Nightingales of Kidderminster Limited

Nightingales Residential Home

Inspection report

Wolverley Court, Wolverley Road
Kidderminster
Worcestershire
DY10 3RP

Tel: 01562850201

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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 4 January 2016 and was unannounced. The provider is registered to provide accommodation and personal care to 23 people at Nightingale Residential Home. On the day of our inspection 15 people lived at the home.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

People told us they were happy with the services provided. They felt staff understood their needs and they felt safe. People were assured that there were sufficient numbers of staff that had acquired the skills they needed through training and experience to meet their needs. Recruitment procedures were robust and protected people from the poor practice of unsuitable staff compromising their safety.

Medicines were securely stored and medicines were competently administered to people by staff in a timely way. Community healthcare professionals were appropriately consulted, and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People said they enjoyed their food and had plenty to eat and drink. They enjoyed a varied and balanced diet to meet their nutritional needs. Meal portions suited people's appetites and choices of food suited people's individual preferences and tastes. People who needed support with eating or drinking received the help they required.

People were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered. Staff understood their caring roles and responsibilities and were motivated to do a good job. Their manner was friendly and they encouraged people to retain as much independence as their abilities allowed. There were spontaneous as well as regularly organised social events to stimulate people's interests.

We saw people were treated with dignity and respect. People told us that staff looked after them well and were kind. It was evident to us from what we saw that staff knew what mattered to people, were polite.

People knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People's quality of care was effectively monitored by the audits regularly conducted by the management team and the provider which showed they were continually looking at how they could provide better care for people.

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 understood how to keep people safe and knew how to alert the relevant people if people were at risk of abuse.

People's safety was promoted by the provider ensuring there were sufficient staff with the right skills and of good character to meet and respond to people's needs.

People received their medicine when they needed it to promote good health.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received the relevant training and support to enable to provide good quality care.

People's consent was gained by staff who knew how to protect people's rights to make their own decisions where they are able to.

People received support to eat and drink enough and were supported to see health care professionals when they needed to.

Staff worked well with other health and social care professionals to meet the needs of people they supported.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were involved in making choices and identifying their wishes and preferences.

Staff valued people's identities and knew what mattered to them.

Is the service responsive?

Good

The service was responsive.

People had their individual needs regularly reviewed so that these were consistently met.

Staff were knowledgeable about people's individual support needs and their interest in order to provide a personalised service.

People knew how to make a complaint. People were listened to by the registered manager who acted on their views and opinions.

Is the service well-led?

Good

The service was well led.

People spoke positively about the way the management team led the services which were provided.

Staff enjoyed their work and understood their roles and responsibilities.

Checks on the quality of the service were regularly carried out and had led to improvements.

Nightingales Residential 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 4 January and was unannounced. The inspection team comprised of one inspector.

Before our inspection, we looked at the information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the social care commissioners who monitor the care of people who lived at the home who have information about the quality of the service.

During our inspection we took into account people's experience of receiving care by listening to what they had to say. We met all the people who lived at the home and spoke with nine people in more depth with two of these people choosing to meet with us in their own personal rooms. We also undertook general observations in the communal areas of the home, including communications between people who lived at the home and staff.

We spoke with the provider, registered manager, management support staff member, three care staff and the head cook. We looked at three records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

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Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the home. One person told us, "If I need anything there are always staff around to help" and "It is very secure here, to me this is a great relief as I know I am safe." Another person said, "I feel very safe here, if I had any worries I would just talk to the manager or my family." We saw people looked relaxed and comfortable around the staff who supported them during the day of our inspection.

Staff spoken with told us they had received training to keep people safe and knew how to report any concerns if they witnessed abuse to their manager who would report this to the local authority. Staff told us they had not needed to report any incidents of potential abuse but would not hesitate to report if they thought people were at risk of harm. We saw the procedures for responding and reporting concerns about people's safety were available to staff. The registered manager knew what actions to take in the event of any concerns of potential abuse that were brought to their attention.

People who lived at the home and staff provided examples of how avoidable risks to people's wellbeing were reduced. One person told us they had all the assistance they required from staff which helped them feel safer. They said, "I have all the help from staff and as you can see all the equipment I need. The community nurses also visit to help with my legs and guide the staff here." We saw this person had a walking frame, a specialist chair and a wheelchair which they told us helped them to continue with their daily lives but with safety precautions in place. A staff member we spoke with was able to describe this person's needs and how they supported them to be as safe as possible which matched the care records we looked at. They told us, "We do not take away people's independence but we try to help them keep as safe as possible with any equipment they may need."

Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the registered manager. This included the reporting of accidents and incidents. The manager and staff took appropriate action in response to accidents and incidents to make sure people received safe treatment and staff were trained in emergency first aid. We saw accidents and incidents were regularly reviewed to observe for any incident trends and precautionary measures were put in place to reduce the risks. For example, when a person experienced a fall they had been referred to a specialist nurse for advice and guidance with this person's physical needs to try to reduce risks of falling.

People told us there were enough staff to keep people safe and meet their needs. One person said, "If you need staff they are there when you need them and they always have time for a chat." Another person told us, "They are all lovely and there seems to be enough of them." There were sufficient staff on duty on the day of our inspection to support people's needs. For example, at lunch time and immediately after lunch, we saw staff supported people with their meals and responded to their personal care needs. The management team had assessed and kept staffing levels reviewed against the dependency needs of people who lived at the home. The provider told us that if there was an increase in the amount of support a person needed they would alter staffing to meet needs of the person. We asked the management team how shifts were covered when staff were absent. They told us that shifts would be covered by themselves and permanent staff which

was confirmed by the staff rotas. The registered manager gave assurances that staffing levels would be reviewed following our inspection as we did receive some mixed views from staff about the consistency of maintaining the provider's minimum staffing levels on all shifts.

Staff we spoke with confirmed employment checks were carried out on their suitability to work at the home before they commenced their employment. Records showed that Disclosure and Barring checks (DBS) were completed before staff started work so people were protected by the provider's recruitment arrangements. This check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw the provider had obtained employment and personal references to confirm the staff's suitability to work at the service.

People we spoke with told us they always received their medicines and were happy for staff to support them with these. One person told us, "They (staff) always make sure I have my tablets which is important to me." People were supported to take their medicines when they needed these by staff who were trained to do this. Some people had their medicines 'as needed which detailed when people might need them, such as when in pain. We spoke with a staff member who administered medicines and they knew how to manage and administer people's medicines to make sure people received their medicines at the right time and in the right way. We saw they administered some people's medicines at lunchtime and they signed the medicine records after they had observed each person take their medicines. Medicine records were up to date and we saw medicines were stored securely.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the abilities and skills to provide the care and support they required to meet their individual needs. One person told us, "There is no question at all they (staff) do know how to help me." Another person said, "The staff here are all helpful and they certainly do know what they are doing. I am really happy about the support I get from them."

Staff had received training which was relevant to their roles and this was kept updated. Staff told us they had received training that helped them to meet the specific needs of people they provided care and support to. One staff member told us, "I think the training is really good, it helps us to do a good job." Another staff member described to us how they had received training in Parkinson's Disease which helped them to understand this health condition and how to support people with their physical needs. We saw examples of how staff put this training into practice when they were supporting people. For example, staff made sure people had the equipment they needed to assist them and showed an awareness where people's physical needs might fluctuate during the day which meant they may need more assistance.

We spoke with one staff member about the induction procedures and how these supported staff when they started to work at the home. They told us it helped them to get to know people who they supported they worked with other staff as part of the induction programme to help staff to become confident when providing care. All staff spoken with felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings with the management team which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance.

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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

People told us staff always checked that they were happy to be helped. One person said, "They (staff) always ask me before they help me with anything I need." Staff we spoke with told us they were aware of a person's right to accept or decline care. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured people consented to their care. One staff member said, "I always ask for consent first and would never assume a person's wishes." The registered manager had an understanding of the MCA and DoLS was aware of her responsibility to ensure decisions were made within this legislation. For example they knew where people did not have the capacity to make a decision about any aspects of their care any decisions needed to be made in a person's best interests that complied with

the law. The registered manager had not made any applications for DoLS to the local authority for approval to restrict the liberty of people who lived at the home.

People we spoke with told us they thought the meals provided in the home were of good quality and served in sufficient quantities. The cook told us all food was cooked fresh and used local produce where they could. One person said that the lunch time meal was, "Very nice." Another person told us, "The food's very good, the pudding particularly so, I do like these." We saw that people were able to choose from a menu of two main food options every day and people confirmed they could have alternatives if they did not like what was on the menu. During our inspection we saw staff put their knowledge gained through training into practice as they supported people to eat and drink sufficient amounts. At lunch time we saw staff spent time with people who needed help with eating and drinking. We saw staff gave levels of support that were appropriate to each person. For example, some people were given more direct help. Another example, was when a person started coughing when trying to digest their food. Staff noticed this and discreetly asked this person if they were okay and made sure they had plenty to drink. This person was then able to continue to eat their meal and thanked staff for their help.

We saw people had access to drinks and snacks throughout the day. People's needs had been considered as to whether they were at risk of not eating or drinking sufficiently. Staff told us and the records confirmed that when needed staff had sought the advice of the doctor. Staff and the chef were also aware people's food requirements. For example, they were aware of how many people had diabetes and how people liked their food to be presented. This information was also recorded in people's care plans which were kept under review. The chef confirmed people were asked for their views about their meals at the meeting which was held with people and they would use this information to make any improvements as needed.

We looked at how people's health needs were met. Records showed us when appointments had been made and what advice had been given by medical professionals. People who lived at the home told us about times when they had asked to see a doctor and how staff had made arrangements. One person who lived at the home confirmed to us, "They [staff] get the doctor when I need one, I have no worries in regards to this." Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. People told us if they needed an optician or a chiropodist this was arranged for them. Staff told us that people's health needs and the care they received had been reviewed regularly. This was confirmed by people we spoke with and the records we looked at. For example, one person had regular visits from the community nurses to effectively support their health needs.

Good

Is the service caring?

Our findings

People told us that staff were caring and they were happy living at the home. One person told us, "I think they're (staff) very kind." Another person said, "I like them (staff) all, they are very good to me." The atmosphere throughout the day of the inspection was warm and friendly. People who lived at the home told us their family and friends were made welcome at any time. We saw this was the case. People received their care and support from a staff team who treated everyone with respect and kindness. We saw staff worked at the pace of the individual person they were supporting.

Staff knew people well and understood their likes and dislikes. For example, two people had become good friends and liked to sit and chat together in the lounge. Another person had a particularly book which they were looking at and staff took time to reassure them the book would not go missing while they went to have their lunch. We saw this person's body and facial expressions showed they were relaxed and content. A further person was enjoying a conversation they had with staff about everyday life and we heard lots of laughter.

We saw staff supported people in a patient and supportive manner which took account of people's individual choices. At lunchtime most people chose to have their meals in the communal dining area where staff encouraged people to eat as independently as possible, while recognising when to offer support and assistance to people when it was needed. Some people had chosen to eat their meals in their rooms. We saw each person was enabled to make this choice and that staff also assisted people in their rooms when they needed any support. People we spoke gave us examples of how they made their own choices about when they wanted to get up, go to bed and what they wanted to do in their daily lives. One person told us, "Staff know my likes and dislikes but they still check with me as I do change my mind like anyone else."

People who lived at the home and staff had worked together to personalise their environment to make people feel at home and comfortable. People spoken with confirmed to us they were able to bring in personal items from their home. We could see one person had a particular interest in drawing and painting and they showed us they had been able to hang their own art work in their room. Another person spoke with us about the pet cat at the home and how fond of this people had become and they loved to have the cat around. During the day we saw how the cat had become very much part of life at the home as people spoke to the cat and stroked it.

People had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. One person told us, "I prefer time in my own room and staff respect that." The management support staff member led by example as they introduced us to all the people who sat in the lounge respecting the fact we were visitors in people's home. When offering support to people staff spoke politely and made efforts to ensure the person they were speaking with could hear them without raising their voice, making sure they were at their eye level and speaking closely to them. People were treated as individuals being spoken to by their chosen name. It was clear from the conversations we witnessed staff knew people very well and were able to respond to people when they were unhappy or anxious. There was a friendly banter between everyone.

Good

Is the service responsive?

Our findings

People who lived at the home told us about how staff responded to their care and support needs so these could be met. One person told us, "I am very independent but there are some things I need a little bit of help with and I can always count on the staff to assist me with these." Another person said, "I have trouble reaching my back so staff help me with this, this is of great help to me."

A person told us they had spent time at the home on a short stay basis, "They (staff) asked me questions about my needs before I spent time here and when I came into the home they asked other things." The registered manager told us and records showed that prior to people moving in an assessment of their needs was carried out. We saw people and their relatives were involved in this process. A person said, "I think the staff know me well and what I need."

Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours which may indicate that something was wrong. For example, we heard how one person's needs had changed recently and measures had been put in place to respond to this person's needs, such as, changing the position of their bed. We spoke with this person and they were happy with the care they received from staff. We also heard how a review meeting had been arranged to focus upon this person's needs.

We saw that staff responded to people's care needs without delay, for example, supporting people to go to sit at the dining tables for lunch or making them comfortable. We saw staff anticipated people's needs and responded appropriately such as supporting them to walk from one area to another.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they had handovers which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift. We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs.

We saw that people could join in group games, quizzes, watching films or do something they enjoyed on their own, such as, reading. A person told us, "I have enough to do and I am happy to sit and enjoy my own company but if I want I can join in the quizzes." We also saw staff took time to chat with people on a one to one basis where smiles and laughter took place. One person said, "I like reading but sometimes I like to have a chat with people, it depends how I feel." We spoke with staff about how they supported people with their individual interests. Events were arranged and people attended as they wished, such as, entertainers and people could attend church services.

We saw the provider had a complaints policy in place. We saw that information about how to complain was accessible in the home. Staff we spoke with told us they knew how to respond if someone made a

complaint. People we spoke with told us that they were happy with the care they received. They said they knew how to make a complaint if they wanted to. One person said, "I've no complaints." Another person said they had shared some concerns with the registered manager and they took action to resolve these. When we spoke with the registered manager they showed us they had documentary evidence of the actions they had taken.

Good

Is the service well-led?

Our findings

People spoken with were happy with the quality of care they received. They told us the management team and staff were approachable and available if they needed to speak with them. One person told us, "The manager is approachable and when she is not around there are other staff." Another person said, "The place seems to be well run as far as I can tell." A further person told us, "The staff are great so it shows they are well managed." These responses and what we saw during our inspection showed people considered the home was well managed and staff understood the needs of people who lived at the home.

People we spoke with told us they had opportunities to provide their views of the services provided and were able to make suggestions for areas of improvement. One person told us, "We have meetings to say what we think about different things in the home." We saw and people told us they actively took part and made decisions about their care, such as what food was included on the menu and whether they liked the meals offered.

We saw the registered manager and management support staff member were very much part of the staff team and spent time with people who lived at the home. When we spoke with the registered manager they showed they knew people well and the staff team. They told us they were supported by the management support staff member and we saw this happened on the day of the inspection. The management support staff member spent some time with us and was very knowledgeable about their roles and responsibilities which included the management of people's medicines. We also saw the provider had daily input into how the services provided were managed and from our discussions with them that they were aware of events within the home and had offered support to the registered manager.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines. The management team also worked closely with staff which enabled staff practices to be observed and the quality of the care people received. These practices supported people to receive safe care and support.

Staff spoken with liked working at the home and were motivated to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with the staff member who was responsible for administering people's medicines during the morning of our inspection. They showed they were committed to ensure people received their medicines at the right time and in the right way which included reviewing the lunchtime practices of supporting people with their medicines during meals. We also spoke with staff who told us they felt they all worked as a team for the benefit of people who lived at the home. They also told us they would report any concerns or poor practice if they witnessed it.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and

assistance was available from the management support staff member to monitor, check and review the service and ensure that good standards of care and support were being delivered. For example, audits of people's medicines were regularly completed. We saw these had picked up any oversights and or errors so that these could be remedied without delay. For example, when staff missed their signatures from the medicine administration records and or did not date people's prescribed creams when they opened these. The provider also provided their thoughts about the standards of care. The registered manager worked to an on-going improvement plan to continually improve the quality of the service people received. They were open with us and told us they were working to improve care plans to ensure these were consistently updated and that staff meetings were held more regularly.