Thames Carehome Limited

Nightingales Care Home

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Nightingales Care Home is a residential care home that commenced operation in 1988. The service is situated within an older style converted building and attractive gardens, in a quiet residential street of Maidenhead, Berkshire. The River Thames and Boulters Lock are just a short walk away.

This is the only location under the provider's current registration, although operates as part of a small group of residential and nursing homes called Woodgate Healthcare. At the time of our inspection, 14 people used the service. In line with their registration, the location can accommodate 17 service users.

At the time of the inspection, there was a 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. The registered manager had been in post continuously for some time, and knew the service well.

Our last inspection of the service was on 3 December 2014 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The overall rating was good, with all key questions rated good and no breaches or recommendations. This is our first inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were safeguarded from abuse. There was a system in place to ensure that people's safety was maintained. Staff and the registered manager were knowledgeable about abuse and how to deal with any allegations.

People's care risks were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

The safety of the premises and equipment were inadequately assessed and managed which placed people, staff and visitors at risk. The service had some checks in place, but without oversight by a regular maintenance person. The registered manager was required to complete some of the health and safety checks, which was inappropriate.

Not enough staff were deployed to support people. People we spoke with were not satisfied that there was sufficient staff, and told us they felt staff were helpful but rushed. Our observations showed that the staff were busy at certain times and this led to them not being readily available if people requested assistance. Staff were expected to perform multiple roles. Night time single care worker deployment was unsafe and placed people at risk, especially in the event of an incident or emergency.

Medicines were usually well-managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. We made a recommendation related to national

medicines safety guidance.

Staff were knowledgeable and competent. They received appropriate levels of training and supervisions.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA codes of practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received ample food which they had divided opinion about. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them. We made a recommendation about allowing people to have better menu choices for breakfast and drinks.

We found the service was caring. People told us staff were kind. We observed staff were warm and friendly when they interacted with people.

Responsive care was not always provided to people. People's wishes, preferences, likes and dislikes were considered and accommodated. The service's complaints procedure was not robust and required improvement.

People told us they felt the culture at the service was negative. People's observations of the everyday running of the service had influenced their opinion about whether it was well-led. Staff told us they enjoyed their roles, felt supported by the management but were often busy. Audits were used to check the quality of care. We made a recommendation that the service considers the scope of their audits. We found the service had failed on several occasions to follow the requirements set out in the duty of candour regulation. The ratings poster was not conspicuously displayed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Risks from the building and equipment were inadequately managed.

People's medicines were not always safely managed.

People's care was affected by unsatisfactory staffing deployment.

People were protected from abuse.

People's care risks were adequately assessed and mitigated.

Is the service effective?

Requires Improvement

The service was not always effective.

People's individual needs were not always met by adaptation, design and decoration of the service.

Staff were knowledgeable and skilled to perform their roles.

People's consent for care and deprivation of liberty was in accordance with the Mental Capacity Act 2005 (MCA) and associated codes of practice.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and received ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated by staff in a friendly manner.

People's privacy and dignity was respected.

Confidentiality of personal information was maintained by the

service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People took part in social activities however a better choice was required.

The service's complaints process was outdated.

People's care was personalised. Minor improvements were required to care plans.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People had experienced a negative culture in the service that affected their opinion of care.

More audits were needed to monitor the safety and quality of people's care.

The duty of candour process was not followed for 'notifiable safety incidents.'

The conditions of registration were met by the service.

Nightingales Care Home

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.

The inspection took place on 2 March 2017 and was unannounced. The inspection was undertaken by one adult social care inspector, one specialist advisor and an Expert by Experience. The specialist advisor was a registered 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.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), fire authority and environmental health officer for information to aid planning of our inspection. We checked information held at Companies House, the Information Commissioner's Office and the Food Safety Authority.

We spoke with five people who used the service. We spoke with the operations manager, registered manager, chef, cleaner and three care workers.

We looked at six sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service and staff their opinions about staff deployment. There was a consistent opinion that there were insufficient staff deployed. Comments included, "There is no second in command. Staff need control. They have just one night staff who often does four to five nights without a break. They all work very hard, long hours", "Too many people who need help and not enough staff to provide it" and, "More staff perhaps." People felt that, at times, their care was impacted by the lack of available staff.

Prior to the inspection, we checked information already held about staffing levels at the service. This included the Provider Information Return (PIR) and Skills for Care's national minimum data set. Both tools record information about staffing levels. In the PIR, the section concerning staffing numbers and turnover rates was not completed prior to submission to us by the service. Information pertaining to the service's staffing levels was unavailable from the service's submission of data to Skills for Care's data set. In order to obtain evidence about staffing deployment, we spoke with the management team. We asked the registered manager and operations manager to explain the staffing structure, the number of staff per shift and how this was determined. Dependency assessments of people's needs was used to calculate staffing levels. The registered manager was expected to take part in providing care, and was therefore not always completely supernumerary. We were told there was no permanent maintenance staff member or administrator at the home. Some of these tasks were completed by the registered manager, and there was ad hoc support from another local service operated by the same nominated individual. We found that the registered manager undertaking maintenance checks was not appropriate as it impacted on their time to spend with people and staff, and oversee the functioning of the service. The registered manager did not have the necessary training to undertake maintenance checks. In addition, the staff confirmed that the service's training was conducted by the registered manager. This meant even less time was spent by the registered manager in ensuring safe and quality care for people.

Staff during the morning and afternoon shifts were rushed and not able to spend time effectively interacting with people. At the time of the inspection, the service was in the process of recruiting an additional member of staff for a shift between 5pm and 8pm. In part of the inspection, prior to the registered manager's arrival at the service, staff were not always visible to us on the ground floor as they were upstairs or in people's bedrooms. This meant people who were sat in the lounge room were left on their own unsupervised. We noted that one person's porridge in the kitchen was covered over with plastic wrap and cold. When we asked staff about this, they told us they did not have time to serve it to the person. Staff we spoke with also felt that more staff should be deployed, in particular on night shifts when just one staff member was present in the building. One staff member said, "I have called the ambulance service during the night [about a person] and they questioned me how there could only be one staff member present." The lack of a second staff member on night shifts was a risk in the event that an emergency occurred or if a person required two staff members for their care. In order to complete safe moving and handling in hygiene care, some people require two staff. Without a second care worker deployed on night shifts, the lone night staff member could only provide basic hygiene care to people in their bed and room.

The registered manager explained that the service did not use any agency staff. When asked how this was achieved, we were told that other existing staff would complete shifts when there were unfilled gaps on the rota. The registered manager and operations manager also explained that there were no bank staff that could be utilised. Staff had raised their concerns to management regarding safe deployment levels. There was a meeting on 28 February 2017 when the operations manager explained the deployment to staff. There was no record of which staff attended or what their responses were. The brief notes did mention that staffing in the afternoon and night required review.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment methods were robust to ensure fit and proper staff were employed. The regulation and associated schedule set out the mandatory checks the service must make and record prior to the commencement of any staff member. We reviewed two personnel files from the most recent staff who commenced at the service. In the records, we found checks of staff identification, conduct in prior employment, and criminal records checks via the Disclosure and Barring Service (DBS).

People's medicines were not always safely managed. In the morning of the inspection, we found unknown tablets in a cup on a tray in the kitchen. This was beside a person's breakfast, which was not served. When we asked staff why the medicines were there, they told us they had not had time to give them to the person. When administering medicines, this practice was not in line with national guidance and presented a risk to the person's health. There was a risk that the medicines might be given to the wrong person or inadvertently disposed of. In addition, people who are confused or lack understanding might take the medicines not prescribed for them. We pointed this out to the staff and the registered manager.

We saw people's medicines administration records (MARs) in a folder which set out what medicines were given and when. We found there was good stock control with counting of medicines to ensure accuracy and to quickly detect any mistakes. The MARs were properly maintained, complete and were easy to follow. The room and refrigerator temperatures were checked and recorded by staff to ensure medicines were stored safely. We found that the measurement of the refrigerator temperature was not in line with guidance. We explained to the registered manager that minimum and maximum temperatures are required, and that the thermometer must be reset every day. They understood our feedback and agreed to contact the pharmacy to seek assistance.

We recommend that the management reviews and implements nationally-recognised best practice guidance for medicines management at the service.

We found health and safety risks from the building and equipment were not always adequately assessed and monitored, in line with relevant legislation. The management of the risks from the premises required improvement to protect people and others from harm. We found some checks were in place. For example, there was an asbestos risk assessment which showed the absence of this within the building. There were checks by an external contractor for the prevention and control of Legionella in the service's water supply. On the day of the inspection, a number of documents were not available at the service regarding premises risks. We also noted that two contractors were conducting a period inspection of the building's fixed wiring. When we asked them at the end of our inspection their preliminary findings, they told us that there were a number of issues, most of which required remedial repairs.

We wrote to the registered manager after our inspection to request additional evidence about the premises safety. This was sent to us and we reviewed the content. We noted that there was a delay between the fixed

wiring periodic inspections which exceeded five years. The latest report showed faults which required the provider to organise an electrician for repairs to reduce risk. The previous years' fire risk assessments were unsatisfactory; however a new fire risk was completed in February 2017. This showed that actions needed to be addressed to ensure safety in the event of a fire. The service sent a periodic check certificate for the passenger lift, but could not show evidence that routine checks required by the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) were regularly completed prior to this. The outcome of the most recent check by contractors showed remedial repairs were required.

We shared our concerns related to fire safety at Nightingales Care Home with the fire authority. The fire safety inspecting officer confirmed they had recently visited for an assessment of the service and a report was not yet available.

People also told us that there had been issues with the heating and hot water. One person's relative provided additional heating for a person's bedroom as the radiator was not warm enough. We noted the door to the boiler room, in a relatively busy area of the service, was completely open when we arrived at the service. This meant people or others could harm themselves if they accessed this area. We pointed this out to a staff member, but they were unable to lock the door to the boiler room as a key could not be found. We also found not all the radiators in the service were covered with guards. This presented the risk of burns to people if they fell or were otherwise subject to sustained periods of contact with them. We saw risk assessments about the radiators, but these did not adequately address the potential of people sustaining avoidable injuries. The registered manager explained that the location of the radiators made it difficult to place guards on the radiators. We asked the service to seek relevant guidance from the Health and Safety Executive (HSE) website, which addresses such risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how Nightingales Care Home protected people from risks associated with their care. Pre-admission assessments were completed before people were admitted to the service. Care records included risk assessments for falls; the falls risk assessment tool (FRAT). We saw risk assessments for moving and handling, skin integrity (Waterlow) and the malnutrition universal screening tool (MUST) assessment. We saw that risk assessments for one person had last been reviewed in November 2016. People's risks regarding care were satisfactorily assessed, documented and mitigated.

People told us they felt safe. One person said, "It was my choice to come in here after my wife died. We looked at several places. I knew this one". Another person told us, "Yes I do. I am very well looked after all the time." A third person told us they also felt safe at the service.

We found people were protected from abuse. There was one allegation reported to us in May 2016 by the service. We checked with the local authority safeguarding team and found the matter was unsubstantiated. We were told staff received safeguarding training during induction and via regular updates. The registered manager had a good knowledge about types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. Some information in signage and policies required updates, and we pointed this out to the registered manager. The operations manager explained the service had considered an external company provide the policies and procedures; however no decision was made by the provider at the time of the inspection.

Requires Improvement

Is the service effective?

Our findings

The service had adequate outdoor space, including scenic gardens, which was well-managed. However, the premises required improvement. People told us they did not have adequate access to shower or bath facilities. Although people confirmed they could have a bath, they told us the bath was slow to fill and they often resorted to bed baths in lieu. When we viewed bathroom and shower facilities, there were a limited number. The condition of them was not appropriate for people to use for daily hygiene. One bathroom we viewed was used as storage space for equipment and was inaccessible to people. Another bathroom had unsafe floor coverings which were badly stained, and the bath tap offered a very slow flow of water. We asked how people were able to access toilets. Staff told us that most people used commodes in their rooms. When we spoke with people, they confirmed this. They also confirmed they were limited in the amount of baths they could take each week, due to the available facilities. We found the premises at the time of the inspection did not promote people's independence in their own care. The premises prevented people from having choice in their daily hygiene preferences.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We asked people their opinion about whether there was effective training for staff. They provided mixed feedback. Two people felt staff were trained to a good standard, but two people disagreed. One person said, "No- I don't think they are [well] trained". Another person said, "Yes, I think so" and third person told us, "For me they are."

We reviewed training records for staff. This showed satisfactory induction, training, supervision sessions and performance appraisals. The responsibility for training was with the registered manager. Training was delivered to staff in a classroom-style setting. One care worker we spoke with was positive about their training units. They said, "I think it helps you; you need them." They went on further to say, "Training is good" and that subjects were, "...explained". They told us appraisals, "Are done once a year" and that supervision meetings were not planned but arranged, "...if you ask." Another care worker told us, "Training and supervision is good here. I've done my leadership course. The manager gives me 'jobs' to do." The registered manager told us that all staff employed at the home were able to provide care. The registered manager said, "All my staff are trained to multi-task." In addition, some staff had achieved health and social care diplomas at various levels, which provided further knowledge about their respective roles.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff showed an understanding of consent. One care worker told us that a person with dementia might make every day choices such as what to wear or what to eat, and that this was acceptable. We observed that consent for people's personal care and support, sharing of information with health and care professionals and photography was not always signed by the correct person. The service needed to clarify who was legally able to make consent on each aspect of care.

We noted one person, who had no relatives, was assessed as having a mental impairment and being unable to make a key decision. We noted a reference to an independent mental capacity advocate (IMCA) in the care documentation. However, the person's mental capacity assessment did not refer to the decision specifically or their fluctuating capacity. The section of their care documentation titled 'resident/family member/advocate' was blank. We provided this feedback to the registered manager and operations manager who assured us this would be corrected. Another mental capacity assessment we saw stated that the person did not have a cognitive impairment and was therefore able to make a key decisions themselves.

The manager told us that the service had completed and submitted people's applications for standard DoLS authorisations as a requirement of the MCA. There were a number of people whose applications were awaiting the respective local authorities to make decisions regarding them. When we checked with one local authority, they confirmed this was accurate. We saw that a person was subject to a guardianship order through their local authority and that Court of Protection arrangements were in place in their best interests.

We found people were provided with appropriate nutrition and hydration, although their opinion of the food was not always complimentary. The service used an external catering company for lunch and supper, which staff heated and served. For example one person commented, "It is good food ruined. It has no taste at all. The meat is very tough. Really not good enough. We used to have good food produced here; roast pork, roast beef and Yorkshire pudding. Not now. Pudding always comes out of a tin. The breakfast food is always the same. Once a choice is made, that's what you get each morning." We noted in the kitchen that a list of people's breakfast and drinks was posted to a cupboard door. When we asked staff regarding this we were told that was what they were served each day.

We recommend that the service provides people a daily choice for breakfast and all drinks, to ensure they are able to have their preferred option.

We saw that people had drinks in their rooms and were offered drinks regularly. Jugs were replenished daily. We observed that the service did not have a dining room. People had meals at tray tables where they sat in the main lounge. One person we spoke with told us they wished there was a dining room. The registered manager told us that one person required thickened drinks. We saw that the thickening product was stored safely in a kitchen cupboard. The registered manager told us the person's drinks were prepared in the kitchen. This meant that the thickener was not brought into the lounge. We asked what consistency the person needed for their drink. The registered manager told us the person had two scoops of powder to 200 millilitres of drink; a 'syrup consistency'. A care worker we asked told us they added, "..one and three quarter scoops" to a (200 millilitre) drink. In the person's care plan, we saw 'has been assessed by the speech and language therapist and requires thickener to be used in all drinks'. How much thickener staff should add was not specified in the care plan. This placed the person at risk of aspiration, as the drinks were not thickened to the same consistency each time. We provided this feedback to the registered manager so the service could take action to address the thickening of fluids for the person.

We found various professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. We saw that the learning disability specialist service and the mental health team were involved in meeting the needs some of people who used the service. The service ensured care support from community healthcare workers, which promoted the person's overall health.

Good

Is the service caring?

Our findings

The service was caring. People told us that they mostly received kind care. One person said, "Quite caring; a little ignorant in a way [but] they would protect the residents." Another person commented, "There is just one in particular who is quite caring. No, wouldn't say they all are." The third person we spoke with the service was kind. They said, "Yes, they are quite caring." Another person agreed and told us, "I believe so. Don't have much to do with them." Other comments from people who used the service were, "It's all right here. I can't really find anything wrong with it. I'm quite happy. There you go, all is well" and, "Yes I think it's all right." When we asked if staff helped, the person told us, "I think they would." Our observations of staff interaction with people showed positive relationships existed, although at times this was affected by the workload of the care workers.

The service had received written feedback about the kind care provided to people. One relative wrote, "My [loved one] really enjoyed his stay and said he would love to come again for respite later this year if possible. One person who had used the service wrote, "You are all so kind. I will come and see you all soon..." Another relative commented, "We would like to thank you most sincerely for the kindness, care and attention that you gave to [our loved one] over the years.

Some people who used the service were independent but most required a low or medium level of support from staff. We saw this when we viewed the dependency scores for people with the registered manager. As people became older, their dependency increased, which required additional support from staff. From our observations of care in communal settings, people's independence in daily activities of living was promoted by staff. We saw staff encouraged people to eat without assistance and only prompted them when necessary. When we asked people if staff supported them to be independent, they gave mixed feedback. One person said, "They don't get much time really", but another person said, "They do as much as they can to support all of us, even when they are busy. You only have to ask for help and they are there."

Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. We saw staff called people by their name and treated them with respect when they provided care.

People had divided opinions regarding respect of their dignity at the service. One person said, "They are fairly good with most people but if you are able, you are more or less left to your own devices." Another person said, "It has been 10 days since I have been able to have a bath. There has been a problem with the heating and plumbing. [In the bathrooms] the water dribbles [and] doesn't flow. The shower heads [have] never worked. Other people we asked felt that staff did respect their dignity. The first person commented, "Always. They always close the doors to maintain my dignity when I have my wash. Yes, they call me by my name" and another person stated, "[I] have no problems with dignity."

Confidentiality of people's information was maintained, including electronic records and communication. We noted the computer required a user password to log in. Computers and paper-based records were

stored in the staff office. We found the night staff had left a trolley of people's care files in the lounge area when we arrived for the inspection. We pointed this out to the registered manager, but were satisfied that it was appropriate for the single night care worker to have easier access to them throughout their shift. The trolley was then placed back into the office.

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the service ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Requires Improvement

Is the service responsive?

Our findings

People's care was personalised, although required improvement in some parts. We saw a person's care plan for behaviour management that had been reviewed in the month prior to our visit. A care worker told us it reflected the person's needs accurately. They told us, "It's fine, yes." We heard each person had a keyworker who completed a monthly checklist and report about the person's appointments, activities, contact with family and friends, progress and any concerns. We saw that one person's checklist was completed in November 2016 and a report created in December 2016. There was no further information from the person's keyworker beyond this date. We observed that the moving and handling risk assessment and mobility care plan for another person was not updated to reflect the person's need to use a 'stand aid'.

The registered manager told us that no one at the home had observation charts in their room. Documents associated with people's personal care were kept in central folders. We reviewed care plans which included objectives for behaviour, communication, nutrition and hydration, personal care and tissue viability. Care plans were based on an assessment of needs called the 'baseline assessment of needs for daily living'. When we reviewed one person's daily care file in which personal care such as baths were recorded, we noted that staff had not documented a bath for three weeks prior to our visit. We showed this record to a care worker who told us the person had a bath weekly.

We saw daily notes of care for four people. These were relevant and referred to personal care given and to health needs. For example, blood glucose readings for a person with diabetes were included in the daily notes. We also saw two sets of observations in the daily files. Observations care workers made included call bell checks and records of personal care provided. We noted a blank 'antecedents, behaviour, consequences' (ABC) chart in a person's file. It was not clear why the person had an ABC chart in their documentation, as there was no known behaviour that challenged the service displayed by the person.

We checked if the service had captured people's preferences for end of life decisions. In the care plans we reviewed, we saw that 'do not attempt cardiopulmonary resuscitation' (DNR) forms were either in place (although not always discussed with the person or relevant other) or not if the person did not wish to discuss this. The service demonstrated they approached people and relatives to discuss end of life care planning. This made sure relevant information was available for emergencies and staff therefore knew what people's preferences were.

A person whose care plan we reviewed had access to a local day centre for two days weekly. Staff told us the person enjoyed activities at the day centre. We observed a singing session took place on the morning of our visit. The entertainer offered an enthusiastic chance for people participate and we noted that those present enjoyed themselves and sang along. There was an activities board at the service, although this showed one activity per day listed and not all days had an assigned event. We asked people about social stimulation offered by the service. One person told us, "There are no activities that I am interested in. They seem to be geared to residents with higher needs. It is difficult for me to go out unaided due to my [health conditions]." Another person told us, "I have been out to lunch with my [relative]. No, staff don't take us out. A third person stated, "I have been out with my [relative]." A further comment from a person was, "I have links

through my musical friends; they mainly the come in. Activities are really not my thing."

Four people we spoke with told us they knew how to make a complaint. One person told us they raised issues directly with the management. A second person said, "Yes, I would soon make a complaint if I wasn't happy." Another person told us they were reluctant to make a complaint. The person said, "Yes, but I daren't." We noted that the complaints sign in the service and the complaints policy were outdated and contained inaccurate information. They both required improvements to ensure that people and others knew about the complaints process and how to raise their concerns. We pointed this out to the registered manager and operations manager, who stated this would be rectified. There was an appropriate complaints log maintained by the registered manager. We saw concerns logged included lack of cornflakes, cold temperature in a person's bedroom and failure of staff to change bedding. These were all appropriately investigated by the registered manager and actions taken to correct the issues were recorded.

Requires Improvement

Is the service well-led?

Our findings

The service had a visitor's questionnaire which asked questions about the quality of the service. The questionnaire asked for ratings concerning nine areas. These included subjects such as appearance of the service from the outside, friendliness of the staff, and mood or ambience that was experienced. We looked at five questionnaires the service sent us after the inspection. The responses indicated visitors rated the nine areas as 'good' and 'very good'. Comments we saw included, "excellent" gardens and grounds, "All staff give us a warm welcome and obviously work very hard" and, "Staff try and work hard to maintain a clean, calm environment." The questionnaire also asked visitors for feedback on features of the service they felt required improvement. This was a good way the registered manager could gather information for improving the safety and quality of care.

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The statement of purpose was available in a communal area for members of the public to view if they desired. The document was not updated and contained incorrect information. We pointed this out to the registered manager following receipt of the document after our inspection.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the all of circumstances under which they would send notifications to us. Our records showed that the service sent notifications to us, as required by the regulations.

Services are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. The regulation also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing).

At the time of the inspection, the service had an appropriate duty of candour policy in place written in January 2017. The document set forth clear steps for the management to follow when the duty of candour requirement was triggered by safety incidents. However, we found that Nightingales Care Home had failed in their duty of candour requirement after a relevant safety incident.

No training was provided to the registered manager or staff about duty of candour and how to undertake steps required after 'notifiable safety incidents'. Since our last inspection there was a safety incident where the duty of candour process was required at the service. A person sustained a serious injury. The service had reported to us in a notification form that duty of candour was used. When we asked for evidence that the service had maintained a written record of the duty of candour, they were unable to provide this.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care home services are required to display our prior inspection ratings conspicuously, both within the building itself and on any website they use. In February 2016 our checks revealed the provider's website did not display our rating from the previous inspection. We informed the nominated individual and they ensured the rating was displayed.

At the commencement of this inspection, we were unable to locate the ratings poster from our previous inspection within the building. The inspection team asked the management team to demonstrate the presence of the ratings poster. The operations manager and registered manager were unable to locate the ratings poster conspicuously displayed. Neither staff member was able to explain why the ratings poster was not displayed.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with five people who used the service to ask their opinions about whether the service was well-led. There was mixed evidence from people. Some explained a negative workplace culture existed. One person said, "I don't think [the service is well-led]. The staff have complained. It is not a very open culture. More them and us." Another person commented, "I don't know what I could expect from them." Other people we spoke to gave positive feedback. One person stated, "Yes, it seems well- managed" and the other person said, "It's OK. [The] management are not often around." We also spoke with staff who were present at the time of the inspection to ask if the service was well-led. They were reluctant to share their opinion about the management, although they did not raise any specific issues with us during our discussions.

The theme of the management's absence was further explained by people when we asked them questions about their ability to interact with managers. First we asked people how often they saw managers. One person said, "The management is rarely in. The [nominated individual] is running the home and comes in once a week." Another person stated, "Comes in once a week and hangs out in the kitchen. Rarely available." The third person said management were, "Not often [available]." We then asked people's ability to approach the management to discuss issues important to them. The first person said, "It all depends. They don't have time and when you try to bring up something, they cut you short. "Another person told us, "Not much point if you don't feel you can gain something. Staff are not always happy." Another comment from a person who used the service was, "Staff are sometimes a bit stretched. I don't think they are all happy with the management." The impact of the negative workplace culture had affected some people's perception of the quality of the management.

We found that a small number of audits were conducted to ensure the service measured the safety and quality of care. We saw these included a medicines, infection control and care documentation audit. There were also audits of people's pressure relieving mattresses, kitchen audits and monitoring of people's weights. The operations manager audits were completed as part of the provider's own requirements for the service. We viewed the last one from 16 February 2017 which was brief but contained pertinent information corresponding with our findings about the premises.

We recommend that the service increases the scope of audits and checks, to provide a better assessment of whether the service is well-led.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care and treatment was not provided in a safe way for service users. The registered person did not ensure that the premises used by the service provider were safe to use for their intended purpose and used in a safe way. The registered person did not ensure that the equipment used by the service provider for providing care or treatment to a service user were safe for such use and used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment used by the service provider were not suitable for the purpose for which they were being used or properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The registered person did not act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on the regulated activity. The registered provider did not keep a copy of all correspondence with relevant persons.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments

The registered person failed to display at the premises from which the service provider provides the regulated activity at least one sign showing the most recent rating by the Commission that relates to the service provider's performance at this premises.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements of the regulation.

The enforcement action we took:

We served a warning notice against the provider.