

Greenswan Consultants Limited

Nightingale Nursing Home

Inspection report

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Tel: 01920463123

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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 was carried out on 5 April 2016 and was announced. At their last inspection on 4 September 2014 the service was found to be meeting the standards we inspected.

Nightingale Nursing Home provides accommodation and personal care for up to 34 people. There were 27 people living at the home on the day of our inspection.

The service had a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 felt safe at the home and staff knew how to recognise and report abuse. Individual risks were mitigated and staff worked safely. There were sufficient numbers of trained and supervised staff to meet people's needs and they had been recruited through a robust procedure. People's medicines were managed safely.

People were supported to eat and drink enough to maintain their health and there was regular access to health care professionals. People were encouraged to make their own decisions but when they were unable the Mental Capacity Act was adhered to.

People were treated with care and kindness and their privacy was respected. Staff had developed positive relationships with people and confidentiality was promoted. People were involved in planning their care.

People received care that met their needs and care plans were in place to ensure that staff had the appropriate information to meet their needs. Activities were available and people were asked about hobbies and interests. People knew how to make a complaint, feedback was sought and their voices were listened to.

People, relatives and staff were positive about the management of the home. There were systems in place to monitor the quality of the service and the ethos of the home was people first.

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.

People felt safe and staff knew how to help keep people safe.

People were supported by sufficient numbers of staff and they were recruited through a robust process.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by trained and supervised staff.

People were supported to eat and drink well.

People's consent was sought before staff delivered care.

People had access to health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People were involved in decisions about their care.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met and care plans were clear to staff.

People had access to activities.

People's complaints and feedback was taken seriously.

Is the service well-led?

Good 

The service was well led.

The registered manager was invested in providing a high standard of care.

Staff shared the approach of the registered manager.

There were systems in place to ensure effective leadership and monitor the service.

Nightingale Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Nightingale Nursing Home on 5 April 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by one Inspector.

During the inspection we spoke with five people who used the service, one relative, three staff and the registered manager. We also received feedback from professionals who visit the service. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe." A relative also told us that they felt people were safe. Staff had a good understanding how to recognise and respond to concerns of abuse. One staff member said, "It may not be a bruise, it may be that they may be sad when you are talking to them, I would report it straight away." We saw that information on safeguarding people from abuse and whistleblowing was displayed and the subject was also discussed at team meetings and supervisions.

People had their individual risks assessed and plans were put into place to mitigate these risks. The assessments were reviewed each month and staff were able to tell us about individual risks for people we had met. Staff worked in accordance with people's risk assessments. For example, we observed staff supporting people with their mobility safely.

There had been very few accidents at the service since the last inspection and there had been none since December 2015. The registered manager told us this was partly due to safe working practice adhered to by staff and also that most people were dependent on staff to mobilise and this reduced the risk. Those that had occurred previously had been reviewed by the registered manager and risk assessments updated as needed. Although there was no system in place for analysing accidents, the registered manager had plans to implement a system to monitor any events for trends going forward. This was not currently an issue as there had been no events to review.

People told us that there were enough staff to meet their needs at the times they needed. A relative also told us that they had never found staffing to be an issue. They said, "We come at all different times of the day, and weekends and it's never been a problem." Staff also told us that they felt there were enough staff on duty to meet people's needs. They also told us that shifts were never short and where people were off duty through sickness or holiday, the shifts were covered by staff employed by the service. The registered manager told us, "We never use agency staff." We reviewed the rota and saw that shifts were covered consistently. The number of staff needed was determined by assessing the dependency of the people they supported and how many hours each person needed. The registered manager told us, "I never take a new resident without being sure the staff hours we have will meet their needs, we need to make sure we don't put extra pressure on the staff."

People were supported by staff who had been through a robust recruitment process. Staff personnel files included an application form with interview notes, verified references, a criminal records check, proof of identity and qualifications and eligibility to work in the UK. This helped to ensure that staff employed at the service were fit to work with people in a care setting.

People's medicines were managed safely. We observed the nurse carry out the medicines round with safe working practice. The medicine records were completed consistently and good practice was adhered to in relation to countersigning handwritten entries, dating opened medicines and reconciling stock quantities. We counted three boxed medicines and found them all to contain the correct amount. When people needed medicines on an as needed basis there was a plan to instruct staff when this was needed and the way in

which they took their medicines was documented. This all helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and supervised for their role. Staff told us they felt well equipped to carry out their role. One staff member said, "We get pushed to do training, the calendar shows what's coming up." We saw that staff had completed training in areas including safeguarding people from abuse, moving and handling, infection control and Dementia. There were also opportunities to complete courses in subjects such as equality and diversity and communication. We saw that competency was also assessed during the registered manager's walk rounds and medicines competency assessments. As a result of these staff were expected to read up on some subject and discuss this with the registered manager afterwards to enable them to check their learning. New staff that had experience of working in a care environment received an induction to the service. The registered manager told us that new staff who had no experience would receive an induction using the care certificate. The care certificate is an induction developed to ensure staff have the appropriate skills to work in a care setting.

Staff received regular one to one supervision and felt well supported. One staff member told us, "The [registered] manager is very supportive." Another staff member said, "It's good to get feedback, good or bad helps us build skills and knowledge." We saw that these supervisions covered all aspects of the staff member's performance, training and reminders about good practice and policies.

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. 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 saw that people were involved in making decisions about their care and their consent was sought prior to support being given. However, when they were assessed as not having capacity and therefore unable to give their consent, a best interest decision was made. For example, in regards to receiving personal care. These decisions were made through consultation with the registered manager, relatives and a relevant professional. For example, a social worker. Where people required a DoLS authorisation to maintain their safety, for example, in the need of bedrails to prevent them falling from bed, the appropriate applications had been sent and authorisations received. The registered manager kept a record of when these required reviewing.

People were supported to eat and drink enough to maintain their health and well-being. People told us they enjoyed the food and had enough choice. One person said, "We get choice over food, I always have two cups of tea for breakfast, that's what I like." They went on to tell us that they didn't enjoy supplement drinks so they worked with staff to decide on an alternative. People were asked what they wanted to eat prior to the breakfast and we saw that a lunchtime choice was also offered. We saw that people could request what they fancied. For example, the main meal was sweet and sour chicken but some people had sausages, a

jacket potato and cheese pie. The cook told us, "We will always try and cook what they want." Staff told us this was normal and one staff member said, "It's always people's choice, sometimes there are four different menus in a day, we are not going to say you can't have it." We saw where people required a soft or pureed diet, this was well presented so it looked appetising. The cook served the meal and knew everybody by name and provided extra jugs of sauce to those who requested it. Where people needed support to eat, staff assisted them at a pace that suited them and chatted with them throughout. There were drinks available all through the inspection and we noted staff regularly encouraged and supported people to drink. We saw that people who were assessed as being at risk of not eating or drinking enough, what they did eat and drink or refuse was recorded so that staff could monitor this. Where they were concerned, they raised this with the GP. Supplement drinks were available and foods were fortified to increase their calorific content.

People had access to health and social care professionals as needed. We saw that GP's regularly attended the home, referrals were made to specialists and there were regular visits from a hairdresser, chiropodist, dentist and an optician.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Everyone is nice." Another person said staff were, "Very nice." A relative also told us that the staff were kind. They said, "Even though [relative] can't talk back, they always chat to [person] when they help [them]." They went on to say, "It's lovely here, they're very caring." We noted that staff were always approachable. They spoke with people as they passed and stopped if a person needed something, they smiled at everyone and didn't rush everywhere so that people felt they could speak with them.

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People were treated with kindness, dignity and respect. People told us that they felt their dignity and privacy was always promoted with one person commenting on receiving care from a staff member of the opposite sex. They said, "I never feel embarrassed, [staff member] is very good, always keeps me covered up." All communication between staff and those they supported was respectful. For example, after a staff member assisted a person with transferring with a hoist, the staff member said 'Thank you' to the person they had assisted. This approach was observed throughout the inspection and staff regularly checking on people and going to those in their rooms and asking if they were comfortable. People told us this was normal for staff to be doing this regularly. We noted that on the charts in people's rooms staff were asked to offer drinks and check on a person's comfort. This practice was clearly instilled as we observed all staff working in this way.

People had developed positive relationships with staff and staff knew them well. They were able to describe to us what people needed, but also about the person, their likes and dislikes and family members who visited. A relative told us, "They know [relative] well." Life histories were included in care plans and people's preferences, choices and wishes. People told us they had been involved in the decisions about their care and care plans demonstrated involvement from their relatives where appropriate. However, we noted that although people were involved in the planning of their care, they were not always listed as being part of the review process. The registered manager told us they would ensure they were listed in the future as they were always part of the review.

Confidentiality was promoted with care plans and medical information being stored in a lockable cupboard in an office. Notes in people's rooms were kept in folders so not open for people who were not authorised to view them.

Is the service responsive?

Our findings

People's individual care needs were met. One person said, "Everything I need." They went on to describe what support they had received and told us it was done in a way their preferred. A relative told us, "It's the best place, I can't fault it [the care]." A professional told us that they tell people who may be interested in moving to Nightingale Nursing Home to look past the fact that it is an older building as the care is excellent.

Staff were familiar with people's needs and there was a daily allocation sheet to help ensure people received care at the time it was needed. One staff member said, "Whatever they want, we do it." There also a tick list in the treatment room to enable the nurses who were leading the shift to check on what had been provided.

People's care plans included clear information about their needs to enable staff to provide care that was appropriate, safe and reflected their preferences. There was a summary of the individual plans at the beginning of the folder for easy reference and a reminder of specific needs in people's rooms. For example, in regards to repositioning to prevent people developing pressure ulcers and nutritional needs to ensure a healthy intake.

People were asked about the type of activities they were interested in and about previous hobbies and interests. These were documented in individual activity folders. People's participation was recorded and also their choice if they had chosen not to. People told us that there were activities available. However, some people told us that they chose not to join in and this was respected. Activities on offer included quizzes, bingo, games and crafts. On the day of our inspection the activity organiser was on holiday so people were watching films and reading newspapers. People had opportunity to practice their religion if they wished. Two people were supported to go to Mass on a Sunday and a representative from the local church visited regularly. The registered manager told us that there were plans to add to this to include a group of people visiting from the church to add to ties with the community.

People knew how to make a complaint but told us they had no need to. Two people told us, "I have no complaints at all." A relative told us they had no need to make a complaint but raised an issue a while ago about an odour in their relative's bedroom and this was immediately dealt with. They said, "[The registered manager] was so apologetic and immediately sorted it out, not had a problem since." We saw that complaints information was displayed throughout the communal areas and staff were reminded of the process at meetings. There had been one complaint since the last inspection and this was dealt with appropriately. We discussed with the registered manager the development of a complaints logging system to help ensure they could identify any themes or trends in complaints or grumbles going forward. They told us they would introduce a system.

People were asked for their feedback through meetings and an annual survey. We saw that the survey results were displayed on the notice board. One comment was to review the preferred name a person was called by. The person confirmed that this had been addressed and they were now called by their preferred name. We saw that at meetings the registered manager documented a response from all people involved. This helped to ensure that individuals had their voice heard. We noted that a suggestion was to visit a tourist

attraction. The registered manager showed us in the diary that this had been booked for the end of April.

Is the service well-led?

Our findings

People were positive about the management of the home. They told us that the registered manager was always about and they knew them well. One person said, "[They're] good." A relative was also positive about the registered manager. They said, "They've always got time to talk to you, especially [The registered manager]." A professional told us that they found the registered manager to be very proactive and helpful.

The registered manager told us that they regularly worked on the floor. They said, "How will I know what is going on if I'm not out there." We also saw, and staff confirmed this was a daily occurrence, that the registered manager spoke with people during the morning to check they were happy with the care they had received. One staff member said, "[The registered manager] is a good leader." They went on to say, "[They're] out on the floor, checking everything, it's good, [they] know everything that's going on." We noted that the registered manager was invested in the home and was passionate about the type of service provided. The registered manager regularly carried out walk round in the home and recorded their findings and any actions as a result. The records showed who had been spoken with and any practice that had been observed. This demonstrated that they were checking to ensure staff worked in accordance with their training, shared the same approach as them and encouraged open communication. They told us, "Communication is everything, stops issues before they become an issue."

There was clear leadership in the home. People, their relatives and staff knew who they could talk to and go to for support or advice. There was a chain of accountability and the registered manager and the nurses in charge met weekly to discuss people's welfare. There were monthly staff meetings that discussed any changes staff needed to be aware of, any lessons learned and reminders of important information. Staff told us they felt their voices were heard and they were well informed.

The ethos in the home was a people first approach. A display board had the words, 'People do not live in our workplace, we work in their home'. Staff quoted this when we discussed person centred care with them. They were very clear what was expected of them and appreciated the registered manager's guidance to ensure it worked well. One staff member said, "It's a good home." All the staff members told us the thing the home did best was the standard of care and they proud of this. This was mirrored by the registered manager's comments who was also most proud of the quality of care people received.

There were systems in place to monitor and assess the quality of the service. Where audits had addressed any issues, an action plan was developed and this was signed when completed. For example, the need for a review of a care plan or the cleaning of a carpet. We saw that actions from the local authority's monitoring visit had been signed as completed. We checked some of these actions and found they had been completed. For example, the need for a risk assessment for water temperatures and to hold a copy of the hairdresser's insurance certificate. The registered manager told us, "As soon as an action is needed, I do it straight away." They told us they were in the process of developing a home audit tool that would be used by them and another registered manager from their sister home to audit each other's home. They told us this was to help give more of an overview.

The provider did not carry out formal visits which resulted in a report with actions being issued. However, the registered manager did maintain a record of these visits, what was discussed and any actions needed. They told us that working with the other registered manager within the organisation would help ensure they addressed any issues.