check medicines and care plans. Falls and accidents were recorded and analysed to see if trends could be found so that steps could be put in place to improve people's safety. The provider reassured us that they will ensure other checks, such as infection control and review of staff training and supervision will be more attentively monitored. The provider confirmed us their plans in place to ensure additional staffing hours to enable the continued improvement work to care records and to strengthen the governance systems already in place.

We saw that the registered manager had brought forward the next staff meeting in response to lessons identified from a complaint received. This related to staff using their mobile phones while working and not speaking in English. The registered manager told us that staff would be formally reminded that this practice was unacceptable, that staff time must be devoted to people using the service and that formal staff disciplinary procedures would be invoked should the practice be repeated.

People were involved and given opportunity to express their views about the service. Occasional meetings for people using the service took place. The summary of the annual customer survey of November 2017 showed overall positive responses in most areas. This survey had included people using the service, relatives, healthcare professional and for the first time, staff. Outcomes overall were positive and action plans were in place to deal with any issues, such as improvement to the quality of the furniture.

