Nightingale Residential Care Home Ltd

Nightingale House

Inspection report

57 Main Road
Gidea park
Romford
Essex
RM2 5EH

Tel: 01708763124

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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

This was an unannounced inspection carried out on 20 July 2016 and was carried out by one inspector.

Nightingale House is registered to provide accommodation for up to 42 people requiring nursing or personal care. This was due to some rooms that were registered for double occupancy. However, the provider has converted all rooms to single use only. Therefore at the time of inspection, 37 people were accommodated and the home was at full occupancy. There was lift access to the first floor making it accessible to people.

At the time of the inspection there wasn't a registered manager at the service. An interim manager has been in charge of the home since the previous manager left. They have made an application to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. Medicines were managed and handled safely for people.

Arrangements were in place to keep people safe in the event of an emergency.

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt well cared for. Risk assessments were in place about how to support people in a safe manner.

Staff undertook training and received supervision to support them to carry out their roles effectively. The interim manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed they had attended training in MCA and DoLS.

People were supported to maintain good health and had access to health care services when it was needed. People received a nutritionally balanced diet to maintain their health and wellbeing.

People's needs were assessed before they moved in to the home. Care plans were person centred and were regularly reviewed. Care plans were updated when people's needs changed.

The service had a clear management structure in place. People and staff told us they found the interim manager approachable and that they listened to them.

The provider sought feedback about the care provided and monitored the service to ensure that care and treatment was provided in a safe and effective way to meet people's needs.

Any complaints were documented along with the actions taken. There was an effective system in place to monitor the quality of service provided.

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People received their medicines appropriately and safely.

Risks were identified and systems were in place to minimise these and to keep people as safe as possible.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people who used the service.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People told us that they were happy with the food and drink provided.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew their likes and preferences.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Good

The service provided was responsive. Care records were sufficiently detailed and individualised to ensure that people's needs were met fully
and responsively.

People using the service and their relatives were encouraged to give feedback on the service and use the complaints system.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, interests and preferences in order to provide a personalised service.

A range of activities were available for people in order to meet their recreational needs.

Is the service well-led?

Good

The service provided was well-led. People were happy with the way the service was managed and said that any concerns were taken seriously and dealt with.

Staff told us that the interim manager was accessible and approachable and that they felt well supported.

The management team monitored the quality of the service provided to check that people's needs were met and that they received the support that they needed and wanted. When this did not happen, action was taken to address any shortfalls.

Nightingale House

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.

At the previous focused inspection of the home in March 2016, we found that the provider met the regulations we inspected. This inspection was unannounced and the inspection team consisted of one inspector. This inspection was unannounced and the inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the service including information sent to us by the provider such as notifications, safeguarding alerts and monitoring information from the local authority.

During the inspection we spoke with 10 people who use the home and four relatives of people living at the home. We spoke with four staff, the interim manager and the deputy manager. We looked at three people's care records and other records relating to the management of the home. This included three staff records, duty rosters, accident and incidents, complaints, health and safety, quality monitoring and medicines management.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at the home. One person told us "I am comfortable and safe here." Another said "I feel safe here. Very much so." A visitor told us, "Yes. I think my relative is safe here."

We observed that staff were available to offer help and support to people when they needed it.

Staff explained how they would recognise and report any concerns they had about people's safety and wellbeing. They told us if they had any concerns, they would inform the interim manager. Procedures were in place that ensured concerns about people's safety were appropriately reported to the interim manager and to the local safeguarding team. We saw that safeguarding incidents had been appropriately investigated and referred to the relevant agencies, including notifications being sent to CQC. A whistle blowing policy was in place. Staff were aware of this and knew the process to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at.

The provider had a robust recruitment and selection procedure in place. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. At least two references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of their passport, driving licence and birth certificate. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

Risks to people were assessed and included the action needed to reduce the risks to people. Care plans showed staff assessed the risks to people's health, safety and welfare. The assessments included details of a person's mobility, continence, nutrition and skin viability. Where risks were identified, the actions to minimise these were clearly stated so that staff were aware of what they needed to do to keep people safe. For example, where a person had been identified as being at risk of falls, the action described in the risk management plan was to monitor the person and highlighted the preventative measures that should be in place such as keeping pathways clear and making sure their walking aids were easily available. These were reviewed monthly or more often when needed, including a record of changes to the level of risk and actions identified to address them.

There was a system in place to assess and monitor staffing levels in relation to people's needs and the number of people accommodated at the service. People told us that staff were always available to assist when needed. We saw that they received appropriate support during the day and staff were supported by domestics, catering staff and a handyperson. We saw the rota and spoke to the interim manager about the staffing levels and the changing needs of the people. They told us that staffing levels were continuously kept under review and adjustments were made if needed.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs,

which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in locked trolleys and only the senior member of staff on duty held the keys and were responsible for administering medicines.

We saw people received their medicines at the time they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff to correctly identify people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. A record of people's allergies were noted on their medicine records, which provided staff with clear guidance regarding people's allergies. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

The interim manager was responsible for conducting monthly medicines audits, to check that medicines were being administered safely and appropriately. An independent pharmacist company also completed a full audit about the home's medicine processes on a six monthly basis and completed a report, with recommendations and any actions. The interim manager was responsible for ensuring the recommendations were implemented to ensure the safety of their medicine processes.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use.

Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. Appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency . Accidents and incidents were monitored by the interim manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Good

Is the service effective?

Our findings

People said the staff were good and supported them well. One person said, "All my needs are met." Relatives told us "They get good care." Another said, "Things have improved. If you want anything done they do it" and "The care staff are professional and more than competent to deal with care needs."

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff told us that they received training relevant to the work they did. They told us that they found the training valuable and it gave them confidence to carry out their role effectively.

We looked at training records and found that staff had attended several courses relevant to their role. Training included safeguarding adults, infection control, continence management, as well as dementia awareness, managing challenging behavior, first aid, medicine management and health and safety. Staff told us they had attended a number of training sessions and were encouraged to identify any specific training needs to enable them to carry our their roles effectively.

Staff felt supported by management. They confirmed and records showed that they had regular supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers to develop and motivate staff and review their practice or behaviours. Annual appraisals were planned to take place. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

Staff had an awareness of the Mental Capacity Act 2005 (MCA) and had completed training in this area. They were aware that when people had the mental capacity to make their own decisions, this would be respected. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The interim manager demonstrated a clear understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) law, for protecting people who need to be deprived of their liberty for their own safety.

The interim manager explained how capacity assessments were carried out and reviewed regularly. Where the staff identified limitations in people's ability to make specific decisions they worked with them, their relatives and relevant advocates to make decisions for them in their 'best interests' in line with the MCA. The interim manager had made appropriate applications for DoLS authorisation for people who required this and were waiting for a decision to be made by the local authority. We observed staff working with people and saw they offered choices and respected people's decisions. There was constant discussion and interaction between the staff and people who used the service. This ensured that people's human and legal rights were respected.

People were involved in making decisions about the food they ate and were asked each day what they wanted. They were supported to eat and drink sufficiently in order to maintain a balanced diet and promote their health and wellbeing. A four weekly menu was devised based on people's choice. People told us they liked the food and had a choice. Meals were flexible to meet people's needs. At lunchtime, we observed that

staff discreetly assisted people who needed this in an unhurried manner.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist, physiotherapist, district nurse and GP. The district nurse came twice a day to administer insulin to people with diabetes. Staff followed advice given by them to assist people's recovery. One person told us "They call the doctor whenever I need to see him. He came out at night the other day." This meant that appropriate action was taken by staff to keep people in good health. All relevant information was shared with other agencies and professionals when people moved between services and relatives were kept informed. People's healthcare needs were therefore identified and dealt with to ensure that they received the necessary treatment to keep them in good health.

The provider was aware that the home was in need of refurbishment and updating. A plan was in place to make the necessary improvements, especially for people living with dementia, in line with guidance on this from the Alzheimer's Society and the University of Sterling.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received and that the staff were very supportive. One person said, "Staff are very kind and caring. They treat me with respect. Another person said, "They treat me very fair."

Comments from relatives included, "supportive", "welcoming", "very caring". One relative said, "We looked at other places before here but this place was homely."

During the inspection, we spent time observing staff and people who used the service. Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said there was a regular staff team, good teamwork and that they worked flexibly to ensure that people were consistently cared for in a way that they preferred and needed. People were encouraged to remain as independent as possible and to do as much as they could for themselves.

People's privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. When supporting them with personal care they ensured people were not too exposed and that doors and curtains were closed. We also saw that staff spoke to people in a quiet voice when addressing issues of a personal nature when in the presence of others, ensuring that confidentiality was maintained at all times.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they wanted to do, where they spent their time and what they ate. Separate residents and relatives meetings had taken place, to seek their opinions about what happened at the service and to them.

The home provided support for people to practice their religion and have their social, cultural and spiritual needs met. For example, holy communion is provided fortnightly to those that wish to receive it.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP. Senior staff had received training to enable them to effectively administer pain relieving medicines to people at the end of their life. This helped to ensure that people were comfortable and as pain free as possible. Do Not Actively Resuscitate (DNAR) forms were in place for those who had wanted this. Therefore people benefitted from the support of a caring staff team.

Good

Is the service responsive?

Our findings

People who used the service and their relatives were positive about the way the staff responded to their needs. We asked people if they were happy with staff support and they told us, "The staff are helpful" and "They look after me very well." Visitors told us, "[My relative] is well looked after." Another said "This place is second to none."

We reviewed the care planning for three people who lived at the home. People's needs were assessed before they were admitted to the home, to ensure this was a suitable place for them. The care plans were person centred and reflected people's needs, preferences, likes and dislikes and how their care was to be delivered. The records contained sufficient information to enable staff to provide personalised care and support in line with people's wishes. For example, for people who had mobility issues, the care plan outlined details about specific equipment to be used and how many staff were required to carry out the task.

The care plans had been created using a recently introduced electronic system and were organised into subject areas, such as personal care, health care needs, skin integrity, mobility, food and nutrition and end of life wishes. Risk assessments and recording forms were also available in the person's record within the system. The system was easily accessible and we saw staff accessing the records during the day to update information.

Relatives told us that they were involved in discussions about people's care plans and that staff knew how to look after their family member. The care plans were reviewed every month with the involvement of people who used the service where possible and their relatives, if they wished. Records we looked at showed that reviews of people's care needs took place. However, we saw that where updates had been made to people's care, this was not always clear in the records and incorrect information about the support people required had not been removed. This was corrected by the interim manager when we raised it with them. Care plans were reviewed and updated more frequently if people's needs changed, for example, when a person returned from hospital. Changes in people's care needs were communicated to staff during the handover between shifts. This meant that staff had current information about people's needs and how best to meet these.

Arrangements were in place to meet people's social and recreational needs. Most of the people who lived at the home congregated in the various lounges and dining rooms at meal times. We saw people chatted happily in the lounges and there was a relaxed atmosphere between them. We saw that people were able to go to their rooms at any time during the day to spend time on their own.

An activities coordinator was employed to provide a variety of activities. They spent individual time with people as well as offering group activities. This included bingo and arts and craft, which took place during our visit. People also received 'Pat a Pet' therapy, whereby a dog handler spent time with people and a dog. Others watched TV or listened to music. The activities coordinator was known by people living in the home, who responded warmly to them. People were gently encouraged to participate in the activities but did not participate if they chose not to. This meant that people were not isolated and received companionship

within the home.

People told us they felt able to raise any concerns or complaints. They told us they would complain "to the manager" or tell their relative if necessary. Relatives felt confident that if they raised any concerns, they would be listened to and the interim manager would act upon them swiftly. When we asked people if they had any concerns at the time of our visit, they told us they had nothing to complain about. The main office was adjacent to the home's entrance and one of the lounge rooms and so the interim manager had a visible presence. We saw relatives coming to speak to them seeking advice and information which was readily given. The interim manager told us that they used complaints and concerns as an opportunity for learning and reviewing the way they delivered the service.

Good

Is the service well-led?

Our findings

The previous registered manager left the service in February 2016 and was deregistered. The area manager was appointed to be the manager of the service in the interim. We received notification that they had applied to be registered with the CQC and their application was in progress at the time of this inspection. The service also had a deputy manager and two proprietors, who were nominated individuals.

People told us that they knew who the manager was and they often came to speak with them. One person said "The management are very good. They get things sorted." Relatives told us that the management team were approachable, listened to them and attempted to resolve any issues quickly. They also told us that they were kept informed about any concerns or issues about their relative.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided during individual supervision sessions and staff meetings. Staff reported good team working and described the home as a good place to work. They told us, "Since we have had the new manager things have improved a lot. Staff morale is a lot better."

The provider had effective systems in place to assess and monitor the quality of the service. The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular 'residents' and relatives meetings were held. For example, people were asked for their opinions and ideas about menus, activities and the refurbishment plans. People felt listened to and their views were taken into account when changes to the service were being considered. Yearly surveys were also undertaken of people living in the home, their relatives, staff and stakeholders to seek their views.

The interim manager informed us that the provider visited the home weekly and were supportive. They told us that they [interim manager] carried out an internal audit of the service on a monthly basis. However, internal audits relating to the service should be carried out by the provider or managers from other services in order to provide an objective view of the service, ensure compliance with regulations, as well as identify areas for improvement. The interim manager informed us that they will discuss this with the providers and ensure these were commenced as soon as possible.

The interim manager ensured that key performance indicators were measured monthly for areas such as the number of people taken to accident and emergency, falls and deaths, the number of safeguarding referrals and advanced wishes for end of life care.

The interim manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration. We saw that the interim manager had displayed our rating of the service on a notice board. The ratings are designed to improve transparency by providing people who use services and the public, with a clear statement about the quality and safety of care provided.