

Nightingales Care Limited

# Nightingales Nursing Home

## Inspection report

355a Norbreck Road  
Thornton Cleveleys  
Lancashire  
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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

Nightingales is a care home situated in the residential area of Thornton Cleveleys. The home provides residential and nursing care for 55 people, including people who live with dementia. The main building is a converted and purpose built extension to a farmhouse and has a ground and first floor facility. There are single and double bedrooms which all have en-suite facilities. There is a passenger lift in place. There is another residential building within the grounds and this is known as The Barn. At the time of our inspection visit there were 53 people who lived at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with six people who lived at the home and four people visiting their relatives. People told us they were happy and well cared for and felt safe living at the home. One person visiting the home said, "Very happy with [relatives] care. They are kind and so patient with them."

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about support needs of people in their care.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were

safely kept with appropriate arrangements for storing in place.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People who lived at the home had the choice of attending the services day centre where a variety of activities were organised for their entertainment. We saw people participating in an art class and one person enjoying a game of chess with a staff member.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. We saw the registered provider had listened and responded to issues of concern raised by the family of one person and these were being investigated when we undertook our inspection visit.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff and resident meetings to seek the views of people about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Nightingales Nursing Home

## Detailed findings

### Background to this inspection

'We carried out this comprehensive 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.'

This inspection visit took place on 17 January 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors 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.' The expert- by-experience had a background dealing with older people and people in the early stages of dementia.

We spoke with a range of people about the service. They included six people who lived at the home, four relatives, the registered provider, operations manager, deputy manager and eight staff members. Prior to our inspection visit we contacted the commissioning departments at Blackpool and Lancashire council, Blackpool and Lancashire Clinical Commissioning Groups (CCG), Lancashire Fire and Rescue Service and Healthwatch Blackpool and Lancashire. Healthwatch Blackpool and Lancashire are an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training matrix, supervision records of four staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

We spoke with six people who lived at the home who all said they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I feel safe knowing the staff are available if I need them. I am full of praise for them, the girls are really nice here" And, "The staff are kind and gentle with me. My family know I am safe and well." A visiting relative said, "I have no worries about [relative]. They like the staff and never complain about anything."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example we saw crash and pressure mats were in place in the bedrooms of people identified as being at risk of falling during the night.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. This was completed through a dependency tool which calculated the number of staff required to meet people's needs. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed the nurse on duty administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The six people we spoke with told us they were happy with the support they received with their medicines.

We looked around the home and found it was clean, tidy and well-maintained. We did note an offensive odour on the first floor in the morning but this had disappeared when domestic staff had completed their duties. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from

potential infection when delivering personal care and undertaking cleaning duties. We also found the service had appropriate arrangements in place for the removal of clinical waste.

# Is the service effective?

## Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Comments received from people visiting the home included, "I feel confident that staff are looking after [relative] and they know how to provide [relatives] care." And, "I have been visiting five days a week for seven years and feel things have improved overall during this time. I am very happy with the service they provide."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. When we undertook our inspection visit all 53 people who lived at the home had been assessed as lacking capacity to consent to their care and had a DoLS in place.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

We observed lunch in the services two dining rooms. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw one person who had experienced weight loss had been referred to a dietitian following a visit from their GP. The records showed the person's health had improved and they had begun to regain weight.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the rear grounds which were enclosed and safe for people to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing. We saw the design of the building provided sufficient space to enable people to wander safely. The registered provider was in the process of replacing bold carpets with plain surfaces as these are less likely to cause problems to people with perceptual problems. The building was well lit and made as



much use of natural light as possible.

## Is the service caring?

### Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with six people who lived at the home. We also spoke with four visiting family members. One person who lived at the home said, "Staff are very caring and helpful." A visiting relative said, "Yes I find the staff kind and caring. I always have a good chat with them when I visit and have got friendly with them. I have liked the home and staff from the day [relative] moved in."

We spoke with the deputy manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "They knock on the door and ask if they can come in."

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw recent comments from relatives praising the staff and managers which included 'Thank you for making [relatives] final days comfortable.' And 'We are very grateful for the care provided by the staff.'

## Is the service responsive?

### Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. The three care plans we looked at were detailed and were clear about the support needs of people and how they wanted their care delivered. We saw where people had expressed their preferred gender to support them this had been documented.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. During our inspection visit we spoke with two family members who had a number of issues about their relatives care. They told us they had met with the registered provider the previous day and the provider had listened to their issues and promised to respond. During our inspection visit representatives of the registered provider attended the home to investigate the concerns they had raised.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The passport also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from six people supported by the service included, "The service is well run." And, "I find the manager is approvable."

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, medication, nutrition and infection control. Regular checks were also made to ensure window restrictors were working and water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

Resident and staff meetings had been held to discuss the service provided. We looked at minutes of the most recent residents meeting and saw topics relevant to the running of the service had been discussed. These included arrangements for the Christmas period and the activities that were being arranged.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.