

Rhodes Care Home Ltd

# Nightingales Residential Home

## Inspection report

24 Foxholes Road  
Southbourne  
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Date of inspection visit:  
02 September 2019  
03 September 2019

Date of publication:  
30 September 2019

## 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

### About the service

The service is a care home. The care home provides care and support for up to 11 people, some who are living with dementia. On the day we visited 10 people were living at the service.

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

People said they were happy with the service provided. One said; "They are very kind to me." A relative said; "This place is brilliant!"

People able to said they felt safe with the staff supporting them. Systems were in place to safeguard people. Risks to them were identified and managed. The support required with medicines was assessed, agreed and provided to people. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. People were supported by a mostly long serving staff team. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided. 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; the policies and systems in the service supported this practice.

People confirmed staff were kind and caring. Their privacy and dignity were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred care plans in place. They were actively involved in their care when possible. People contributed to the development of care plans and reviews. People's communication needs were identified, and some people had end of life wishes explored and recorded.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. People, staff, relatives and professionals were complimentary of the registered manager and comments included; "They (named registered manager) are brilliant." Staff were committed to providing good outcomes for people.

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

### Rating at last inspection

The last rating for this service was Good (Published 21 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Nightingales Residential Home

## **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.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

The inspection was unannounced on day one.

### What we did before the inspection

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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three relatives, three members of staff, two healthcare professionals and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We looked at one staff file in relation to recruitment and their supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- People were protected from potential abuse and avoidable harm by staff who had completed up to date safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and all staff knew what to do to help ensure people were protected from the risk of abuse. Relatives spoken with confirmed people were safe.
- Safeguarding processes and concerns were regularly discussed at staff meetings.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff on how to support and protect people whilst minimising any restrictions placed upon them.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed and supported people to change position regularly or maintain their mobility.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and

had regular competency checks to ensure ongoing safe practice.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs had been assessed before they moved in. People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Regular supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed staff supported people with their meals. Those who needed assistance were sensitively supported with their drinks and meals. People told us meals were of a good standard.
- People's care plans held information to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- A weekly GP visit ensured that changes to people's needs were managed effectively.
- People's care records highlighted where risks had been identified. For example, where people needed a soft or pureed diet, this was provided.



Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved regularly.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Staff fully understood people's rights to make decisions even they were deemed unwise.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff were kind and patient with people. They had time to sit with them and actively listen to them. People told us staff were kind and caring. One said; "They are kind to me."
- People's relatives and friends were warmly welcomed, with one relative telling us; "I'm always made to feel welcome."
- People were kind towards each other, and respectful of each other's differences.
- Staff spoke fondly of the people they supported.
- Personal histories in people's care plans had been documented to enable staff to have meaningful conversations with people.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys. People agreed that all the staff and the registered manager made time to sit and talk with them.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. A relative said how their loved one could be difficult at times, but the staff always understood and met their needs.
- Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

Ensuring people have emotional support when needed

- Staff supported people with sensitivity and compassion and were quick to respond to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people and acts of kindness were seen with staff hugging and talking with people.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. One relative said; "I'm always kept informed about any issues." Records showed family members had been updated when changes in people's needs were identified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way.
- People and relatives were involved in planning and developing their care where possible. Relative agreed the standard of care people received was very good.
- People received person-centred care. Staff had a knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans outlined any communication need and documents could be provided in other formats if required.
- Information could be provided to people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be personal. They encouraged social interaction, provided mental stimulation and promoted people's well-being. The home's activities programme was displayed on a notice board and informed people about upcoming events. On the day of our visit a singer was visiting the service.

- There was whole team approach to providing and contributing to keeping people occupied.

#### Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

#### End of life care and support

- There were end of life care plans in place where they were needed. This provided information to staff about how people wanted to be cared for. Care plans took account of people's religious wishes.
- Staff had received training in end of life care. Staff understood people's needs, were aware of good practice and guidance in end of life care.
- There were positive links with external professionals, such as GPs and community nurses.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits took place, and these were completed by the registered manager and overseen by provider.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. The registered manager and provider had an oversight of what was happening in the service.
- The registered manager was visible in the service and took an active role in the running of the service.
- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "I'm very happy here- it's a small family run home."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place and the registered manager was aware of their

responsibilities to be open and transparent when things went wrong. They used this as an opportunity to promote learning.

- The registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.
- People had regular reviews of their care and the service facilitated meetings in the supported living services.

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Policies and procedures held were designed to support staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support.