

Paxfield Associates (Sheffield) Limited

Nightingale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Nightingale is a purpose built, two-storey care home situated in the Ecclesfield area of Sheffield. It can accommodate up to 40 people who require personal care for older people and those living with dementia. It is located near a shopping area and is close to a supermarket, a chemist shop and a bank. It is accessible by public transport.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Nightingale took place on 5 November 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 30 March 2016 and was unannounced. This meant the people who lived at Nightingale and the staff who worked there did not know we were coming. On the day of our inspection there were 38 people living at the home.

We found that people were protected from abuse. Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers would act appropriately to safeguard people from abuse.

People told us they liked living at Nightingale. One person told us, "I love it here."

Thorough staff recruitment procedures were in place, which meant that people were cared for by suitably qualified staff who had been assessed as safe to work with vulnerable people.

Staff received training and some support to undertake the job they were employed to do. However, not all staffed received regular supervision or a yearly appraisal.

The service had systems in place for the safe storage and administration of medicines.

There were not enough staff to meet everyone's needs in a timely manner. Staff we spoke with told us there weren't enough staff available. We saw people having to wait for support to go to the toilet, and waiting when two carers were needed to support a person to move safely.

We found the service to be meeting the requirements of the Mental Capacity Act. The registered manager had applied to the Local Authority for Deprivation of Liberty Safeguards (DoLS) to be authorised for several people living at Nightingale.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Care records were personalised and contained relevant information to enable staff to provide person-centred care and support. People and/or their advocates had been involved in their care and support planning.

The care records we looked at included risk assessments, which identified any risks, associated with people's care. Detailed plans were in place to support people to minimise these risks.

People were offered a limited selection of food and drinks. People told us they would like more choice, and more drinks to be served with their meals.

There was an activities coordinator employed at Nightingale and a programme of activities available to people.

The complaints process was clear, up to date and readily available to people living at Nightingale and their visitors. We saw a record was kept of all complaints that were received, the response given to the complainant and any action taken to rectify the complaint.

People living at Nightingale and staff working there, told us the registered manager was approachable and responsive to any concerns they had.

There were effective systems in place to monitor and improve the quality of the service provided.

Staff, people who lived at the home and their relatives were regularly asked for their thoughts and opinions of the home, and were given opportunities to give suggestions to improve the home.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, in regard to staffing, and person-centred care. You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had appropriate arrangements in place to manage medicines.

We saw there were not enough staff to meet people's needs in a timely way.

Staff knew how to recognise and respond to abuse correctly. They understood the policy and procedures in place to safeguard people from abuse.

The service had safe arrangements in place for recruiting staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People told us they would like more variety in the food they were served and more drinks offered during mealtimes.

Staff received appropriate training and had varying amounts of supervision to support them to undertake their jobs.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People living at Nightingale and their relatives told us that staff were caring.

We saw people were treated with dignity and respect, and that staff were caring and attentive to people's needs.

Most staff were knowledgeable about people's needs and

preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and responsive to their needs. People and their families, where appropriate, had been involved in the planning of their care and support. This included information regarding the person's likes and dislikes, preferences and preferred activities.

The service employed an activities coordinator and there was a programme of regular events for people to participate in.

There was an up to date complaints policy displayed. People told us the registered manager was responsive to any concerns raised or suggestions made.

Is the service well-led?

Good ●

The service was well-led.

People told us and we saw that the registered manager was approachable.

Regular audits and quality assurance checks were undertaken in order to monitor and improve the quality of the service provided.

People who lived at the home, their visitors and staff who worked there were regularly asked for their views, in a variety of ways about the service provided. These views were recorded and acted upon.

Nightingale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 took place on 30 March 2016 and was unannounced. The inspection team was made up of one Adult Social Care inspector, a Specialist Advisor and an Expert by Experience. A Specialist Advisor is a professional with experience of working with people who use this type of care service. This specialist advisor was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission (CQC) every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. 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 contacted members of Sheffield City Council Social Services who had some concerns regarding low staffing levels at the service.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We spoke with 13 people living at Nightingale and three of their relatives or friends. We also spoke with a visiting healthcare professional. We met with seven members of staff, including the registered manager.

We reviewed a wide range of records including six people's electronic care records, four staff recruitment files and eight staff supervision files. We checked the medication administration record charts for 14 people. We also reviewed the policies, procedures and audits relating to the management and quality assurance of

the service provided at Nightingale.

Is the service safe?

Our findings

People told us they felt safe living at Nightingale. One person said, "I feel safe, the staff, nearly all are alright". Another person told us, "I feel safe here. I can get up and go to bed when I like. I don't really need help at night." A relative told us, "He always gets his medication on the round."

The registered manager told us the registered provider employed enough staff to keep people safe. They were not aware of any staffing dependency tools being used to calculate the number of staff needed based on the amount of care and support people required. We were told and we saw that there was one senior member of care staff and four care staff employed during the day. We were told three care staff were employed each night. In addition we were told a 'head of care' had recently been recruited to replace the vacant deputy manager post. This person would work a combination of office hours and complete a 12 hour care shift each week. There was also one cook, three housekeepers, an activities coordinator and administrator employed on the day of our inspection. During the inspection we observed that this was not enough care staff to meet everyone's needs in a timely way. We saw and we were told that three people living at Nightingale required two care staff to support them to use a hoist, and another two people required two care staff to support them to use a stand aid. We saw that staff were rushed in their jobs and therefore had little, if any time to stop and talk with people.

Most people spent the day in the main living and dining area downstairs. We saw one person wander in to the lounge with the zip of their trousers undone and the front of their trousers wet. It was a few minutes before a member of care staff noticed him. Another person stood up from their chair with the aid of a walking frame and said, several times, "I need the toilet." The person seemed distressed but the only member of care staff in the lounge was with another person and said twice that they would be with them in a minute. The person started to try to make their own way to the toilet and after a few minutes the member of care staff was able to support them. We saw many people living at Nightingale had a physical disability, and almost all were living with dementia. We saw that one member of care staff at that time was not sufficient to meet the needs of so many people living with such complex health needs.

One person told us, "I've a bell in my room to ring if I need help but it's not very easy getting help. Last night I had problems getting my socks off, I needed help. They [staff] say 'you'll have to wait' so I tend to struggle on my own because I want to go to bed."

We saw that the first 20 minutes of lunch time was chaotic. There were too few staff and therefore it took some time before everyone was seated and eating their first course. As the staff were so busy that often they did not give time for people to absorb what was being said to them and then time to respond. We saw this was particularly evident at lunch time.

A health professional described the home to us as busy and expressed concern that the member of care staff completing the medicines round was constantly interrupted. They thought this practice was unsafe. It could potentially increase the risk of medicines errors. We also observed this during our inspection.

The shortage of staff deployed to meet people's needs in a timely way was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We looked at four staff recruitment records to see if the home carried out adequate pre-employment checks. We found all pre-employment checks had been undertaken, including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check provides information about any criminal convictions a person may have. This helps to ensure people employed were of good character and had been assessed as suitable to work at the home. This meant the home followed safe recruitment practices.

We observed part of the medicines administration during the morning. We found the senior member of care staff for each shift was responsible for administering medicines. We saw people were offered a drink to take their medicines with and then the member of staff signed the MAR (Medication Administration Record) chart to confirm the medicines had been taken. Some medicines are prescribed to be taken PRN, which means as and when required. For example, pain relief can be prescribed in this way. We saw that these medicines were clearly labelled and staff signed to say when the person was offered PRN medicines, and if they had accepted them or not. Two of the MAR charts we looked at had a signature missing for that morning. This meant the service did not always accurately record that people had been given the right medicines at the right time.

Some prescribed medicines are controlled under the Misuse of Drugs legislation and these are often referred to as controlled drugs (CD). At the time of our inspection two people were prescribed CDs. These were stored separately in a locked cupboard. We checked the CD register and found the night dose of temazepam for one person had no witness signature recorded. This was on 29 March 2016. We spoke to the registered manager about this and they told us they would investigate why a second member of care staff hadn't signed to say this medicine had been dispensed.

The fridge temperatures were recorded daily to ensure medicines were safely stored within the appropriate temperature range.

The registered manager undertook monthly audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that action was taken to address any issues identified for improvement, however these audits were not always dated.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. The policy was up to date. This meant it reflected current legislation and practice. Care staff we spoke with could describe the different types of abuse and were clear of the actions they should take if they suspected abuse. Staff said they would always report any concerns to the registered manager or senior member of staff on duty and they felt confident their concerns would be taken seriously and the appropriate action would be taken to help keep people safe. Information from the local authority and notifications sent to CQC showed that procedures to keep people safe were followed.

We spoke with the administrator who managed the electronic records for looking after people's money. The administrator explained, and we saw that each person had an individual record of their financial transactions. Money was generally transferred electronically to pay for services such as hairdressing and chiropody. The service also held a small petty cash float which people could access. We saw the account records were completed and stored electronically with a statement sent to an agreed relative or friend each month.

We looked at six people's electronic care records and saw each contained risk assessments that identified any risks to the person, such as falls. These assessments also contained detailed information on how staff could best support the person to mitigate the identified risk. People's weights were monitored monthly and a 'body map' was also completed for each person every month where appropriate. This is completed when a person has a bath or a shower and identifies any areas where a person may be at risk of developing pressure sores so that preventative or remedial action can be taken. We found these risk assessments had all been recently reviewed to make sure they remained relevant and up to date. We saw the people were referred to the relevant service when additional risks were identified.

We found that policy and procedures were in place regarding infection prevention and control. We saw that monthly infection control audits were undertaken, which showed that any issues were identified and acted upon. We checked store cupboards, sluice, toilets and bathrooms; all were clean and tidy. Hand sanitising facilities were available at key points throughout the building. The laundry room was small and cramped, however we saw that building work was currently taking place to extend this area. We saw that most staff wore protective gloves and aprons as necessary. However, we did see one member of staff empty a commode wearing protective gloves, but no apron. In addition there were parts of the home that smelt strongly of urine throughout the day of our inspection. This means that not all procedures were always followed to prevent the spread of infection.

Is the service effective?

Our findings

The people we spoke with gave mixed feedback about the food and drinks served at Nightingale. Examples of what we were told included: "The breakfast is ok;" "The food is average;" "At dinnertime it's soup and sandwiches. You don't get a cup of tea. Afterwards you get lemonade. It's the same thing day in, day out. I would like some variety. If I want a cup of tea they say you'll have to wait. I get a small cup but I like a big cup;" and "The food is ok but the sandwiches are a bit dry and heavy, you can't really say what you want. I like to have some crisps sometimes but don't always get them."

We sat in the dining room to observe lunch being served at 12.30pm. We saw that, prior to this a tea trolley and biscuits had been brought round at about 11.30 and people were still having these at 12 noon. This meant there was not much of an interval between food, which means there is a risk that people may not eat their lunchtime meal. The registered manager told us that the main meal was served at 4.30pm each day, and soup with a selection of sandwiches was served at 12.30pm each day. We spoke with the cook who was aware of people's food preferences and special diets. The cook told us that they worked to a four week menu cycle and undertook regular stock checks of provisions so replacements could be ordered. They said, "[Residents] don't go without, there is always something in the freezer."

The dining room was bright and looked out onto the garden. It was generally clean but a bit grubby in places, around the skirting boards and a velux window immediately above one of the tables was very dirty and there were some cobwebs hanging down. There were tablecloths on some of the tables but no condiments or napkins or any other more homely touches, such as flowers. People were served tomato soup. No choice of soup was offered. We heard one person telling staff they didn't like tomato soup, but a bowl was put down in front of this person anyway and left to go cold. They were not provided with an alternative. Trays of sandwiches were then taken round and a variety offered; cheese, egg mayonnaise and chicken. Apart from the cheese sandwiches which were on sliced brown bread the others were on bread rolls which made them very bulky and we observed some people struggling to eat them. Dessert was a choice of cakes. They were large slices and looked very dry. No drinks were served whilst people were eating and one person told us, "I need a cup of tea with that, I'd love a cup of tea."

Several people needed assistance to eat and we saw a member of care staff helping two people to eat. They did so with care and kindness. Otherwise the care staff seemed too busy to monitor who was managing to eat or who had left their food. At one table a person was sitting at the table with their eyes closed. They were given soup but remained asleep. Twenty minutes later a member of care staff came over and spoke to the person to encourage them to eat. They were then offered a few spoons of the soup, which after 20 minutes had probably gone cold. Another person said "I don't want any more cake I could do with some grapes." We asked the person if fresh fruit was available and this person told us "maybe." Earlier in the day when we observed the tea trolley in the lounge area there had been three satsumas on a plate but we did not see anyone being offered fruit or eating fruit. We were told by the cook that fresh fruit was delivered three times a week and was taken round on the tea trolley every day.

The disregard of people's well-being when meeting nutritional and hydration needs is a breach of regulation

We saw records and staff told us that they received an induction prior to starting their job. This included training in safeguarding awareness, safe moving and handling practices, and fire safety. Care staff told us they had been supported to undertake additional training in dementia awareness and we were told the service supported some staff to complete NVQs in health and social care.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The service had an up to date supervision and appraisal policy. The supervision policy we saw did not dictate the frequency staff should receive supervisions, but stated that it should be set at 'appropriate levels dependent on qualifications, experience and their own identified needs.' The policy went on to state that supervision should not be performance management led. Staff we spoke with, and the eight supervision files we looked at indicated staff received variable amounts of supervision and only one file contained a written record of an appraisal in the last 12 months. In addition staff we spoke with and the files we saw showed us that the content of supervision was often performance management driven. For example, we saw records of supervisions solely around staff not completing electronic daily communication records.

The lack of regular supervision and appraisal to support staff to carry out their duties is a further breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We asked people about access to a GP and other health professionals. We were told the GP comes when needed and other health professionals as required. During the visit we observed one person being fitted with some new spectacles and four other people were seen by a District Nurse. The electronic care records we looked at showed that people were provided with support from a range of professionals to maintain their health and wellbeing.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). There were keys pads on the main entrance doors at Nightingale which required a code to open them. This meant people without capacity to decide where it was in their best interests to live potentially had their movements restricted. The registered manager told us they were aware of their responsibilities under the MCA, and we saw that they had applied to the local authority for DoLS assessments for several people living at Nightingale.

Some people residing at Nightingale were living with dementia. There was a rear garden with a dementia friendly area which included a summer house/cafe and places to sit. There was also safety flooring outside to reduce the risk of injuries should a person slip or fall. The summerhouse was not in use at the time of our visit as it was being used for storage. We were told that additional storage space was being created so the summerhouse could be used again. People told us that in the better weather they enjoyed using the outside space. The inside of the home didn't have a particularly dementia friendly approach. There was little stimulation for people living with dementia, such as coloured doors or memory signs/ boxes to aid

orientation in long corridors. The wall hangings we saw were unsuitable for people living with dementia. Though decorative in nature, they were inappropriate to stimulate memory recall or interaction. However, there were names on bedroom doors where people wanted this and we were told that some people had memory albums in their rooms.

Is the service caring?

Our findings

A relative told us, "She's looked after fine. She likes everyone. There's one, [name of care worker], who she likes. I stay until tea time to make sure she has her food, it's a soft diet. But if I didn't come I'm confident that she would be fed, the staff here are very good." Another relative we spoke with said, "All the staff are good and friendly. I've never seen anyone being mistreated."

A person living at Nightingale told us, "I like the staff but [name of care worker] was not very kind to me this morning. They made me move from where I was sitting. I get cold toast and I don't enjoy it and I'm the last to be served. I like a cup of tea but if I say anything they say, 'this is what it's like, take it or leave it.' [Name of registered manager] is lovely and first thing in the morning there's [care worker] they are lovely, they know how I like my tea."

Another person said, "the carers are good though one or two can be a bit awkward. The [care worker] can be awkward and impatient. If I ask for a top up of tea they say 'you'll have to wait your turn,' they are not kind. But [Name of care worker] is lovely and [pointed to another care worker] is lovely."

During our observations around the home we saw staff supporting people to move around the home and operating a hoist. They all did so with courtesy and care. We observed staff interacting with people. They spoke to people with warmth, kindness and compassion. We observed a member of staff wiping a person nose; they did this with care and gentleness, reassuring the person as they did this. We saw staff speak with people respectfully before starting any care intervention to explain what they were doing.

Staff told us they enjoyed working at Nightingale. One member of staff told us, "I love working here, love my job." All the staff we spoke with told us they would be happy for someone they cared about to live at Nightingale.

We saw that most of the staff knew the people living at Nightingale well. It was clear from talking to staff that they knew people's personal history, their preferences, likes and dislikes.

People told us their privacy was respected. One person told us, "they always knock on my door," and we saw care workers knocking on doors before entering bedrooms. All staff we spoke to were aware of the need to respect people's privacy.

On several occasions we heard some staff speaking to people in ways that suggested they may not been trained in how best to communicate with people living with dementia. They spoke kindly but said such things as, "it's because you can't remember." Good practice would include not dismissing a person's worries, rather to listen and try to understand what the person is trying to communicate.

Is the service responsive?

Our findings

People we spoke with told us they could choose where and how to spend their time, and where and when to see their visitors. Comments included, "The hairdresser does my hair, there's a salon here it's very nice," "I prefer to stay in my room, I like my own TV," "We have a singer comes on a Thursday, I enjoy that and there are exercises on a Tuesday," and "My family visit whenever they like."

A relative told us, "In summer they go to the seaside. They've had lunch trips. There's just been a fund raising event for a new mini bus. At Christmas [name] got involved with making Christmas decorations."

On entering the home the reception area was clean and welcoming. There was a board displaying photographs of all staff alongside their names and job titles. In addition there was an events 'up and coming' board which displayed a variety of activities available to people living at Nightingale. These included a visiting entertainer every Thursday afternoon, and a chair based exercise class every Tuesday.

The service employed a full time activities coordinator who worked 37 hours, covering Monday to Friday. We were told the service was also planning to recruit an additional activities coordinator to work over weekends. Part of the activity coordinator's role was also to serve breakfast in the main dining area each morning, after which it was their responsibility to complete the electronic communication logs for each person who had breakfast. The rest of the morning could then be spent with one person or a small group of people. For example, supporting four people to attend a local community lunch club every Thursday. We were told that different people were offered this more personalised support so it wasn't the same people benefitting from it all the time.

We were told that during afternoons the dining room was used for a group activity, such as arts and crafts, or painting. On the day of our inspection this was a game of bingo. We observed the activities coordinator encouraging people to play bingo but they did not receive an enthusiastic response. One person we were talking with shrank into the corner of the chair when they heard the bingo announcement and folded their arms. They said they didn't want to play bingo. Only five people participated in the game and it didn't last very long.

Nightingale had implemented electronic care records for everyone living there. These could be accessed via secure passwords on a computer in one of the offices. In addition, staff had access to mobile devices to regularly update communication records throughout their shifts. All the electronic care records we looked at contained up to date person centred information that gave the reader a real sense of the person's likes and dislikes, as well as a comprehensive understanding of the person's health and social care needs, and how best to meet them. We saw these were reviewed monthly and any changes documented. People's views and that of their advocate or relatives were included in the care records. Where capacity was uncertain we saw evidence of mental capacity assessments being undertaken.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. We looked at four care

records where a DNACPR form was in place. These were all completed correctly; containing information about the person's condition and reasons why CPR should not be attempted. These forms also contained dates the forms were completed and reviewed, and had signatures of relevant professionals who had been involved in the decision.

There was an up to date complaints policy displayed in the main reception area. People and their relatives confirmed they knew how to complain and who to complain to. The complaints file held at the service showed that any complaints made were recorded, investigated and a response given. The complaints policy told people who to contact if they remained unhappy with the response from the registered manager.

The relatives and friends of people living at Nightingale we spoke with confirmed they felt able to raise concerns, if they had any, with the registered manager. One person we spoke with, who was a friend of someone living there said, "Recently things have improved, toileting more often. I've no specific worries. [Name of care worker] is marvellous. I would talk to them if there was a problem."

Is the service well-led?

Our findings

During our inspection we saw the registered manager interacted positively with staff, people and visitors. They were visible and approachable. One person told us, "I love this lady" referring to the registered manager and "I love it here." A relative said, "If we had a problem we would raise it with [name of registered manager]. We've not had any but we know she would listen. We think there is enough staff. When we were looking at homes this was the best. We think it's clean. Some places we saw were much worse than this (in terms of smell of urine). The staff are friendly and always chat. We would recommend it here to others."

All staff we spoke with told us that they felt supported by management. The registered manager told us they held a staff meeting every other month. Staff told us these meetings took place and minutes of these meetings were pinned up in the staff room so those who were unable to attend could see what was discussed and any actions taken. This was confirmed when we saw the minutes from the last two meetings.

The registered manager told us they operated on 'open door' policy for people living at Nightingale, their friends and relatives, and staff. During the inspection we saw and heard people, visitors and staff frequently approaching the manager with queries and comments, she was always responsive to this. In addition the registered manager told us that they kept Wednesday afternoons free of any appointments or meetings so they would always be available at this time. People told us they were aware of this.

The registered manager actively sought the views of people living, working and visiting Nightingale, and took action to rectify any concerns raised. We were told that they tried to produce a questionnaire every six months. We saw that people and their visitors, as well as staff had been asked for their views via a 'quality assessment' questionnaire in October 2015. The results were available in the reception area. Alongside the results was an action plan detailing what was going to happen where improvements to the service had been requested. The registered manager told us they also held a 'residents and relatives' meeting approximately every four months. The last meeting was held on 18 November 2015 and we saw the minutes from this meeting. There was a 'comments' book in the reception area. This contained two positive comments from visitors.

There was a policy and procedures file covering all aspects of the service available to staff. Staff were expected to read this as part of their induction and they told us they found this useful. We saw that all were up to date, regularly reviewed and signed off. This meant they reflected current legislation and good practice guidelines.

We saw copies of water hygiene checks taking place each year. We also saw up to date copies of safety certificates for electrical equipment, lifts and hoists, gas and fire.

Audits were regularly carried out for quality assurance purposes. We saw records of monthly audits of medicines, infection prevention and control, and kitchen hygiene. We saw that health and safety, and fire safety audits were undertaken every four months. Where these audits had identified actions to be undertaken, plans were put in place to address the issues and updated when these had been completed.

This demonstrated regular audits took place at the home and, where issues or actions were identified, these were addressed and resolved. The registered manager also told us they undertook a daily 'walk around' to talk to people and staff and check the premises. However, they did not keep a written record of this or any action taken as a result.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted, and evidence gathered prior to the inspection confirmed that a number of notifications had been received.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of service users must be appropriate, meet their needs and reflect their preferences including where meeting a service user's nutritional and hydration needs, having regard to the service user's well-being.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient number of suitably qualified, competent, skilled and experienced staff must be deployed to meet people's needs.</p> <p>Persons employed by the service provider in the provision of a regulated activity must receive such appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>