

Korcare Limited

# Nightingale House

## Inspection report

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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: Nightingale House is a residential care home that was providing personal care and accommodation to 22 people at the time of the inspection. The home is in the seaside town of Teignmouth in Devon, and primarily provides support to people with a diagnosis of Korsakoff's syndrome and/or a mental health diagnosis.

People's experience of using this service:

- People were supported by caring staff that knew them well. Their needs were captured in person centred care plans and the care they received was aligned with preferences in care plans.
- People's needs were regularly reviewed and a thorough assessment process undertaken when new people moved in. The service had just re-written all its care planning documents to better capture how people's needs affected their day to day living.
- Staff knew how to spot and report any safeguarding concerns and risks were fully assessed and positively managed.
- People were given choice and control in their lives, and this looked different for different people.
- Staff had a good insight into Korsakoff's syndrome and how this might affect people's behaviours and changing preferences and opinions.
- People's health needs were actively monitored and supported, and timely referrals made to relevant health care services.
- Medicines were managed safely and staff were trained and competency tested before administering medicines.
- Staff had a basic understanding of the Mental Capacity Act 2005 and asked people for consent.
- People said they felt safe and relatives told us people were happy and well looked after.
- Quality assurance systems had improved and were now more robust.

Rating at last inspection: At the last inspection in February 2018 the service was rated requires improvement. The report was published in April 2018.

Why we inspected: This was a planned inspection based on our schedule. We did not have any concerns prior to inspecting this service.

Follow up: We will continue to monitor the service through notifications and maintaining contact with the service. We will inspect the service according to our planned schedule, or sooner if we are made aware of concerns.

## 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.

# Nightingale House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Nightingale House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we gathered information we had about the service, this included notifications received from or about the service which tell us of significant events. We also requested feedback from local health and social care professionals who had worked with the service.

During the inspection we spoke with 11 people, and six staff members, including the registered manager and deputy manager. We walked around the building looking at the environment and one person showed us their room.

We looked at care planning documents for five people, five Medicine Administration Records (MAR), and the storage and administration of medicines. We looked at quality assurance processes and daily recording of activities and staff support for people. We looked at health and safety and environmental checks.

We spoke with two relatives after the inspection and gathered feedback from two health and social care professionals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were supported by staff who had all attended safeguarding adults training. Staff knew what the signs of abuse were and who to report them to.
- There was a safeguarding policy and the registered manager could describe key parts of the policy and how to appropriately act if there was a safeguarding concern. There had been no new concerns since our last inspection.

Assessing risk, safety monitoring and management.

- Risks that people faced or posed towards others were assessed with clear instruction to staff on how to mitigate risks.
- Specific risks that people faced due to health or behavioural issues were explained and described what actions staff should take. For example, for one person with epilepsy and another with self-injurious behaviours there was clear guidance in place.
- The service had helped people reduce the risks they faced over time, supporting one person to gain weight when they were underweight and creating a calming environment for another who had behaviours that may have been risky for themselves or others.
- People told us they felt safe and relatives said they felt their family member was safe. One relative said, "It's so calm there, there isn't lots of shouting like in other places."

Staffing and recruitment.

- There were enough staff to meet people's needs. Staff and the registered manager were visible in communal areas intermittently throughout the day of our inspection.
- People told us there were enough staff and professionals said there were enough staff within sight on their visits.
- There was a robust recruitment system in place to check that new staff were suitable to work with vulnerable people. This included, applications, interviews, reference checking and a DBS. A DBS check allows employers to confirm whether the applicant has any past convictions that may mean they are unsuitable to work in this kind of service. The registered manager told us they were keen to get, "The right staff, not just anyone," as they wanted staff to embody the values of the service.

Using medicines safely.

- Medicines were stored safely in a lockable cabinet in a lockable office.
- Medicine administration was calm and staff were patient with people, checking they had taken their medicine before recording it as administered on a MAR (medicine administration record).
- MAR were all complete with no gaps in entries.
- Staff who administered medicines were trained and competency tested to ensure they were safe and

confident to administer medicines to people.

There was a process in place for the delivery and return of medicines. However, we fed back to the service that there was an overstock of some medicines and the stock amount was not recorded anywhere, including when new stock came in the amount was not carried over on the MAR. We highlighted this with the registered manager who planned to review stock checking and recording.

We recommend that the service review their process for checking stocks of medicines and carrying over of stock recording on MAR.

Preventing and controlling infection.

- The service was clean and free from malodour.
- Staff used personal protective equipment appropriately, such as gloves and aprons, to prevent the spread of infection.
- The laundry area had a concrete style floor that may have been difficult to clean for infection control purposes and the separation of soiled and clean linens was not clearly marked. The service does not have a large amount of heavily soiled items to clean. However, we fed back to the registered manager who will review this area of the service.

Learning lessons when things go wrong.

- The registered manager could tell us about how they had supported a person for many years and by trial and error and learning from mistakes learned what they liked. This person was now flourishing with the support of the service.
- We saw evidence the service learned from incidents and accidents.

# 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.

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.

- People's needs were assessed before they came into the service to check they could have their needs met and would be appropriately placed in Nightingale House.
- The service offered a six-week assessment of people's needs as it recognised that people with Korsakoff's syndrome could present differently on different days and it took time to assess the severity of their condition.

Staff support: induction, training, skills and experience.

- Staff were supported through supervision meetings and appraisals. Staff told us they found supervisions helpful.
- Staff were provided with training to equip them with the knowledge and skills to meet people's needs. All staff had attended specialist training in Korsakoff's syndrome so they could gain an insight into how people were affected day to day and how to best support people.

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

- Every person we spoke with said they enjoyed the food on offer. People weren't offered choice but if they said they did not like the meal, or wanted something else, this was prepared for them.
- People with specific dietary needs were having these met.
- People were regularly offered warm and cold drinks. People needed to be reminded to drink and staff were conscious that people's needs meant they might forget they were thirsty or to ask for fluids.
- People were given the option of making their own hot drinks but most people preferred for it to be made or were not able to make it themselves.
- The menu had a range of healthy meals and calorific desserts where it was needed for people to gain weight. People's needs meant they needed a varied diet with lots of vitamins and minerals. There were posters up reminding people they could ask if they wanted a snack or a piece of fruit. Because of some people's needs the service was unable to leave bowls of fruits or other snacks out in communal areas.
- People's weights were monitored where appropriate to ensure they were receiving adequate nutrition.

Staff working with other agencies to provide consistent, effective, timely care.

- The service was working in partnership with other health and social care providers to ensure people were offered consistent care to meet their needs.

Supporting people to live healthier lives, access healthcare services and support.

- People were offered support to access GP, dentist and chiropody services.
- There was a health summary document at the front of files explaining how people's diagnosis affected



them day to day. There was also an information leaflet on Korsakoff's syndrome at the front of care files so new staff could read it and more experienced staff could refresh their knowledge.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were.

- People were asked for consent by staff before supporting them.
- The service had recently started reviewing their MCA documentation to reflect that each decision being assessed should be assessed separately.
- The service was acting within the principles of the MCA and appropriate applications had been made for DoLS.

# Is the service caring?

## Our findings

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 were supported by considerate staff who were patient and kind. One staff member had a repeated conversation with a person throughout the day and responded each time as if it was the first time they had been asked that question.
- We observed lots of friendly and playful interactions between staff and people, but also between people. The atmosphere in the lounge and dining area was convivial and people were chatting and socialising.
- People were clean and well-presented and chose when they showered or bathed and how often. Relatives said their family members were always smart and comfortably dressed and clean.
- Relatives were overwhelmingly positive about the staff and the care they provided. They said, "The staff are so caring and kind," and, "The quality of care has been consistently good."
- We saw examples where the service went above and beyond its contractual obligations. For example, one person's parents were unable to visit them due to ill health so the service arranged for staff to drive the person to see their parents every other month.
- The service had an equality and diversity policy and staff had completed training in equality and diversity. We asked the registered manager about information being available to people in an accessible format. They explained that there was nobody living in the service currently who would need this.

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

- People were offered choices of where they would like to go or what they wanted to wear.
- Staff and the registered manager explained they would sit with people to discuss their care needs as many times as they needed regarding one topic because people changed their mind often or forgot the conversations they already had regarding inputting into their care planning.
- Where families were still in contact with people they were contacted by the service with any significant updates when people consented to this.

Respecting and promoting people's privacy, dignity and independence.

- Confidential information was stored securely.
- Care plans noted if people liked to have their own space and spend time by themselves.
- People were treated with dignity and respect. Staff listened to people and took them seriously and responded to people as equals.
- Some people were encouraged to make their own warm drinks, others to participate in the running of the home. One person swept up after the hairdresser had visited and topped up the tissue in all the bathrooms, they said they enjoyed it and it kept them busy.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received care that was person centred and care plans contained rich detail in how people liked to be supported. For example, care plans specified how many pillows people liked, whether they liked their curtains open or drawn and if they liked a light left on when they were sleeping.
- Care plans gave a picture of people's needs and behaviours and including their history and significant events from their past. It was clear from care plans how staff could best support people with positive behavioural support to reduce anxieties and encourage people to move forward in their day.
- We saw information on preferences in care plans being delivered, for example one person became very anxious if people saw them eat so preferred to eat alone, the service organised a separate meal sitting so they could eat their meal in relative quiet and calm. Another person liked to wash and dry their hair every day, we saw this happening on the day of inspection as we arrived.
- All staff we spoke with had knowledge of how people's needs affected their day to day living and how they might have different preferences every day. One staff member said, "What they like changes every day so being able to be flexible with that too is important." We also saw where the service was organised around some people's preferences to have a very strict routine.
- Staff told us they did their best to encourage people to go out and encourage activity but often people would change their minds about what they wanted to do and when. On the day of inspection five people went out for lunch, other people were completing crossword puzzles, playing pool, watching television or having their hair cut.
- One staff member said there had been more of a push to encourage people to go out more and people enjoyed it. One person said "It's lovely here. You can go to town if you want as long as you ask staff and they know where you are". Other people said they liked going out, sometimes there were not enough staff to take them out, but often there was.

Improving care quality in response to complaints or concerns.

- There was a complaints policy and this was on display in the entrance hallway. There had been no recent complaints but the registered manager told us of the process they would follow if they did receive one.
- Relatives told us they would complain if they needed to. One relative said, "Well I would complain if I needed to but I've never been given cause to, the care is so good."

End of life care and support.

- There was nobody receiving end of life care at the time of our inspection. The service had recently supported a person to move to a hospice to receive more specialised care in this area.
- Care plans contained an outline of people's end of life wishes if they had chosen to discuss this with staff.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The values of the registered manager and the service were reflected in the actions of staff and how they talked about people they were supporting. The focus of the service was on providing high quality care for people.
- The service was acting within their duty of candour. Relatives told us they were kept updated by the registered manager if anything happened to their loved one or they weren't feeling well.

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

- The registered manager understood their role and regulatory responsibilities to send notifications to the CQC regarding significant events.
- There was a robust quality system in place that included regular audits of the care plan reviews, staff training, infection control and environmental checks and medicines. Where issues were identified these were followed up by the deputy manager or registered manager.

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

- People were treated as individuals and engaged in the running of the service. Feedback was sought from people, relatives and healthcare professionals. One health care professional said, "They clearly know the people they support very well."
- Staff told us they felt supported. One staff member said, "In here, you ask for something you think someone needs, you get it, it's that simple."

Continuous learning and improving care.

- We saw several improvements from the last inspection. Quality assurance was more robust, care plans had been rewritten to reflect in more detail people's preferences and how staff delivered care. One health and social care professional told us, "The management team have made some significant improvements in the past couple of years regarding record keeping."
- The registered manager told us how they had pushed themselves out of their comfort zone and trained themselves to be more confident on the computer as they recognised the care sector was integrating more technology into its day to day practice.
- Staff and the registered manager said their aim was to support people out in to the community more and this was going to be a focus for the next 12 months.

Working in partnership with others.

- The service supported people in partnership with key health and social care agencies.
- The registered manager had good links with other services in the area to share best practise.