Black Swan International Limited

Nightingale Lodge

Inspection report

8 Austin Street
Hunstanton
Norfolk
PE36 6AL

Tel: 01485533590
Website: www.blackswan.co.uk/nightingale_lodge.htm

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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

This inspection took place on 12 October 2016 and was unannounced. Nightingale Lodge is a care home providing personal care for up to 29 people, some whom live with dementia. On the day of our visit 19 people were living at the service.

The home has had the current registered manager in post for 18 years. 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 were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and action was taken to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been obtained before new staff members started work.

Medicines were securely stored. Medicines were safely administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity, best interest decisions had been made.

People enjoyed their meals and were able to choose what they ate and drank. Staff members contacted health professionals to make sure people received advice and treatment quickly.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and support was always available. Care plans contained enough information to support individual people with their needs. They did not always provide staff with enough guidance about behaviour that may challenge or upset others. Visitors said that their relatives were happy at the home and that they were able to be as independent as possible.

A complaints procedure was available and people were happy that they did not need to make a complaint.

The registered manager was supportive and approachable, and people or other staff members could speak with her at any time.

The provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

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.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work.

Medicines were safely administered to people when they needed them.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

The registered manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards (DoLS) and completed DoLS applications as required. Mental capacity assessments and best interests decisions were completed for most decisions that people could not make for themselves.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to maintain people's hydration.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about how to care for all aspects of people's needs.

People were given information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been taken that addressed any issues raised from the completion of the audits.

Nightingale Lodge

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 12 October 2016 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. 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 reviewed this and other information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with eight people using the service and with three visitors. We also spoke with the registered manager, deputy manager, operations manager and nine staff members during our visit.

We spent time observing the interaction between staff and people living at the home. 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 looked at the care records for six people, and we also looked at the medicine management process and records maintained by the home about staff training and monitoring the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home and spoke of never having felt at risk and being able to speak with someone if they needed to. One person said, "Oh yes, very safe." One visitor we spoke with also felt their relative was safe in the home.

The provider had taken appropriate steps to make sure the risk of people experiencing abuse was reduced. Staff members demonstrated an understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

People received care in a way that had been assessed for them to do so as safely as possible.
Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks due to being assisted with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance. Staff confirmed that they checked bed rails each month to make sure they were fitted correctly and a visual check was completed every time they were used.

People were protected from any harm or injury due to unsafe equipment. Equipment used was inspected and serviced to ensure this was in good working order. Staff confirmed that the required safety checks and tests were carried out on equipment used as required and we saw records to support that these had been completed. We also found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services in the event of an emergency, such as a fire. Staff members explained the actions they would take in the event of a fire and we concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

People told us that they thought there were enough staff to help them when they needed help. They told us that they did not have to wait. We spoke with a visitor who also said that they thought there were enough staff and that their relative did not have to wait for help when they needed this.

Staff members said that they thought there were enough staff available to meet the needs of the people living at the home. They told us that new staff were being recruited in anticipation of a new extension. Both staff members and two visitors told us that there was a very stable staff group at the home, and many staff members had worked there for a number of years. We observed that people received a prompt response when using their call bell to request assistance and that staff members were available in communal areas at all times.

The registered manager told us that there were dedicated catering and housekeeping staff, so that care staff were able to concentrate fully on their role. The registered manager completed a dependency tool, which helped them to determine staffing requirements. Staff rotas showed that staffing levels were usually at the level required on each shift. We noticed that where staffing levels dropped, this was usually in the evening. The registered manager told us that when staffing levels were lower, either they or the deputy manager would work to make sure people's needs were met. We concluded that there were enough staff scheduled to be on duty and that the registered manager took action in the event of any drop in the planned staffing numbers.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked three staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included acquiring Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People were provided with the support they needed to take their medicines as required. People told us that they received their medicines when they were due and that these were never missed. Staff members confirmed that they had received medicines training before they were able to administer medicines to people. We observed that medicines were given to people in a safe way and that they were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them.

Where people were prescribed their medicines on an 'as required' (PRN) basis, we found some guidance for staff on the circumstances these medicines were to be used. One person's records described their behaviour, while another person's records gave a description in general terms only. This did not describe in enough detail, the point at which staff should give the medicine, or not give the medicine. However, staff members were able to describe in detail when these medicines should be given and the reason for giving them. We spoke with the registered manager about the lack of guidance in this person's records. They told us that the care record would be updated and assured us that staff members who gave these medicines were all experienced and knew people well.

Good

Is the service effective?

Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. People told us that they thought staff members knew what they were doing and how to care for people properly. One person told us, "They (staff) care for us very well."

Staff members told us that they received the training they needed to be able to carry out their role. They confirmed that they received annual training in such areas as fire safety and that they were able to request additional training if they felt they needed this. They also said that they had the opportunity to complete national qualifications and one staff member told us they were completing a diploma in social care. Information provided before our inspection told us that new staff were provided with a comprehensive induction programme that included many aspects of their core training. The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. They told us that they were well supported to carry out their roles. We saw that meetings were arranged well in advance to make sure staff were aware and were able to attend individual and group meetings.

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. We found that the registered manager completed mental capacity assessments where staff had concerns that people may not be able to make their own decisions. These were only for decisions where staff had concerns and they recognised that people should be supported to continue making their own decisions for as long as possible. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes. We saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision.

People told us that staff members always let them know what was happening before it happened. We saw that staff members told all people what they were going to do before carrying out any tasks. They asked people specifically if they were happy for the staff member to continue when the staff member intended to carry out any personal care or physically assist the person. This gave people the opportunity to agree to or to decline the help, or to ask for it to be given in a different way.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for some people living at the home. Staff provided explanations about their roles in this area and they were clear that people who were not subject to a DoLS were able to leave the home if they wished to do so. They knew who was not able to leave the home without a staff member with them and the action they needed to take if this happened.

People told us that the meals were nice and that they had plenty to eat. One person commented, "The food is always nice" and joked that they found it difficult to lose weight because of this. Three other people told us that they could ask for alternative meals if they wanted, and one person said that they regularly requested something that was not on the menu and this was always provided to them.

We saw that the midday meal was a social time, and people sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged people to eat well. Staff members asked people quietly if they needed or wanted help with their meal and supported them to eat as independently as possible; adapted crockery and cutlery was available for people if they wished to use this. People were offered a choice of drinks during their meal and were given the meal they had already chosen.

People were weighed regularly to monitor them for any unplanned change in their weight. Records enabled staff to take any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as a soft or pureed, were provided with this and where necessary they had fortified meals with extra calories added. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from a variety of professionals, including their GP, district nurses and speech and language therapists.

Good

Is the service caring?

Our findings

People told us that they were happy living at Nightingale Lodge. They all said that staff were kind and caring, one person told us, "They are all lovely people, they look after us very well." Another person said, "They do everything to help me, the staff are very good." Visitors also told us that staff were gentle and caring in their approach to people. One visitor commented that staff cared for their relative well and that the person was very happy living at the home.

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They knew people well, spoke to them with affection and respect. The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way. We spent just under an hour with staff members and observed one person was anxious and asked the same question repeatedly. The staff reassured the person that they were no trouble, their demeanour did not change throughout the interaction and this calmed the person.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw during lunch that staff asked people where they wanted to sit, even though they normally sat in the same places each day. We observed another staff member talking with two people who were watching television in a quiet area of the home. The staff member discussed the programme on the television and retrieved the remote control for one person to use to adjust the volume to their liking, rather than do it for them. The person was then able to change channel when they wished and this generated discussion between the two people about different programmes and the answers to questions on a quiz programme.

People told us that staff listened to what they said and made changes if needed. We were talking with a group of staff when one person joined the group and asked what was going on. Staff told the person why we visiting the home and talking with them. The person was asked if they wanted to go to a different area or stay with the group and they firmly told the staff members, "No, I'll stay here and listen, thank you." This provided the person with the opportunity to give their own responses to questions we asked staff. When the person's response to one question was not what staff expected them to say, staff acknowledged this and asked the person if they wanted to change their usual routine. This was an example of where people's views were listened to and acted upon. We saw that people were able to make choices about where to spend their time during the day, where to eat their meals and when they wanted help with personal care.

A visitor to the home told us how they had approached the registered manager after they had noticed changes to their relative's room during recent building works. The person spent much of their time in the room, which had darkened due to an extension being built that had restricted the flow of light into their relative's room. The visitor felt this had a negative effect on their relative. As a result the person was offered

another room with more natural light and a view of the surrounding countryside, which was accepted. We spoke with the registered manager about the low light level in the room and they told us they had requested for additional lighting to be fitted into the room.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging their independence. There was information in relation to each person's life history, their likes and dislikes and any particular preferences.

People told us that staff respected their privacy and dignity. They gave examples that staff members always knocked on doors before entering their rooms, always called them by their chosen name and never put them in a position where their dignity was at risk. Information provided before this visit showed that three staff members had become dignity champions and guidance for all staff was available through the National Dignity Council. We saw that staff members respected people's right to privacy and treated them with dignity. Staff were quiet when they asked people about their personal care needs in communal areas. They used appropriate terminology and spoke with people using their given name, which we saw gave people the ability to make informed decisions when they were uncertain.

Staff members maintained people's confidentiality by not discussing personal information in public areas. People's care records and personal information was stored securely in a lockable room.

Good

Is the service responsive?

Our findings

People's care plans contained information and guidance for staff members about how to meet people's care needs, but some plans needed more detail. One person told us that they were familiar with their care plan and thought that it was a good description of their care needs. Two other people told us that they knew records were kept but they did not wish to see them. They both said this was because they were happy with the care they received.

Staff members told us that people's care plans were a source of information if they were unsure about how to care for a person and the person was unable to tell them. They provided an accurate record of the care that was given.

There was clear information in plans written about how to help people with personal care, mobility and eating and drinking. However, there was insufficient detail about how staff should respond to one person who at times communicated through behaviour that others may find challenging. Staff members were able to describe the person's behaviour in detail, how they responded to this and actions they took to reduce the person's distress. We saw this happen in practice when staff interacted with one person who was distressed. They remained calm, repeated reassurances to the person and stayed with them until the person was more settled. The staff members were then able to suggest alternative activities that the person was able to accept and take part in. We spoke with the registered manager who said they would update the person's care plan with these details.

People told us that staff helped them when they needed assistance and did this in the way that people wanted. One person said, "They're (staff) always around for me, they know how I like things." We saw that staff responded to people's needs quickly and met these in a timely way.

People's care needs were assessed before they went to live at the home. This was to make sure staff were able to provide them with the care and support they needed.

Staff kept people's care plans under regular review and one person told us that they were involved in their review meetings, during which they were asked if they wanted or needed any tasks carried out by staff to change. People's wishes and preferences, such as food likes and dislikes, hobbies and interests that people had were described in their care records.

People told us that they were able to take part in activities of their choosing if they wished and that staff members knew them and their preferences well. One person told us that they chose not to participate in group activities and preferred to watch television in their room. They said that staff respected their wishes but also visited them often to make sure that they were not isolated.

We saw that there were arranged events and entertainers throughout the week and people who took part in these told us they enjoyed them. We observed a musical singing act on the morning of our visit, which most people attended and saw that people joined in with songs from different eras. At other times of the day staff

members were available to support people in taking part in activities, such as a walk outside, games or conversations. Early in the evening in the main lounge, staff members entertained people with singing and dancing. We heard raucous laughter coming from people there, who were joining in with the musical entertainment. The registered manager told us that staff provided impromptu games or singing most evenings during a period of time when people were still up but without formal entertainment apart from television.

People told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager or deputy manager and they were confident that their concerns would be resolved. Visitors also told us that they would raise any concerns with the registered manager. One visitor told us that a recent concern had been acted upon quickly and resolved to their relative's satisfaction.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. There were appropriate details about other organisations to contact if a complaint had not been resolved.

The registered manager told us that complaints were immediately dealt with and we saw that only one informal complaint had been made in the previous 12 months. Records showed that this had been acknowledged and responded to and appropriate action had been taken.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home, that staff members looked after them well and that the home was a nice place to live. One person said, "It's a really nice place." A visitor told us that their relative was very pleased with their decision to live at the home. The visitor agreed with this and said that knowing the person was living in a home where they were happy had taken a lot of worry away from them.

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that several staff members carried out more than one role, which helped them to know how people liked to be cared for and how to assist the person.

Staff members told us that the registered manager and deputy manager were both very approachable and that they could rely on them for support and advice. They said that both managers were easily contactable outside of normal hours but that both managers also worked morning and evening shifts and at weekends, so all staff members knew them.

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They were able to raise concerns and that the provider organisation took action to resolve issues. For example, staff said that they had been concerned that there were no call bells or alert points in the kitchen as people occasionally went in there. Action had been taken and a call bell point had been installed.

People told us that they knew who the registered manager was and that they regularly saw them in all areas of the home. They knew the registered manager by name and told us they were always approachable. One person told us, "[Registered manager] is always available and will do anything for us." People also told us that they could share their views of the home at meetings or in questionnaires.

The registered manager has been in post for 18 years. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general.

People told us that they could share their views of the home at meetings or by completing questionnaires. We saw that results of the most recent questionnaires had been put onto a noticeboard in the home. These showed that people were happy with the home, how it was run and how they were cared for. The registered manager told us that they asked people to complete questionnaires every six months and the provider organisation sent survey's to people's relatives every year to find out their thoughts of the service. We looked at a combination of questionnaire results and meeting minutes and saw that action had been taken when issues had been raised and when the results had been discussed in meetings, people confirmed they were happy with the changes made.

The registered manager completed monthly audits of the home's systems to identify any areas that were not working so well. They told us that these audits fed into audits completed by the regional manager, which in turn fed into the provider organisation's auditing system. We found that most audits identified few issues and contained information to show the actions that had been taken to address them.

We looked at accident, incident and complaint records for trends or themes from these. We found that few people fell while living at the home, although where people had fallen, appropriate action was taken to reduce this risk. Similarly, there had only been one complaint or concern made and this had been appropriately responded to. The registered manager told us that because there were low numbers of records, they completed a visual analysis only, which had not shown any trends or themes. We concluded that the registered manager took appropriate action to monitor records so that if similar issues arose changes could be made to reduce these happening in the same way again.