Nightingales of Kidderminster Limited

Nightingales Residential Home

Inspection report

Wolverley Court, Wolverley Road
Kidderminster
Worcestershire
DY10 3RP

Tel: 01562850201

Date of inspection visit:
21 November 2018

Date of publication:
07 January 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

What life is like for people using this service:

Fire safety procedures and checks were not effective and maintenance of fire doors did not keep people safe from the risks of fire.

People did not always receive effective and safe support with their medicines.

Care and support plans for people did not reflect their current needs and did not give sufficient instructions to the care team on how best to support them. Care and support assessment and planning did not follow best practice.

People did not have effective and personal end of life care plans.

People's individual protected characteristics were not clearly identified. The instructions to staff on how to promote people's identity was unclear.

People's privacy was not always respected by those working at the home.

People's individual communication needs had not been assessed in line with best practice.

The provider did not have effective systems in place to monitor the quality of the service they provided or to drive improvements where needed.

The provider and registered manager failed to submit notifications of important events to us in a timely manner.

People's privacy was not always respected by those working at Nightingales Residential Home.

People felt that the activities that were available were limited and that at times they felt unstimulated.

Staff members had access to training and felt supported in their role. New staff members completed a structured introduction to their role.

People were referred to additional healthcare services when it was required.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with.

The provider had systems in place to encourage and respond to any complaints or compliments from

people or visitors.

People were protected from the risks of abuse and ill-treatment as the staff team had been trained to recognise signs of abuse or risk and knew what to do to safely support people.

The provider followed effective infection prevention and control procedures.

The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (Last report published 02 March 2016).

About the service: Nightingales Residential Home is a residential care home that accommodates up to 23 older people some of whom were living with dementia. At the time of our inspection there were 20 people living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found concerns with the service and the support provided. Therefore, we have rated the service requires improvement overall.

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 effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive 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**

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 as part of our regulatory functions. This inspection checked 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.'

Inspection team:
One inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people.

Service and service type
Nightingales Residential Home 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection
This inspection was unannounced.

What we did:
Before our inspection visit, the provider completed a Provider Information Return (PIR). However, the

response we received from the provider did not meet the minimum requirement as questions were left unanswered and without sufficient detail. (PIR) is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection we spoke with five people, two visitors, The registered manager, newly appointed deputy manager, maintenance person, two care staff workers and the cook. We reviewed a range of records. This included three people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, health and safety, compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

Supporting people, systems and processes:
• We identified fire doors, used to prevent the spread of smoke or fire, were poorly maintained and did not provide assurance that people would be safe in the event of emergency.
• Fire safety checks did not identify potential breaches in fire safety. Records we looked at did not accurately report the concerns we found.
• During this inspection we instructed the provider to make urgent repairs to fire doors to ensure that people were safe. When we left we confirmed that the laundry and the kitchen fire doors were now operating as required. We confirmed with the provider that additional work would be completed within the week of the inspection.
• Maintenance issues reported to the management team or the provider were not promptly resolved which left people at risk.

Assessing risk, safety monitoring and management
• People's care plans did not contain accurate and up to date assessments of risks associated with their care and support. For example, one person's mobility had significantly changed and this was not assessed or recorded for staff to safely support them.

Using medicines safely
• People did not have effective risk assessments based on the medicines that they used. For example, when someone needed 'as required' medicine there was no assessment or care plan detailing what the medicine was for, how staff were to safely support the person, what the maximum dose per 24-hour period was.
• Staff members did not record the use of people's prescribed medicated creams. The instruction available did not give staff clear directions on how to support someone with their creams. People could not be assured that they would be safely and consistently supported with such medicines.
• Neither the management team nor provider had effective systems in place to complete effective checks to ensure people received their medicines as prescribed.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse.
• People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
• Information was available to people, relatives and visitors on how to report any concerns.
• People were kept safe from the risk of abuse and ill-treatment as staff members had been trained and

knew what to do if they suspected something was wrong.
• The provider had systems in place to report concerns to the local authority to keep people safe.
Staffing levels
• People were supported by enough staff who were available to safely assist them.
• People were supported promptly when they needed it.
• The provider followed safe recruitment processes when employing new staff members.
• The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Preventing and controlling infection
• The provider had effective infection prevention and control systems and practices in place.
• Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong
• The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were not assessed and regularly reviewed. People's physical, mental health and social needs had not been holistically assessed or recorded in line with best practice. For example, those living with diabetes did not have assessments of need based on their individual circumstances.
• People's protected characteristics under the Equalities Act 2010 were not effectively identified as part of their needs assessments. Although staff members could tell us about people's individual characteristics the management team and provider could not assure us of the steps they were taking to promote individuals protected characteristics.

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). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
• However, the management team had limited knowledge of the practical application of the MCA and did not follow the principles of the act. For example, people did not have individual assessments regarding their capacity to make certain decisions like their ability to agree to medicines. Therefore, people were not always supported to have choice and control over their lives and the policies and systems did not promote effective practice.

Staff skills, knowledge and experience
• People were supported by a well-trained staff team who felt supported by a management team.
• New staff members completed a structured introduction to their role. This included completion of induction training, for example, basic food hygiene and fire awareness. In addition to this, they worked alongside experienced staff members until they felt confident to support people safely and effectively.
• Staff members new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet

• People were supported to have enough to eat and drink to maintain their well-being.
• Lunch time was a social occasion for people. People had choice of what to eat and drink and alternatives were available should they not find anything they desired on the menu.

Staff providing consistent, effective, timely care
• People could not be assured that they received consistent care. This was because assessments personal to them were lacking and did not follow best practice.
• Staff members we spoke with were knowledgeable about people's healthcare needs. However, these were not always effectively recorded to ensure consistent delivery of care.
• People had access to healthcare services when they needed it. This included foot health, GP, district nurses and opticians. The provider referred people for healthcare assessment promptly if required.

Adapting service, design, decoration to meet people's needs
• The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
• People had personalised their own rooms.

Requires Improvement

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence
• People did not always have their privacy respected by those working at Nightingales Residential Home. For example, throughout this inspection we did not see any instances when a staff member knocked on anyone's door or ask for permission to enter. In one instance we were talking with people in their room when a member of the management team, and a maintenance person, walked in and said, "We are just checking the fire door." There was no consideration towards the privacy of those residing there or the fact that they had visitors.

Ensuring people are well treated and supported
• The provider did not have effective systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw did not clearly identify people's individual characteristic nor did they detail what the management team were doing to promote such aspects of people's lives. Staff members we spoke with could tell us about people's cultural background but not how they supported them to maintain their own personal identities.
• We did see examples where people were treated with respect by a caring and compassionate staff team. We saw staff members chatting with people about what they liked and sharing jokes.
• Staff members we spoke with talked about those they supported with fondness and compassion.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their individual likes and dislikes. These were known to staff who supported them to meet their expressed decisions. This included, but was not limited to, food, drink and activities. People told us that they were involved in making decisions about their care and support. However, the management team or provider did not have systems in place to effectively assess those who were not able to make specific decisions themselves.
• We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

Personalised care
• People did not receive information in a way they found accessible. One person told us they liked to read but owing to failing eye sight couldn't any longer. Their care and support plan did not address this communication need in line with the recognised standards. At this inspection Nightingales Residential Home was providing support for those experiencing hearing loss, sight loss and those living with dementia. The management team had not effectively implemented the Accessible Information Standards. From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Neither the registered manager or the provider were aware of these standards.
• Care and support plans were not updated to account for changes in people's health or welfare.
• People and relatives told us that they were still involved in the development of their care and support plans. However, as already reported, these were basic and did not contain the relevant information that staff members needed to effectively support them. For example, in one person's mobility assessment the only instruction to staff members is, "All staff to follow moving and handling training." The instructions are not personal to the individual and do not account for their current levels of ability or need or their personal preferences on how they wished to be supported.
• People told us that they would like to be involved in more activities as there was little to occupy them during the day. One person told us that they didn't spend much time out of their room as there was not much to interest them. Another person said that they would like to go out in the garden more but, "Everyone is too busy and I haven't been out for two years." However, we did see that some activities took place including external performers singing in the communal areas. The registered manager told us that they were having difficulty recruiting an activities coordinator to arrange and facilitate activities for people. But when staff had time they were encouraged to do activities with people.

End of life care and support
• People did not have end of life care and support plans that reflected their individual preferences or wishes. The registered manager showed us one person's end of life care plan but this only contained a refusal for advanced treatment and a do not attempt cardiopulmonary resuscitation. They told us that they had not holistically assessed the persons needs or wishes as they approached the end of their life.

Improving care quality in response to complaints or concerns
• We saw information was available to people on how to raise a complaint or a concern if they needed to do so.
• The provider had systems in place to record and investigate and to respond to any complaints raised with

them.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.
Leadership and management; Managers and staff were unclear about their roles, and did not understand quality performance, risks and regulatory requirements; Provider did not plan or promote person-centred, high-quality care and support or demonstrate continuous learning or improving care. Provider did not demonstrate understanding and responsibility when things go wrong.
We identified a number of shortfalls in the quality of leadership and management which impacted on people using the service.
• The quality checks completed by the management team or the provider were ineffective in identifying improvements needed in the service that people received.
• Maintenance issues reported to the management team and the provider were not addressed in a timely manner putting people at the risk of harm.
• The management team and the provider did not have systems in place to review the care and support people received. They did not review people's care and support plans to ensure that they reflected people's current needs.
• Neither the management team nor the provider checked that people received their prescribed medicated creams as directed.
• The registered manager and the provider told us that the Provider Information Return was completed by an administrator with limited experience of providing care and support. They further told us that they did not read it before it was sent. Therefore, the information was inaccurate and did not provide us with the information we required.
• A registered manager was in post and was present throughout this inspection. They understood some aspects of the requirements of registration with the Care Quality Commission but not all. For example, the registered manager did not fully understand what notifications need to be made to us and when. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. These include authorised deprivation of liberty safeguards referrals. The registered manager told us that they had submitted three which were late and outside of the timescales we expect.
• The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards and they had a limited knowledge of the practical application of the mental capacity act. Their attempts to maintain their knowledge was limited and was not reflected in the assessment of peoples care and support needs.
• The registered manager did not have effective systems in place regarding the failure to address when things went wrong. For example, they did not have a means to escalate concerns regarding the unsafe maintenance of the location to the providers in order to resolve the issue.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw some positive features:
• We saw the last rated inspection was displayed in accordance with the law.
• People and visitors, we spoke with told us they knew who the registered manager and providers were, and that they saw them or were in contact with them regularly. Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required.
• We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager told us they used such instances to identify what could be done differently in the future to minimise the risks of reoccurrence.

Engaging and involving people using the service, the public and staff
• People told us that they were asked their opinion on the care and support that they received. We saw details of people views collected as part of a service user survey. However, one of the themes was that people would like to do more throughout the day. We did see people were sat for extended periods of time with little functional interaction other than the television. The Registered Manager told us that they were trying to recruit an activities coordinator to engage with people. However, we saw that although people's views had been gathered the issues they reported were still happening.
• Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others
• The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality monitoring systems in place.

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 The provider did not ensure that effective fire safety systems were in place.

The enforcement action we took:

We issued the provider with a warning notice.