

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

About the service

Nightingale Nursing Home is a residential care home providing personal and nursing care for 27 people aged 65 and over at the time of the inspection. The service can support up to 34 people in a converted building.

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

People felt safe living at the home, relatives confirmed the care and support provided maintained people's safety. Training had been provided to give staff the skills to safeguard people from potential abuse. Risks to people's safety and well-being were assessed and mitigated as much as possible. The registered manager ensured pre-employment checks were completed before new staff were employed.

People's medicines were managed safely. The registered manager undertook assessments of staff practice satisfying themselves that staff were competent to safely administer medicines. The home was clean and welcoming. Staff had received infection control training and protective clothing including gloves and aprons was available to them.

People's needs and preferences had been individually assessed and were kept under constant review. People and their relatives told us the care and support provided met people's needs. Staff received training necessary for their roles and felt fully supported by the management team.

People enjoyed the food provided for them. People accessed healthcare services as needed. 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 were supported by an established staff team who knew them well. Staff treated people with respect and dignity. People were fully involved in their care as much as they could be. People's right to privacy and confidentiality was respected and integral to the ethos of the home.

People received care and support in a way that was flexible and responsive to their individual needs. Opportunities for engagement were routinely brought into the home for people to enjoy. Relatives and other visitors were welcomed into the home at any time. The provider had an effective policy and procedure to support people to raise complaints. The registered manager and staff team were very clear that Nightingale Nursing Home was people's own home and they would be supported to stay in their own home should their health deteriorate.

The management and staff team demonstrated a clear culture of ensuring people and their needs were a priority. Staff enjoyed working at the home, they felt supported and involved. The registered manager was available for the staff to call on at any time if they needed advice or guidance. Quality assurance processes

such as audits were in place to help ensure standards were upheld. Systems had been developed to enable people, their relatives and external professionals to contribute their feedback about the way the home operated. The registered manager kept themselves up to date with changes in legislation and practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Nightingale Nursing 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 undertaken by one inspector.

Service and service type

Nightingale Nursing 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 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.

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 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 seven people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, nurses, care workers and

the cook. We spoke with a visiting healthcare professional and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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. We received further feedback after our inspection visit from a relative.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said people were safe and well protected from the potential risks of abuse and avoidable harm. One person said, "I feel very safe and well looked after".
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Staff told us they were confident to report concerns to senior management or externally to the local authority safeguarding team. Posters informing people, their relatives and other visitors how to report concerns were displayed in the communal areas of the home.

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process. Where potential risks to people's health, well-being or safety had been identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- The staff team received fire awareness training and practice evacuations took place to help ensure staff and people knew how to make their way to safe zones as quickly as possible.
- We checked a random sample of pressure mattresses and found they were appropriately set in accordance with people's weights. People using bedrails to maintain their safety in bed had cushioned bumpers over the rails to help prevent the risk of entrapment or further injury.

Staffing and recruitment

- Safe and effective recruitment practices helped to ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet people's care and support needs. We discussed with the registered manager that it is good practice to sign and date copies taken of identity documents, so it was clear who had seen the original documents and when.
- There was an established staff team and the home did not use agency staff. This meant people received their care and support from a team of staff who knew them well and understood their needs. One relative told us, "There are no agency workers at the Nightingale. They are an experienced, well trained, cohesive team, and after just one year my family and I see them all as an extension of our family."
- People, their relatives and the staff team were positive about the number of staff available to meet people's needs. People received care and support in a timely manner throughout the inspection. The atmosphere in the home was calm and staff went about their duties in an organised manner.

Using medicines safely

- People's medicines were stored, managed and disposed of safely and they were provided with safe and appropriate levels of support to take their medicines as prescribed. Staff were trained and supported people

to take their medicines and had their competencies checked by senior colleagues.

- We checked a random sample of medicines against records. Medicines we checked tallied with the records held. The clinical room was clean and maintained at an appropriate temperature which was checked daily. In November 2019 the service achieved 98% in a medicine audit undertaken by a Clinical Commissioning Group pharmacist.

Preventing and controlling infection

- Staff had received infection control training. The registered manager ensured personal protective equipment (PPE) was available for all staff. This included disposable gloves and aprons.
- The home was clean and fresh throughout with no lingering malodours.

Learning lessons when things go wrong

- The registered manager ensured that lessons were learned and shared across the team when an error occurred. For example, during a routine audit of call bell response times the registered manager found an incident where a call bell had not been answered within a five-minute timeframe in line with expectations. This had been shared with the staff team at handovers and the weekly Monday meeting. Additionally, the registered manager had pinned a notice to the wall near the staff allocation book as a further reminder. We advised the registered manager that this did not promote the 'homely' feel and they undertook to find another way to prompt the staff team.
- Staff told us lessons were learned following any incidents, accidents or when things went wrong.

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 physical, mental and social needs were holistically assessed on admission to the home. Individual, person centred care plans developed from these assessments supported staff to deliver people's care and support effectively and in line with legislation, standards and evidence-based guidance. Information on best practice guidance was available for staff to access as needed.
- People told us they were satisfied with the care and support they received. One person said, "They look after us well, they keep us going." A relative told us, "The home may not look all singing and dancing but the care they deliver is second to none."
- A regular visiting external professional told us they were confident people received the care and support they needed.

Staff support: induction, training, skills and experience

- The staff team received face to face training in basic core areas such as infection control, safeguarding people from abuse, moving and handling, health and safety and fire awareness.
- Newly employed staff members received induction training and they were allocated to shadow a more experienced staff member until they had been assessed as competent to work unsupervised. One staff member said, "I was brand new to care when I started here. I had an induction and shadowed experienced staff. [Registered manager] was very supportive and made sure I knew what I was doing."
- Staff felt supported by the registered manager. They said they routinely had 1:1 supervision with them. A staff member told us, "[Registered manager] always makes time to listen to us. We can talk to them anytime whether it is about a personal issue or a work matter."

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

- People said they enjoyed the food provided. One person said, "Food is good, there is a wide variety." Another person told us, "All the food is good, never once have I said I didn't like something." Immediately after this inspection visit a relative contacted us to share their feedback. They told us their relative had been admitted to the home for palliative care, weak and underweight. Nearly a year later the person had gained weight and enjoyed an increased quality of life at Nightingale Nursing Home.
- Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet wherever possible. People's weights were reviewed monthly, however, if any concerns were identified this changed to fortnightly or weekly as needed.
- The lunchtime meal smelt appetising and people received support to eat as and when they needed it. It would benefit people in making choices about their meals to have pictorial menus or for staff to show people plated options. This would enable people to make meaningful choices based on the look and smell

of the food. The registered manager agreed to further develop this area.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received care and support from an experienced team of nurses and care staff to help them live as healthily as possible. People's health needs were closely monitored by staff and by external health professionals. There was a regular weekly GP round as well as other health professionals such as dieticians and speech and language therapists involved with people's care.
- Relatives praised the staff team for the care people received. One relative said, "[Person] has very good care, this is the perfect place for them." Another relative told us, "Any medical issue is picked up and acted upon swiftly by the nursing staff. If [person] has a UTI (Urinary tract infection) or a rattle in their chest they (staff) refer to the GP who visits twice weekly, for appropriate follow up." An external professional visiting the home on the day of this inspection told us, "The quality of care is paramount here."

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records showed that people's capacity to make meaningful decisions had been assessed in all areas of their lives. These included areas such as medication, personal care, and the decision to reside at Nightingale Nursing Home. Where assessments indicated people did not have capacity to make decisions or give consent, best interest decisions were documented with contributions from external professionals and relatives where appropriate. The registered manager had applied for DoLS as required, there was no-one living at Nightingale Nursing Home with conditions attached to their DoLS.
- Staff had received training and demonstrated a good understanding of mental capacity and how to support people with impaired cognition. Staff sought people's consent to the care and support they received.

Adapting service, design, decoration to meet people's needs

- Nightingale Nursing Home is an older property that had been converted to use as a care home. This brought challenges as it had not been specifically designed for this purpose. People's bedrooms were well appointed and personalised to their individual wishes. However, more could be done in the communal areas to reflect a homely and attractive environment for people to spend their waking hours. The registered manager said that some refurbishment work was planned but that this was difficult to facilitate as the communal areas were integral to the daily lives of people living at Nightingale Nursing Home.

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

- People were positive about the care provided. It was clear to see that people were comfortable with staff and management, there was a warmth and affection demonstrated between people and staff that was coupled with dignity and respect in all interactions. A person told us, "Staff are so kind, it's lovely". Another person said, "We have got so many angels (working) here."
- People's relatives complimented the staff team for the care and support they provided. For example one relative said, "[Person] is happy and contented and the perpetual smile on their face reflects how much they love all the care staff. And from the smiles on their (staff) faces and the cuddles they give [person], the love is reciprocated." Another relative told us, "Staff all seem very caring. I know [people] are very well looked after."
- We saw compliments received from people's relatives about the care and support provided at Nightingale Nursing Home. For example, one relative had recently written, 'We can't thank you enough for the care and attention you gave [person]. We can't praise you enough for providing a homely and friendly place with you.'
- The registered manager and staff team supported a person to visit their spouse who was living in another care home nearby. The registered manager told us, "We feel this has been beneficial to both of them, and the person and their family greatly appreciate what we are doing for them."
- A person was admitted from hospital for a period of respite care. The person had no close relatives and had no personal items with them on admission. The registered manager and some staff accompanied the person to collect some personal items from their home. The registered manager said the person was very grateful for this as they wanted to wear their own clothes, not a hospital gown.

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

- People, and their relatives where appropriate, were fully involved in the planning and reviews of care and support. Staff involved people as much as possible in regular reviews of their care plans. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs.
- Throughout the day we saw staff asking people to make decisions and be involved in their daily life. For example, people could choose where to spend their time, what to wear and what they wanted to eat or drink. People were supported to access advocacy services should they need to obtain independent advice and guidance relevant to their needs.
- People were supported with individual choices. For example, a person had expressed a wish to have a take away meal. This was arranged, the person said they had thoroughly enjoyed it and thanked the staff team for making it happen.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive in protecting people's privacy and promoting their dignity. We saw many examples where staff knocked on doors and waited to be asked to enter. Staff used a privacy screen to promote people's dignity when supporting them to transfer from wheelchair to armchair in the communal lounge by means of a mechanical hoist.
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences.
- Confidentiality was well maintained, and information held about people's health, support needs and medical histories was generally kept secure. However, there were occasions when the door to the office was left ajar when the registered manager or staff were not in there. This meant that anyone in the home at that time could access personal and private information stored in the room. The registered manager reported that they had only left the room for a short period each time and felt that there had been no risk to people's private information. This is an area that requires improvement.

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

- People received personalised care and support that took account of their individual preferences and personal circumstances. Each person had a plan of care that detailed the support they needed. These were unique to the individuals and supported staff to deliver consistent care and support in the way that people wanted and needed.
- Care plans set out how people should be supported in the way that best suited them and their needs. Care plans were personalised and reflected people's likes, dislikes and preferences.

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 told us there was a range of activities available to engage them and help keep them active. However, no-one we spoke with shared their opinions about the activities. A relative told us, "The programme of activities laid on for the residents at the Nightingale makes [person] so happy. Regular visits by singers, a programme of regular activities including making cakes, making lavender bags, strawberry tea, the Christmas party, our evening singing group - just to mention a few I can remember - all give [person] and the other residents a great deal of pleasure and stimulus."
- People were supported to continue with interests they had prior to entering the home. For example, a person had expressed an interest in books. The team arranged for the person to go to the local library so they could choose books they wanted to read. The registered manager reported the person was happy with having the independence of going out and making their own choices. This was now to be a regular event for the person.
- However, people being cared for in bed had little engagement. Records showed that people were visited in their rooms once or twice during a month for hand massages and the like. The registered manager was aware of this shortfall and advised that one activity co-ordinator was in post at this time and they were in the process of recruiting a second person. This meant there would be a programme of engagement purely for people cared for in bed to help reduce the risks of social isolation.
- On this day there was a baking session in the morning and a further craft session in the afternoon.

Improving care quality in response to complaints or concerns

- The registered manager listened and learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures.
- People and their relatives said they knew how to make a complaint but had not felt the need to do so because the management team took immediate action to address anything people were not happy with. We looked at complaint records and noted robust investigations and how the registered manager liaised

with complainants after the event to ensure they were satisfied with the outcome.

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 detailed their communication needs. For example, the communication care plan for a person indicated there was a risk of misinterpretation due to poor communication. The care plan advised staff to speak slowly and in a clear voice. Staff were guided to allow the person enough time to digest the information and respond. This meant staff had detailed guidance to enable them to support people safely in a way they wished.
- The registered manager reported that the staff team were established and all understood each person's communication ability and needs. There were computer tablets available in the home used to support with communication and engagement.

End of life care and support

- People were supported to remain at Nightingale Nursing Home when they neared end of life. Records showed that training had been provided for the staff team.
- People had care plans in place to address their needs at end of life. However, these primarily addressed practical and clinical issues. The care plans failed to inform staff about how to meet people's emotional needs and how to keep each person as comfortable as possible at this time. The registered manager acknowledged this and undertook to further develop the care plans to be more holistic.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about the registered manager. One relative said, "The (registered) manager has a lot of empathy." Another relative told us, "[Registered manager] sets a high bar for his staff and it is obvious that they work very hard to meet his expectations." They went on to say, "[Registered manager] genuinely regards the residents as his own family and will only afford them the same care and attention he would give to his own family. His passion for what he does and the integrity with which he does it, impresses me every single day."
- Staff told us they found the registered manager to be fair and very supportive. There was a warm atmosphere within the home. It was clear that the registered manager and staff team were committed to providing care that was respectful and caring.

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 management and staff were open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was ingrained into every aspect of the home management.

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

- The registered manager led from the front and supported staff to provide the best care and support they could.
- Regular audits were undertaken of all aspects of the care provision and any actions identified had been followed up to ensure improvements were made.

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

- People's relatives were invited to regular meetings in the home and the registered manager responded to any matters arising from these meetings in an open and timely way. For example, a relative had suggested spaghetti hoops may be easier for a person to manage than strands of spaghetti. Spaghetti hoops were ordered for the person. A person had requested support to obtain a postal vote for the general election, the registered manager acted upon this request immediately.
- The registered manager sought feedback from people, their relatives, the staff team and external professionals. Any concerns raised by this process were reviewed and actions taken where appropriate.

People were also involved in the running of the home via regular meetings and quality questionnaires.

Continuous learning and improving care; Working in partnership with others

- The management worked closely with health professionals and people's relatives to help ensure people lived as normal a life as possible.
- The registered manager maintained their skills and knowledge and updated themselves about changes in legislation and practice. They did this through reading publications shared by CQC and other health and social care organisations and attending network events facilitated by a local care provider's association.