

Paxfield Associates (Sheffield) Limited

Nightingale

Inspection report

Nether Lane
Ecclesfield
Sheffield
South Yorkshire
S35 9ZX

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Tel: 01142571281

Website: www.nightingalecarehome.com

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Nightingale is a residential care home that provides accommodation and personal care for adults with a range of care and support needs. This includes adults who are living with dementia. The home can accommodate up to 40 people in one adapted building over two floors. At the time of this inspection there were 39 people using the service.

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

The registered manager placed people at the heart of the service and demonstrated exceptional leadership skills. The registered manager had forged excellent links with other services and organisations in the community. This led to people receiving coordinated, effective support and afforded people excellent opportunities to take part in a wide range of activities.

People had access to numerous social opportunities, both within the home and in the local community. This had a positive impact on their well-being. The provider and registered manager maximised people's opportunities to be involved in the development of the home and we found their ideas were acted upon. Staff listened to people and proactively supported them to take part in things they had not experienced before.

The provider, registered manager and staff were all driven to provide high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Adaptations had been made to the home, to meet the needs of people living with dementia. The home was well-maintained, and people had been supported to personalise their rooms. This supported people to navigate to their own bedroom and feel truly at home.

People were safe, and they received effective care from the staff team. There were enough staff available to ensure people's needs were met in a timely manner. People's medicines were managed safely. Risks to people were mitigated and staff knew how to protect people from abuse.

People received support from staff who were kind, caring and well-trained. People were treated with dignity and respect. Staff delivered care which met people's needs and respected people's preferences. Staff knew people very well and delivered personalised care to people. Staff encouraged people to remain as independent as possible.

Staff understood the importance of supporting people to remain involved in decisions about their care. 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 and their relatives knew how to raise any concerns or complaints about the home. They were

confident staff would act on any concerns.

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

Rating at last inspection

The last rating for this service was good (published 21 June 2017).

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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Nightingale

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

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Nightingale 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 CQC. 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with eight people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care staff and other ancillary staff. To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care, throughout the day.

We reviewed a range of records. This included three people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including two staff files.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

We sought some more documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

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 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 provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were confident the registered manager would act quickly on any concerns they raised.

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

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained assessments of the risks posed to them, and guidance for staff about how to manage those risks. A person told us, "The staff make us feel safe."
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The provider had ensured the home had relevant safety certificates in place.
- All accidents and incidents were recorded by staff and analysed by the registered manager, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events and to make improvements to the safety of the service.

Staffing and recruitment

- There were enough staff available to keep people safe and to meet people's needs in a timely manner. There was a continuous staff presence throughout the home and staff engaged well with people throughout the day.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely, in accordance with good practice guidelines. The home used an electronic medicines management system which had reduced the risk of errors occurring during the administration of people's medicines.
- People received their medicines, as prescribed. People's medicine records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

Preventing and controlling infection

- People were protected from the spread of infection. All staff received training in infection control and they had access to suitable equipment to help prevent the spread of infection.
- We observed the home was clean and tidy during this inspection.

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 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.

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

- The premises had been suitably adapted to meet the needs of people living in the home, including people living with dementia. These adaptations had been made in accordance with good practice guidance. For example, people's bedroom doors contained individual door knockers or decorations which had a special meaning to each person. This had supported some people to recognise their own bedroom door and therefore supported them to navigate around the building more effectively.
- People had been involved in decisions about the decoration of the home. Staff had supported people to vote on colour schemes for the communal areas of the home and people were asked for their opinion about new furniture purchases. This supported people to feel at home and live in an environment which was suited to their needs.

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

- The provider used effective systems, based on good practice guidance, to ensure people's needs were assessed and kept under review. People and their relatives were involved in the assessment and care planning process to ensure care was delivered in accordance with people's needs and preferences.
- People and their relatives were very happy with the care they received at Nightingale. A person told us, "I love it here. I've not had any problems. It's good."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right skills to deliver effective care. Staff were happy with the training they received. A person commented, "The staff are very good. They know what they are doing."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt very well supported by the registered manager and the deputy manager. They felt able to raise any concerns or questions with them.

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

- People's nutritional and hydration needs were met. When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were given accurate information about people's dietary requirements and preferences.
- People and their relatives were happy with the food and drinks on offer. A person commented, "The food is very good. If you want something different making, the chef will make it."
- The provider employed a staff member who had a specific focus on meeting people's nutritional needs.

This staff member had completed additional training in this area and helped to ensure people consistently had the right level of support to eat and drink safely.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff regularly sought advice from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- People and their relatives were happy with the support they received to access other services and professionals.

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 service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We were satisfied the service was working within the principles of the MCA. People's capacity to make decisions had been assessed and best interest decisions were recorded, when necessary. The registered manager had a comprehensive understanding of the MCA.
- Suitable systems were in place to ensure restrictions on people's liberty were correctly authorised. The registered manager submitted DoLS applications to the local authority. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware.
- Staff obtained consent from people before they delivered care.

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 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

- We observed staff interacted with people in a positive way. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- Staff were able to provide effective reassurance to people when they became upset or anxious. We observed people appeared comfortable in the presence of staff. A relative commented, "Nobody is ever ignored. Some residents shout a lot, but staff never disregard what they're shouting about. They comfort them and ask them what they need."
- People and their relatives told us staff were kind and caring. Comments included, "Everyone is so friendly. The staff are lovely. They look after you" and "Staff are always ready with a smile."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff supported and encouraged people to make decisions about their care. People were afforded choice and control in their day to day lives. For example, we observed staff asked people what they wanted to do during the day and where they would prefer to spend their time.
- Relatives told us they were kept informed about their family member's care. Relatives commented, "We're happy. Staff seem really 'on the ball'. They telephoned us when [our family member] had a fall" and "[Staff] always inform us if anything is wrong."
- Relatives told us they were welcomed into the home whenever they visited. Relatives confirmed they were involved in planning and reviewing their family member's care, when this was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves.
- Staff were respectful of people's privacy and dignity. People told us staff always treated them with respect. A person commented, "Oh definitely. We're older than them [the staff] and they always treat us with respect."

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

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

- There was a wide range of activities on offer to people living at Nightingale, both within the home and in the local community. This supported people to live meaningful, active and fulfilling lives. People told us, "We always have something to do."
- Activities were individualised to suit people's personal preferences, based on their interests and past experiences. Staff proactively consulted with people about their interests and thought of ways to fulfil them. Relatives had praised the social stimulation provided at the home and the positive effect it had on their family members. A relative commented, "[My family member's] quality of life has improved since they came here. They're more alert, they're chattier and they join in everything. It helps with their dementia. They're more mobile and they are eating better."
- Staff actively supported people to take part in things they had not experienced before, and they explored people's unfulfilled desires to see if they could help them achieve them. For example, staff had supported a person to go horse riding and others had been supported to drive a car for the first time in their lives.
- The provider had adapted the home to aid reminiscence and encourage people to interact at a cross-generational level. They had built an old-fashioned sweet shop within the home. People were supported to run the shop and serve visiting children's groups. People told us they loved being involved with this and that it gave them much enjoyment.

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

- Staff knew people very well and delivered care in accordance with people's preferences. People's care plans contained information about their life history and interests. This supported staff to build positive relationships and bonds with people.
- Staff were responsive to people's changing needs. Staff used an electronic care planning system which meant all staff had access to current information about each person's care and support needs. The registered manager and deputy manager promptly updated people's care plans, as people's needs changed.
- Staff tailored their approach to people, based on their knowledge of each person. This enabled staff to care for people in a personalised manner and be responsive to their needs. A person commented, "The staff are good and if you need anything they're happy to help."

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 communication needs were assessed and met. People's care records described how staff could communicate effectively with each person.
- People's relatives told us staff were skilled at communicating with their family members and this supported them to remain involved in decisions about their care. A relative told us, "The staff can communicate with [our relative], much better than we can."
- Information was made available in a variety of formats to support staff to communicate effectively with people. For example, staff had access to picture cards which contained pictures of every food item on the home's rotating menu, to support people to make choices about meals and drinks when they struggled to communicate verbally.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the registered manager and staff.
- People and their relatives told us they felt able to raise any issues or concerns with staff. They were confident any concerns would be addressed. One relative commented, "I can speak to any of the staff, at any time, and if I have any worries they will sort it straight away."

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at the end of their life.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- The home was an excellent role model for other services. The registered manager was part of a working group which proactively encouraged care homes across the city to embed best practice in respect of medicines management. The registered manager had invited other home managers and professionals to Nightingale, to support this initiative. We saw many letters of thanks from other professionals for the registered manager's support.
- The home worked seamlessly with their local GP practice and pharmacy. They had received an award from the local clinical commissioning group for a project they had collaborated on. The home's relationship with the GP and pharmacy resulted in people's prescribed medicines being regularly reviewed, which supported people to optimise their health.
- The registered manager had forged excellent links with other organisations in the community, such as the local university, college, and various schools, churches and children's groups. The relationships with these organisations had a positive impact on people's well-being. For example, two students from the local university were completing a research project in the home, about the effectiveness of the activity provision. The registered manager planned to use the results of the research to ensure the home offered activities to people which had the maximum impact on improving people's well-being.
- The registered manager was part of a community group who worked together to support the community to become dementia friendly and ensure people with dementia were understood and valued. Through the work of this group, people living at Nightingale had increased opportunities to attend clubs in the community. For example, people had started to attend a bowling club every week, which had previously only been accessible to people living with less advanced dementia. This was something they thoroughly enjoyed.
- The home's links with community organisations afforded people excellent opportunities to socialise with a wide range of people and take part in numerous activities. People were continually supported to be active citizens within their community by using local services regularly, for example by visiting local clubs and church groups for activities.

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

- People and their relatives had numerous opportunities to be involved in the development of the home. The registered manager obtained feedback from people about prospective new members of staff before making recruitment decisions. Staff proactively involved people when developing the menus, the activity provision and making decisions about the decoration of the home.

- People's feedback was acted upon to improve other people's experience of the service. For example, people had asked staff to arrange additional events involving local children's groups as this was something many people gained a lot of enjoyment from. The provider responded by installing a children's changing station in the home, to improve the home's accessibility to these groups. A weekly 'rattle and roll' session has since been arranged where a nursery group attends the home for music and games. A high number of people actively engaged with this weekly event.
- The provider had maximised people's ability to give feedback about the home by developing a pictorial questionnaire they could complete.
- Staff were encouraged to share feedback about the home during supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.

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

- The provider, registered manager and staff were all driven to provide high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home.
- Staff and the registered manager worked alongside people as equals. People knew the staff and registered manager well; there was a relaxed feel to their interactions which supported an inclusive environment.
- Everyone was highly complimentary about the way the registered manager led the service. A staff member commented, "[The registered manager] puts the residents above everything. She goes out of her way to make the residents happy."

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

- The registered manager demonstrated clear and effective leadership skills. Their knowledge, passion and commitment to the service, the people in their care and all staff members was exemplary.
- The registered manager had a visible presence in the service and led, very much, by example. She was well-supported by the deputy manager. We found the management team were open and committed to making a difference to the lives of people living at the service. A relative commented, "Staff seem to take [the registered manager's] lead and everything is done with a smile."
- There was a robust quality monitoring system in place to help drive continuous improvements to the care people received. The registered manager and deputy manager completed regular audits to ensure compliance with the provider's expectations of high-quality, personalised care.
- The registered manager had creative ways to continually improve staff's knowledge. Every month they ran a quiz and when staff submitted a correctly completed entry, they were entered into a prize draw. Staff at all levels were very clear about their roles and responsibilities.

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 registered manager and provider were committed to being open and honest if anything went wrong and learning from any incidents or complaints. All staff told us they were confident the registered manager and provider would act on any concerns they raised.