

Wellburn Care Homes Limited

Nightingale Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was carried out on 12 August 2014 and was unannounced. The previous inspection was carried out on 21 October 2013 and CQC had no concerns at that inspection.

Nightingale Hall provides residential and nursing care for up to 42 older people. The home is owned by Wellburn Care Homes Limited and is located in a residential area of Richmond.

Summary of findings

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that this service was safe and people told us that they felt safe living in this service. Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable people to work with people who used the service.

There was sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who used the service. Staff received supervision from more senior staff which enabled them to discuss any matters pertinent to their work and develop personally.

The staff spoke kindly to people and treated them with respect which was reflected in the good relationships between staff and people who used the service that we observed during our inspection. There was a mutual respect and kindness evident when people spoke to each other.

Staff were able to explain how they would safeguard people and if necessary how they would report any incidents that may have caused people harm. We saw that staff had received training in safeguarding vulnerable adults. This meant that staff awareness around safeguarding was good and therefore if any situation arose where someone was at risk of harm staff would know what to do. We found medicines were managed appropriately ensuring that people received their medication safely.

The registered manager was following the principles of the Mental Capacity Act 2005 but had not made any applications in respect of people being deprived of their liberty.

The environment was exceptionally well maintained and decorated but was not suitable for people living with dementia. There was a lack of directional signage, contrast and colour in specific areas to help the person know where they were within the service. Activities had not been designed to provide meaningful occupation and were not person specific. Bedrooms were personalised and people had brought personal items and photographs to decorate the rooms but there was no colour and contrast to support people living with dementia to use fixtures and fittings. "Good practice in the design of homes and living spaces", a publication by the University of Stirling, says that, "colour and contrast can be used to enable people with sight loss and dementia to identify different rooms and key features inside and outside of their homes".

This was a breach of the Health and Social Care Act 2008 (Regulations) 2010 Regulation 15. You can see what action we told the provider to take at the back of the full version of the report

There was an effective quality assurance system in place which helped in the development of the service and the making of changes and improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe and people who used the service and their relatives told us that they felt safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. Training records showed that staff had received training in safeguarding vulnerable people

We found that medication was stored, recorded and administered safely in line with current guidance.

The manager was following the principles of the Mental Capacity Act 2005 and although they were aware of how to make an application to request authorisation of a person's deprivation of liberty, they had not needed to do so.

Good



Is the service effective?

This service was not effective because it had not taken account of the needs of people living with a dementia when planning the environment or training staff in dementia awareness.

Staff who came to work at this service received an induction which was then followed up by other more specific training.

Staff were supervised effectively by more senior staff.

People were given a nutritious diet and where necessary supported to eat and drink.

Requires Improvement



Is the service caring?

This service is caring. Staff treated people with kindness and respect. Although staff appeared busy they were cheerful and they knew everyone's individual needs.

One person told us, "I am content here. It is a good home, the staff are very nice and the care is good".

Staff explained procedures to people so that they were clear about what was happening. For instance, when a hoist needed to be used.

Good



Is the service responsive?

We saw that this service was responsive to people's needs and people's care files were person centred.

Good



Summary of findings

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

There was a full programme of activities although none specially designed for those people living with a dementia.

Is the service well-led?

This service was well led. There was a registered manager in post with a settled group of staff.

There was a quality assurance system in place which led to service improvements where appropriate.

The manager had made statutory notifications to the Care Quality Commission where appropriate.

Good



Nightingale Hall Nursing Home

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

An inspection of this service was carried out on 12 August 2014. The inspection team was made up of an inspector, an expert-by-experience with experience in adult social care and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 33 people living at Nightingale Hall on the day of the inspection.

Prior to the inspection we spoke with the commissioners and reviewed all the information we held about this service including notifications we had received and the provider information return which had been completed by the provider. We looked at care and support plans for five people who used the service, records relating to the management of the service, observed the administration of medication and checked the management of medicines looking at seven medicine administration records (MAR). We reviewed four staff files and the daily rotas.

We spoke with eleven people who used the service, six relatives and the registered manager and interviewed seven care staff, two kitchen staff and the maintenance person. We used the short observational framework for inspection (SOFI) for forty minutes observing three people over the lunchtime period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with a healthcare professional who was visiting the service.

Is the service safe?

Our findings

This service was safe. People who used the service and their relatives told us that they felt safe. One person told us, “I feel safe here as the staff are pleasant and caring and I can mention anything to them”. A healthcare professional told us that they felt confident that people were cared for safely, saying that there was always staff available when they visited the service. We observed that people were kept safe because there were sufficient staff in every area of the service giving support to people. On the rotas we saw that each day was covered by the registered manager or their deputy. The registered manager was acting nurse in charge as there was no second nurse available on the day of the inspection. They had responded to a staff emergency at short notice in order to maintain staffing levels.

The commission had received whistleblowing information from one person about this service over the last twelve months; this related to safe recruitment practices. We checked the file of the person this referred to and spoke with the staff member and found that the registered manager had carried out all necessary checks and put appropriate safeguards in place. This was all recorded.

When we reviewed four staff recruitment records we could see that safe recruitment practices had been followed. This was confirmed by a member of staff we spoke with who told us, “I did not start work until my CRB (criminal record bureau) check came through.”

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. We saw from training records that staff had received training in safeguarding vulnerable people and the registered manager had arranged some further training with the local authority to update staff. One member of staff told us that if they saw anyone been put at risk they would report that to their team leader immediately which meant that people had the knowledge to identify and alert someone to the possibility of abuse. There had been three safeguarding alerts made to the local authority, two made by staff at Nightingale Hall and one by the Care Quality Commission following a whistle-blower contact. The two reported by the service resulted in further action by them to ensure people's safety. The third was still being investigated by the local authority but we could see no evidence to suggest people were not safe when we checked documentation and observed practice at the service.

We also observed staff using a mobile hoist on several people throughout the day and the procedure was carefully explained to the resident and the procedure carried out sensitively and safely. This meant that people who used the service could be confident that staff knew how to keep them safe. Safety checks of equipment had been carried out and were up to date.

Accidents and incidents had been recorded. We saw that on 28/07/2014 an analysis of all accidents from the previous month had been conducted and an action plan had been written, training needs identified and training organised which showed how the manager and staff were learning from these events and making improvements.

When we reviewed care and support files of people who used the service we saw that risks to people's health and wellbeing had been assessed and where a risk was identified, it had been acted upon. We case tracked five people in relation to skin integrity and pressure ulcers. We saw that appropriate risk assessments had been completed and that the appropriate equipment was in place. People had moving and handling risk assessments and where it had been identified that they needed to have a positional change at set intervals if nursed in bed, this had been done. However, this had not always been recorded on the sheets provided during the day and so it was not clear that night time positional changes had been done. The registered manager explained that this documentation was completed differently during the day. When we checked we could see this was the case. Wound care plans were in place for people who needed them and when a wound care audit identified any risk of deterioration a referral had been made to the appropriate health professional. We could see that risks to people's health were managed well by staff.

This service provided care and support to 33 people on the day of our inspection. The manager told us that the majority of people had a diagnosis of dementia. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. We saw that no applications had been made to the local authority for

Is the service safe?

deprivation of liberty safeguards to be put in place. The manager was aware of how to make an application and had arranged for staff to receive training around the subject in order that people were aware of legal requirements.

We looked at how medicines were managed at Nightingale Hall and inspected seven medication administration records. Qualified staff dealt with medication for people who required nursing and a team leader administered medication to the other people who used the service. Two separate medicine trolleys were used. We found that medication was stored, recorded and administered safely in line with current guidance. We checked the controlled drugs (CD) and found that correct procedures had been followed.

We observed medication been given by the nurse and the team leader. Both gave the medication safely and in the way that was best suited to the person receiving it. For instance, we saw that a member of staff gave a person who used the service their medication on a spoon. This meant they could take it at their own pace and it allowed them time to swallow which ensured their safety. There had been five medicine errors at the service in the last twelve months which were dealt with through training and supervision. Medication training was done by all staff administering medication and competency checks carried out by manager six monthly. These were recorded.

Is the service effective?

Our findings

We reviewed staff files and saw that when staff started work at this service they received an induction. They then went on to complete further mandatory training. The staff files we looked at confirmed that training in health and safety, infection control, food hygiene, fire safety, moving and handling people, first aid and safeguarding had been completed by staff. Specific training relating to people's medical conditions had also been completed. To support the staff and ensure they had up to date training the registered manager told us that they had booked training in safeguarding and MCA/DoLS in the near future. We did notice that staff had not always completed training in caring for people living with dementia. One staff told us, "I struggled to communicate with people with dementia but I read the book we have available and that helped". We discussed this lack of appropriate training with the registered manager and the regional manager who was present at the feedback discussion and they agreed that this would be addressed.

When we interviewed staff they told us that they had attended supervision sessions. The registered manager told us that they were introducing a new computerised system which would alert the manager when supervisions were due. One staff member told us, "I had supervision with the team leader. It was really good. They gave me feedback and agreed some actions for me to complete with a completed plan". Documents confirmed that supervisions had taken place. This enabled people to discuss any work related matters and discuss personal development with their supervisor which would enhance their practice.

When we looked around the service we saw that there was a lack of signage in the home to assist residents living with dementia to find their way around. Although we had been told that 90% of people who used the service had a dementia related condition, there was no guidance in the home to assist these people. There was no name, photograph or pen-picture on a bedroom door to help people find their way around the home and particularly to their room. When we spoke with one person who used the service asking them how they knew where they were going they told us, "I just wander around until I see someone".

We could see that although the service was beautifully decorated there were no colour distinctions between areas and so all the corridors and communal areas looked

similar. This meant that people living with a dementia may unwittingly walk into other people's rooms or areas where they may be at greater risk. When asked if they knew the way to the toilet they said, "You just have to take pot luck. All the doors are the same." We discussed this with the registered manager and regional manager who agreed that this would be addressed.

The dementia audit we saw said that there were, "dolls, prams and soft toys as well as sensory fabrics around the house to soothe and/or stimulate people living with dementia". We did not see any of those things on the day we inspected. This meant that the provider had not followed National Institute for Health and Care Excellence (NICE) guidance when planning for people's needs in respect of living with dementia and had not taken account of any specific guidance such as that published by the University of Stirling when planning the environment.

This was a breach of the Health and Social Care Act 2008 (Regulations) 2010 Regulation 15 because the environment was not suitable for people living with dementia. You can see what action we told the provider to take at the back of the full version of the report

We observed a mealtime in two dining rooms and saw people receiving support from staff to eat and drink in their own rooms and in lounge areas. The menu was displayed; on the day of the inspection the meal was pork or steak pie with potatoes and vegetables with a sweet; we saw that people were offered a choice. The cook had taken pictures of the prepared meals so that people living with a dementia could choose more easily what they wanted to eat. When we spoke with the cook they told us that if someone did not like what was on offer an alternative could be prepared. People were given sufficient to eat and the menus showed us that people got a balanced diet which included all food groups. Drinks and snacks were offered to people throughout the day.

Staff assisted a person in their room to eat their lunch, sitting beside the person and taking their time to communicate with them throughout. They were able to enjoy their food in a calm and dignified way.

If someone was assessed as being at risk of malnutrition through use of a nutritional risk assessment staff had made a referral to the dietician. People who were at risk of choking had been assessed by the Speech and Language therapy (SALT) team. Staff were aware of people's specific

Is the service effective?

needs which were recorded in the person's care plan and that information was passed to the cook. The cook was aware of how to prepare food in different ways such as 'soft fork mash' or 'puree' diet to meet people's needs.

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support. We saw that one

person had seen their GP recently and another had been assessed by a physiotherapist. Qualified staff dealt with wound care for people who used the service but if staff needed advice and guidance we saw that they had contacted the tissue viability nurse. This meant that people were supported by staff to access specialist healthcare when it was necessary.

Is the service caring?

Our findings

We observed that staff interactions with people were good. The staff were busy but cheerful and although people could tell us they had a key worker they said that they were happy to talk to any of the staff if they needed to discuss anything. Staff and people who used the service knew each other by their Christian names and appeared relaxed in each other's company.

One person who used the service told us, "It is very pleasant here" and another said, "I am content here. It is a good home, the staff are very nice and the care is good." A relative told us and our observations confirmed that people were well cared for saying, "The care is excellent and the staff are so nice. You know people are well cared for." A visiting health professional told us, "It is very nice here and staff are very helpful."

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to people's wishes positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing personal care such as taking someone to the toilet.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff use a hoist for a person and they explained what was going to happen and carried out the transfer

carefully and sensitively. When a person displayed some behaviour that was challenging to staff they spoke to them sensitively and asked their permission to do something for them. This had a calming effect.

We saw that people who used the service and their relatives had been involved in setting up care plans, and relatives read care notes kept in the person's bedroom to see what had happened since their last visit. One relative told us, "I would like these notes to contain more information around what my relative has eaten as they forget whether they have had a meal". We passed this comment on to the registered manager.

During the lunchtime period we used the short observational framework for inspection (SOFI) to observe three people who lived at the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We saw that staff interacted with people throughout the lunch period but the atmosphere was quiet and calm. When a person refused further food a member of staff tried to persuade them to eat but when they said a definite, "No" staff respected their decision. Food was brought individually to people and if they required any assistance with cutting their food up it was done at the table. In one dining room people were sat at individual small tables in twos or threes. In the second dining room there was a large family type table and everyone sat around it. The tables were set properly and in one of the dining rooms there were flowers on the tables.

Is the service responsive?

Our findings

We saw that people's care files were person centred and kept up to date. For instance in one person's care and support plan we saw that their risk of malnutrition had risen from medium to high. Staff implemented a three day food chart and a referral was made to the dietician. The dietician had not visited the person when we inspected but there was evidence in the care plans to show that staff were following this up. One person had pressure ulcers and these had been documented and photographed with permission. The staff were managing the wounds but had consulted the tissue viability nurse for advice and support.

One person told us that they had enjoyed reading but that they were no longer able to do so because of a medical condition. We told the registered manager this and they said that they would address this immediately by accessing appropriate services. Other people who were interested in reading could access the services large library room where there was a good selection of books to read in a quiet space. There was a large pull down screen in this room and on the day of our inspection some of the people who used the service asked for a film to be put on for them which they told us later they had, "Thoroughly enjoyed".

There was a full activity programme on display but the activities organiser was not on duty at the time of our inspection. The people who used the service confirmed to

us what activities were available and that they took part. They said that they could choose what activities they were involved in. One person told us, "We do out from time to time either on a visit or to a local café which is nice."

We observed an activity during the afternoon which was followed by music being played and staff encouraged people to join in with the singing. People did engage in this activity but did not see any specific activities in place for those people with a dementia which could engage them in some meaningful occupation.

People were encouraged to maintain their family relationships and we spoke to relatives of people who used the service during our inspection. They told us that they had been involved in helping write care plans and they read the care notes kept in their relative's bedrooms to check what had happened since their last visit. One person's relative told us, "The care is excellent and staff so nice. You know people are well cared for."

People told us that they knew how to raise a concern or make a complaint if they wanted to do so. There had been four complaints made to the service in the last twelve months and we saw that they had been recorded and dealt with within 28 days. The service had received 22 compliments. One person said they had not had to make any formal complaints but said, "I have raised a few small things with the manager and these were put right

Is the service well-led?

Our findings

There was a registered manager who had been in post at this service for three years. They told us that they had an open door policy for staff, people who used the service and visitors.

Staff told us that they liked the manager and that she was very supportive. They told us that they felt part of a team. One said, “(Manager) will give us support both personally and professionally”. People who used the service told us that they liked the manager and that they saw her regularly around the home. One person told us, “The manager always has a chat and asks if everything is OK. (Manager) is nice.”

Regular meetings were held for staff so that the manager could share information and also where staff were encouraged to express their opinions and question practice. We saw minutes of these meetings. We saw that staff were always approaching the manager during the day to ask for advice and guidance and they always got a polite response.

When we interviewed the registered manager they were clear about the key challenges for this service and how they might address them. We saw minutes from regular staff and resident / relative meetings which enabled everyone to be involved in the running of this service by sharing ideas.

There was a report displayed in the corridor from a resident’s questionnaire completed in March 2014 which highlighted what was good and where improvements were needed to enhance the quality of the service. The questionnaires we saw were not designed in an easy read or pictorial format which would make it easier for people living with dementia to understand.

The manager carried out regular audits of the environment, equipment, care plans, dementia and medicines to ensure the quality of the service. Some were completed weekly and others on a monthly basis and the results enabled the manager to plan improvements. Other members of staff took responsibility for their area of work. For instance once a month the housekeeper did an audit of the house which was backed up by a weekly check by the manager. We saw that most of the audits were accurate but the dementia audit did not reflect our findings on the day of the inspection. It said that “Staff sit and eat meals with people with a dementia.” This did not happen on the day of our inspection although staff did give support to people who needed assistance. We discussed this with the registered manager and area manager who both said that they were committed to making improvements for people living with a dementia in terms of their environment and staff training. It was clear that the registered manager and area manager understood what was meant by a dementia friendly environment but this had not yet been actioned within this service which disadvantaged the people living with a dementia at this service.

When we asked the manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of this service and of the needs of people who used the service. They were supported by an area manager who was present during the inspection.

There had been two safeguarding alerts raised by the manager of this service and these had been investigated thoroughly and improvements made to prevent the same incidents being repeated. The registered manager had made all appropriate notifications to CQC as required by law.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because the design and layout of the service did not meet the needs of people living with a dementia. Regulation 15 (1) (a).</p>