

Nightingale Group Limited

Nightingale Group Ltd.

Trentham Care Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Nightingale Group Ltd, Trentham Care Centre is a care home that was providing personal and nursing care to 115 people at the time of the inspection. The service can support up to 155 people. People who used the service were both younger and older adults who had mental health needs such as dementia, and physical disabilities. Nightingale Group Ltd, Trentham Care Centre accommodates people across five different units, each of which had their own adapted facilities.

### People's experience of using this service and what we found

People's risks were not always managed and monitored in a safe way. Medicines were not always managed safely.

Care plan documentation was not always completed to reflect people's care needs.

The governance systems in place were not consistent across the service, and were not always effective in identifying areas for improvement and therefore lessons were not always learned when things went wrong. Staff ratios were calculated using a dependency tool, but we received mixed responses about there being enough staff to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

Staff were trained to recognise and respond to concerns of abuse. There were adequate infection prevention and control measures in place.

People and relatives said they had received feedback from the service and felt engaged.

### Rating at last inspection

The last rating for this service was good (published 2 May 2019).

### Why we inspected

We received concerns in relation to staffing numbers across the service and general concerns about people's nursing and mental health care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Group Ltd, Trentham Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) at this inspection.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Nightingale Group Ltd. Trentham Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by five inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Nightingale Group Ltd, Trentham Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available at the time of the inspection. The interim care director and deputy manager were on-site and supported the inspection team during the inspection visit.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with 19 people who used the service and five relatives about their experience of the care provided. We spoke with 24 members of staff including the interim care director, the deputy manager, three nurses, three nurse support workers, care coordinators, care workers, an activity coordinator and a member of the domestic staff.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were not always managed in a safe way. Information contained in people's care plans was not always followed meaning that people received inconsistent care that posed a risk to their health and well-being.
- People with specific health conditions such as diabetes and epilepsy did not always have the correct information available in their care records to enable staff to support people in the most effective way.
- Where people had behaviours that may challenge, staff were not always completing the relevant documentation, such as observational charts. This meant staff could not effectively review themes and triggers to help understand what the changed behaviours were communicating.
- Where staff were using legal restrictive practices as a last resort, this was not always recorded in a way which meant incidences could be reviewed and restraint reduction strategies implemented.
- Accidents and incident recording was inconsistent. This meant there were not always mechanisms in place to prevent accidents and incidences reoccurring.
- The systems in place to identify when things went wrong were not effective and did not identify the issues we found on inspection. This meant lessons could not always be learnt and plans put in place to reduce risk.
- The interim care director and deputy manager responded immediately during and after the inspection. They sent us evidence of on-going changes which had been made to improve the quality and safety of care for people.
- Staff understood where people required support to reduce the risk of avoidable harm and could describe to us the actions they took to keep people safe.

Using medicines safely

- Some Medication Administration Records (MAR) we viewed had gaps and did not always confirm the administration of the medicines had taken place. We could not be assured whether this was a recording, or an administration error.
- Some medicines were out of stock. This meant some people would not always receive their medication as prescribed straight away.
- People who had been prescribed medicines on a 'when required' basis had written plans in place. However for some, the information included was not sufficient to inform the staff of how and when to administer these medicines. For example, we saw written information for an analgesic medicine telling staff to 'anticipate if in pain', but it did not describe in detail how the staff were to do this.

- Some people who were prescribed analgesic pain relief patches did not have records to evidence their patches were being rotated on application and therefore did not comply with the manufacturer's instructions. This meant there was an increased risk of side effects such as skin irritation.
- Some people who received covert medications did not have all the necessary measures in place to ensure these had been prescribed and were being administered in line with best practice guidance.
- A check of the controlled medicines on one unit failed to identify that an analgesic solution, which had a short expiry date when opened, was out of date. The records showed that this medicine had been administered on one occasion past its expiry date and may not have been effective.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risk was always managed well and medicines were always managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim care director and deputy manager responded immediately during and after the inspection. They sent us of evidence of on-going changes which had been made to improve the quality and safety of care for people.
- People we spoke with told us they received their medicines as prescribed and on time.

#### Staffing and recruitment

- We received mixed responses from people about staffing levels across the service. For example, we received comments such as, "There is usually someone around when I need them, and help comes quickly" and "There is always someone around and if I press my buzzer, someone will come straightaway." Other people we spoke with told us, "There is not enough staff and I have to wait to be supported regularly" and "There are not enough staff at night."
- The interim care director had introduced a dependency tool to calculate the number of staff required on duty to ensure people's needs were met. We did not observe people waiting for support on day one of our inspection, however we did on day two of our inspection. We brought this to the deputy manager's attention for this to be addressed. They told us, "Staffing is taking precedent for us now. On every shift we have to shuffle due to the staffing crisis nationally; we look at who we can move. We look at strengths and skills of staff. We have promoted some staff to care coordinators and are starting the new Nursing Support Workers (NSW) programme. We don't always achieve exactly what we want but we always make it safe."
- Staff told us they were aware of the new dependency tool and were hopeful about positive changes this may bring.
- New employees were subject to recruitment checks and had a period of induction, working alongside more experienced members of staff before working independently at the service.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I feel safe because there are staff around twenty-four hours a day." Another person said, "I feel safe; it is the staff that make me feel safe because they are nice."
- Staff we spoke with told us they had received safeguarding training.
- Staff told us how they would recognise and respond to concerns of abuse, however some staff on one unit told us when they raised concerns, this was not always followed up by the management team or they did not receive feedback about actions taken. We brought this to the attention of the interim care director who responded by speaking with staff to address these concerns.
- The registered manager had been submitting statutory notifications to the Care Quality Commission when safeguarding concerns had been reported, in line with regulations.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection, the care director had left the service and a new interim care director had been appointed. The new interim care director told us the absence of senior management, and COVID-19 had impacted on the leadership and oversight of care.
- Audits were not being completed consistently and were not always effective in identifying shortfalls at the service. For example, we identified guidance in some nutritional assessment care plans was not being followed placing people at risk of receiving inappropriate support as records were inaccurate. These shortfalls had not been identified through audits completed at the service.
- Where audits had identified a shortfall, we could not be assured sufficient action had always been taken to address these. For example, we saw two audits on the same unit with a list of outcomes. We asked the deputy manager to show us what actions had been taken in relation to the outcomes, they said, "I can't be sure any actions have been taken, I need to be honest."
- Staff had clear lines of delegation in place and understood their roles and responsibilities to support people and keep them safe. However, due to the changes in management, the communication from the registered manager had not always been clear or concise enough. This had resulted in some delegated tasks, such as auditing of records being missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider's ability to consistently improve and sustain quality and safety for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim care director had acknowledged the need for improvement and had taken positive steps to address the issues identified on inspection. They told us, "We have a new quality and compliance manager in place. The aim is for the team to be skilled and strengthened so any one of the senior team can step in at any time. We are being completely transparent as no one benefits if we are not; we will work with the local authority and the CQC to work on things and get better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The interim care director had begun working with the staff team to try and adopt an open and positive culture where people and staff felt valued by the management team and could express concerns in the knowledge they would be acted upon. They said, "We will have one big action plan for everyone involved in the service. We have plans in place so everyone can see what has been done and what needs doing with timescales. We are having daily conversations with staff and their line managers; we are trying to instil confidence in the staff. I want to ensure staff can approach us at any time as it is important staff see what we are striving for."

- Overall, most people we spoke with felt engaged with the service and knew who to speak to in any event. Comments we received included, "I'd speak to the unit manager as the first point of call; they are all approachable and they do listen", "If I need any help I can go straight to [manager's name] and be listened to" and "I know who I could go to and I think they are approachable."

- There were some mechanisms in place for relatives to engage with the service. Some relatives said they had received feedback forms and questionnaires to complete. The interim care director and the deputy manager were developing new ways to obtain feedback from people and to ensure relative's voices, thoughts and opinions were heard.

- Staff told us they had team meetings to learn about new developments across the service, and to share thoughts and ideas, however the pandemic had impacted on the frequency of these. Staff received one to one supervision with their line managers to talk about their individual needs, practice and development. On the whole staff told us the management team were supportive and approachable.

#### Working in partnership with others

- We saw evidence of other professionals being contacted to work with the staff to enhance the quality of care people received.

- The interim care director was working with the local authority to address recent issues and improve practices to accelerate the quality of care across the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's risks were not always assessed and planned for. Medicines were not always managed in a safe way.

### The enforcement action we took:

We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance processes were not always effective. This impacted on the provider's ability to consistently improve and sustain quality and safety for people.

### The enforcement action we took:

We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.