

Nightingales of Kidderminster Limited

Nightingales Residential Home

Inspection report

Wolverley Court, Wolverley Road
Kidderminster
Worcestershire
DY10 3RP

Tel: 01562850201

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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

Nightingales Residential Home is a residential care home providing personal care to up to 23 people. The service provides support to older people, people with physical disabilities and sensory impairments. At the time of our inspection there were 15 people using the service.

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

People told us they felt safe and were supported by a group of consistent staff who knew them well. People were provided with care by appropriately recruited staff who had received training in how to support them safely and effectively. Staff were aware of the risks to people and were kept up to date with changes in people's care needs. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report any concerns they may have. People received their medication as prescribed.

People were supported to maintain a health and balanced diet and they were encouraged to make choices about food they ate. Care and support were person-centred and people's bedrooms were personalised to their tastes. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice. People were enabled to access a variety of healthcare services to assist them in maintaining good health, and the local GP conducted regular rounds. The service provider had a training programme to support staff to improve their skills and knowledge.

People were happy with the care they received. Staff were kind and compassionate and supported people to maintain their dignity and independence. We observed lovely interactions between staff and people.

People had electronic care plans in place that were up-to-date, detailed, and person-centred. This enabled staff to understand and meet their needs and expressed people's wishes and preferences. Staff ensured they communicated and shared information with people in a way they could easily understand. There was a complaints process which people and relatives were aware of and they had information about the procedure to follow.

People living at the care home, their relatives and staff working there were all complimentary about the way the service was managed. The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary.

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 good (published 7 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about lack of completed risk assessments and care plans, poor governance, unwitnessed falls and people being at risk of dehydration. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nightingales Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This team that carried out the inspection on 28 July 2023 consisted of 1 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. The inspection team returned on 2 August 2023. On the second day of our inspection the inspection team consisted of 2 inspectors.

Service and service type

Nightingales Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingales Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service was run by a manager who told us they were going to register with us. The manager had been in post for 2 days on the second day

of our inspection.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with 5 staff members, including the manager, the deputy manager, senior carers and regular carers. We spoke with 5 people living at the service, 1 visitor and 2 visiting healthcare professionals. We reviewed a range of records. These included care records for 4 people and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff. One person told us, "It is great, they (staff) are fine".
- Staff were trained and knowledgeable about how to spot the signs of abuse. Staff were confident reported concerns would be acted upon by the registered manager. A member of staff told us, "I would report my concerns to CQC, or the safeguarding team".
- Systems and processes were in place to protect people from the risk of abuse. The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.

Assessing risk, safety monitoring and management

- Risk assessments in place provided staff with information on how to support people safely and effectively. We noted clearer guidance was needed in catheter care plans and this was addressed on the first day of inspection.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills.
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water, and electrical equipment checks to ensure people's safety.

Staffing and recruitment

- There were enough staff deployed in the service to meet people's needs. Relatives of people told us staff were always around when needed and people told us that if they called for help, staff responded in a timely way. On the day of the inspection we observed that sufficient numbers of staff were dispatched to meet people's needs safely. Staff were not rushed and had time to stop and interact with people. We checked staffing rotas for the last eight weeks which confirmed that staffing levels were safe.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.
- Staff described staffing levels as good and told us that staffing levels at the home were stable.

Using medicines safely

- Records confirmed people had received their medicines and topical creams as prescribed. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- People were receiving their medicines from staff who had received appropriate training and who had their competency checked.
- People received their medicines as prescribed. Medicines were ordered, stored and disposed of safely and

securely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open to visitors in line with government guidance at the time of the inspection.

Learning lessons when things go wrong

- The management team discussed incidents with staff as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.
- Staff meeting minutes showed how discussions were held when things went wrong and information about improvements was shared.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Prior to our inspection we received concerns that not all people had care plans and risk assessments in place. During our inspection we found that all people's needs were assessed to ensure the service was able to support them effectively and safely.
- People's care plans were person-centred and contained assessments of people's needs, risks, likes and dislikes.
- Care plans were reviewed regularly to make sure information about how best to support people was updated as needs changed.

Staff support: induction, training, skills and experience

- People were supported by a group of staff who had been provided with an induction and opportunities to shadow more experienced colleagues. This enabled them to get to know people living at the service.
- People told us they received support from well-trained staff.
- Staff were supported to access the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to enjoy a variety of meals, snacks and drinks throughout the day.
- We saw that people's food preferences were accommodated. For example, one person enjoyed a bowl of soup for breakfast and another person wished to have sardines on toast. Both wishes were met by the service provider.
- Prior to our inspection we received information that people might be at risk of dehydration. During our inspection we saw people had access to fluids and people who stayed in their rooms had fluids within the reach of their hands. The level of liquids in jugs in people's rooms changed throughout the day and staff asked people if they need their assistance.

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

- People were supported to access a variety of healthcare services to meet their needs, including district nurses, a GP and opticians.
- Staff were aware of people's individual healthcare needs and supported them to access services and work alongside other healthcare professionals.

- We received positive feedback from healthcare professionals working with the service. One healthcare professional told us, "The care provided here is exceptional".

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

- People's rooms contained their personal belongings which provided a homely feel. People were able to access a number of communal areas including the accessible garden.
- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who had received training in the MCA and were aware of the need to obtain people's consent prior to supporting them.
- DoLS applications were made appropriately and systems were in place to ensure applications and authorisations were reviewed in line with legal requirements.
- Staff supported people to make their own decisions. People were able to make daily decisions relating to food choices, where they wanted to spend their time and what clothes they would like to wear. Staff helped people by presenting choices and options.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us staff were kind, caring and respectful, and we observed many positive interactions between staff and people during our inspection. One person told us, "I like the atmosphere here. Carers are really good."
- People's care plans contained detailed information about people's preferences, personal histories and backgrounds, and staff used this information to develop relationships with them. Staff knew people well.
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure people made their own choices with clothing and respected their views on how they dressed. Staff were aware of people's religious, cultural and social needs.

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions wherever possible.
- People, and those important to them, took part in making decisions and planning people's care and risk assessments.
- People, and where appropriate their relatives, were involved in regular reviews of people's needs to ensure the support and care they received was meeting their preferences and decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible.
- Staff knew how to promote people's privacy and dignity. A member of staff told us, "When assisting with personal care, I knock on the door, open the door slowly and make sure the door is closed".
- All written information about people was stored securely. Staff understood how to protect people's confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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's care plans reflected a person-centred approach to care. They considered people's physical, mental, emotional and social needs. This enabled staff to provide the support and care people needed.
- From our conversations with staff, it was evident they knew people well. Staff told us care records provided them with information required to meet people's needs and were regularly reviewed. People's preferences and choices were respected.
- Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and met. For example, where people wore glasses or hearing aids, staff were directed to ensure people were supported to wear these. They were also instructed how to communicate if people chose not to wear these.
- People told us staff communicated clearly with them and understood what people meant and were saying.

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's care plans provided information about their family and friends, their hobbies and interests, as part of the staff's approach to person-centred care.
- People were able to take part in activities of their choosing. A number of people, supported by the activities coordinator, were seen engaging in a range of activities, which included gardening, sing-along and cookery. People were also provided with activities by external entertainers such as singers or visitors with animals. People were offered trips to town on a regular basis.
- People who chose to stay in their rooms or were unable to leave their rooms were provided with a variety of activities. These included playing chess, timber blocks, board games, wordsearch and chat with the activities co-ordinator.
- People were supported to maintain their family relationships to protect them from the risk of social isolation. Visitors were welcomed into the service and we observed staff took time to speak to visitors when

they arrived. Relatives told us they always felt welcomed when visiting the service.

Improving care quality in response to complaints or concerns

- People told us they felt their concerns were listened to and were confident that if they did raise any concerns, they would be taken seriously and acted on. One person told us, "I have no complains about anything".
- Although the service had a system in place for recording complaints, no formal complaint had been received since our last inspection.
- A copy of the complaints procedure was displayed within the home and people and their relatives were extremely confident that if they had any concerns, these would be acted upon.

End of life care and support

- People's care records included information in relation to advanced decisions about their care, including whether resuscitation was to be attempted. People's records included information referred to as ReSPECT. This is a personalised recommendation about a person's clinical care and treatment in the event of a future emergency, where they would be unable to make or express their views.
- None of people was receiving end-of-life care at the time of our inspection. However, where people needed care at the end of their lives, this was provided in partnership with the local district nurse teams and a GP.
- Staff monitored people and ensured they received appropriate end-of-life care and support, when needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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, their relatives and staff told us the service was well-managed. One person told us, "I can't fault this place".
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.
- Staff spoke positively of the support they received from the management team. Staff received constructive guidance and support in areas which required improvement, and received positive feedback as to what was working well.

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 worked in an open and transparent way when incidents occurred at the service, in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.
- The management team was receptive to all feedback during the inspection, and open and transparent during the process. Action was taken immediately when feedback was provided on some areas identified for improvement.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way. The home's previous rating was displayed at the entrance for visitors to see.

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

- Staff were clear about their roles and responsibilities and told us the manager and the deputy worked well together and both were supportive and approachable.
- A variety of audits were in place to provide the registered manager with an oversight of the service. For example, audit of medicines, laundry, kitchen, and a maintenance audit. Effective audits resulted in a range of improvements. For example, ReSPECT forms were updated after a care plans audit.
- People's care records were stored electronically. Staff updated the records detailing the care provided throughout the day. This provided had an up-to-date account of the care and support provided. The system was monitored by the management team.

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

- People's views of the service were sought through reviews and meetings. People felt their views were listened to. They told us the management team was approachable and acted on concerns brought to her attention. People were also provided with the opportunity of providing feedback through annual surveys.
- Regular staff meetings were in place to ensure staff were kept up-to-date with what was happening at the service and provide opportunities to feedback any concerns. Staff told us these meetings were helpful and they felt able to contribute to them.
- The management team encouraged people and visitors to provide their views and about how the home was performing. There was a link to an external website displayed at the entrance so people and visitors could provide their feedback.

Continuous learning and improving care; Working in partnership with others

- People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it, and we saw working collaboratively had provided staff with up-to-date professional guidance.
- We received positive feedback from the GP working with the service. They told us, "We don't have any concerns about the service. Communication with seniors is always consistent. Concerns are raised in a timely manner, and this is then shared with our team so nothing gets missed. Staff do spot the signs of malnutrition or dehydration and will raise it with us. There is no delay in treatment, [the company owner] will always come and collect any prescriptions when they are issued".