Entercare Limited

Florence Nightingale Care Home

Inspection report

60 Village Street
Normanton
Derby
DE23 8SZ
Tel: 01332 761487
Website: N/A

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of this service on 17 June 2014. Three breaches of legal requirements were found. This was because the registered person had not always ensured staff were safely recruited, staff had not always have the training and support they needed to provide effective care, and the registered person did not have an effective system to regularly assess and monitor the quality of service that people receive.

At this unannounced inspection on 20 October 2015 we found the provider had met these requirements.

Florence Nightingale Care Home was purpose-built in 2013 and provides residential care to up to 20 older people. It has facilities on all three floors with a passenger

Summary of findings

lift for access. The home has a large lounges/diner, a smaller lounge, and a seating area adjoining the car park at the rear of the home. At the time of our inspection there were 20 people using the service.

The home has a registered manager. This 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.

People told us they felt safe in the home, however improvements were needed to the way

risks to individuals were managed at the home. Staff were caring and attentive, although on occasions they appeared too busy to meet people's needs promptly.

The staff were caring. We saw examples of staff valuing people and making them feel important and cared for. When staff were supporting people they took the time to engage with them and have a conversation. People were involved in making decisions about their care and support. If they wanted to wear particular clothes and use favourite toiletries staff made sure this happened.

Staff provided care that was responsive to the needs of the people using the service and people's cultural needs were met. During the inspection we observed the staff continually talking with people and checking they had everything they needed.

Staff had the training they needed to provide safe effective care. People were supported in a way that did not restrict them or deprive them of their freedom.

Group and one-to-one activities were provided. A visiting singer entertained the people using the service on the morning of our inspection. In the afternoon people took part in a game of armchair catch. This became quite lively as more and more people joined in and began cheering each other on. The care worker facilitating the game did this well, ensuring as many people as possible were involved.

Lunch was observed during our inspection. People had their meals in either the lounge or the dining area depending on their preference. They had a choice of two main courses and two puddings. We checked the food stocks and found a good range of fresh, frozen, and tinned products available. Both hot and cold drinks were being offered to people throughout the day.

People had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. Staff understood the health needs of the people they supported and had taken action to ensure people had medical attention if they needed it.

People told us they were happy at the home. Staff told us they liked working there and felt well-supported by the provider and registered manager. We observed that people using the service were in an out of the registered manager's office and the staff office to see what was going on. They were always made welcome and given the sense that the home was theirs and they could go where they liked within it providing it was safe for them.

We found a breach 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Improvements were needed to the way risks to people's health and safety were addressed.

The provider operated a safe recruitment process to help ensure that suitable staff were employed to work at the home.

The staff were caring and attentive but on some occasions appeared too busy to meet people's needs promptly.

Trained staff managed people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and were offered a varied diet with plenty of choice.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Is the service caring?

Good

The service was caring.

People said the staff were caring and kind.

People were involved in making decisions about their care.

Staff respected people's privacy and support them in a way that preserved their dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People had the opportunity to take part in group and one-to-one activities.

People had the information they needed on how to complain about the service if they wanted to.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People told us they were happy at the home and staff told us they liked working there.

People had the opportunity to share their views about the service on a one-to-one basis and by completing a quality survey.

The provider, registered manager, and staff carried out audits and checks to ensure the home was running smoothly.

Florence Nightingale 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.

This inspection took place on 20 October 2015 and was unannounced.

The inspection team consisted of an inspector and 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. Our expert by experience's area of expertise was the care of older people.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During the inspection we spoke with eight people using the service and two relatives. We also spoke with the registered manager, the provider, four care workers, and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Requires improvement

Is the service safe?

Our findings

At our last inspection the registered person had not ensured staff were safely recruited. This was because not all the staff employed had been cleared to work with adults using care services by the Disclosure and Barring Service (DBS, a government agency that approves staff to work with vulnerable adults). This meant there was a potential risk of unsuitable staff working in the home.

At this inspection we found the provider's recruitment and selection processes had been followed and this breach in regulation was met. The staff recruitment files we sampled all had the required documentation in place including DBS checks. This showed the provider had taken the necessary steps to help ensure the staff employed were fit to work in a care environment.

We looked at how risks to individuals were managed at the home. We sampled four risk assessments belonging to people using the service. They mostly gave staff clear instructions on how to care for the people concerned safely. For example, one person's moving and handling risk assessment set out the equipment they needed to mobilise and how this should be used. It also stated that this person's mobilising needs changed depending on how they were feeling on a particular day. Sometimes they moved independently, at other times they used a wheelchair. The risk assessment stated they would tell staff the type of support they wanted, '[Person's name] will let staff know what their preference was.' This was good practice as it gave the person more control over how they mobilised.

However, some risk assessments were in need of improvement. For example the same person mentioned above was also assessed while in hospital as having a respiratory condition and this was referred to in their discharge letter, which was in their notes. The letter gave clear instructions on how staff were to assist the person to manage this condition and what aids and medicines could be used to treat it. However, there was no care plan or risk assessment in place for this, so unless staff read the hospital letter they would not know how best to meet this person's needs.

Another person was admitted to the home following a fall and the accident book showed they had had five falls in the last six months. Although their moving and handling risk assessment mentioned this, there was no specific care plan or risk assessment in place to address this issue, nor any evidence of any specialist advice being sought, for example from a falls clinic. This meant staff did not have the information they needed to minimise the risk of this person continuing to fall.

A third person was recorded as having waking difficulties and this was acknowledged in their notes. This issue had led to medical help being called to the home. Yet there was no risk assessment or care plan in place for this so it was unclear what staff should do if they had difficulty waking this person.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We discussed this with the provider and registered manager who agreed to review care plans and risk assessments to ensure they were fit the purpose. Following the inspection the registered manager sent us an example of an updated risk assessment to show how this issue was being addressed.

People using the service told us they felt safe in the home. Staff knew how to protect people and told us how they would do this. One care worker said, "If I thought anyone was being abused I would go straight to the manager and owner and they would bring in social services." We observed that relationships between those living and working in the home were good and people using the service appeared to trust the staff and be relaxed in their company.

Records showed staff were trained in safeguarding (protecting people from abuse). The provider's safeguarding policy needed amending to clarify the role of the local authority in safeguarding investigations. We brought this to the attention of the registered manager who said this would be done as a matter of priority.

The staff we observed were caring and attentive but on some occasions appeared too busy to meet people's needs promptly. One person using the service told us, "We all get frustrated in here, I need assistance to walk and it's not always available. Some people get annoyed having to wait sometimes but you have to be patient."

Requires improvement

Is the service safe?

At lunchtime two care workers were on duty to assist people from the lounge area to the dining area. As some people needed two staff to assist them in mobilising, and others wanted to use the toilet before lunch, this proved to be a busy time.

One person was supported to move from an easy chair to a wheelchair, and then had to be left halfway between the lounge area and the dining area as someone else needed the care worker's assistance more urgently. The care worker eventually returned, said 'sorry', and took them to the dining area. By this time the person had waited five minutes alone on a busy thoroughfare whilst around them others made their way to lunch. This was undignified for the person who appeared confused by what was happening.

In addition we saw that two people were repeatedly leaving the lounge and making their way along the corridors on the top floor of the building. When staff saw them doing this they followed them to ensure they were safe, and supported them back to the lounge. However on occasions staff were attending to other people and there was a potential risk of them falling as there were no restriction to the stairs.

We discussed this issue with the provider and registered manager. They told us there were busy times of day in the home and lunchtime was one of these. However they agreed to review staffing levels in the home to ensure that people's needs could be met promptly at all times. They also agreed to risk assess the stairs on the top floor and take appropriate action if they were considered to be a hazard.

Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely. We looked at the medicines administration records for two people using the service. These showed that medicines had been given on time and staff had signed to confirm this. We observed some people being given their medicines and staff did this safely, allowing people to take their time and have their medicines in the way they wanted them.

Staff used a medicines assessment tool to determine the type of assistance a person might needs with their medicines. Records showed that people were encouraged to self-administer some of their medicines where possible, for example, '[Person's name] will sometimes apply her own creams depending on how she feels.' This approach helped to ensure that people maintained their independence where possible.

Records also showed that staff regularly reviewed people's medicines where necessary. For example, one person who was having difficulty swallowing had their medicine changed to a liquid form to reduce the risk of choking.

Good

Is the service effective?

Our findings

At our last inspection the registered person had not ensured staff had the training and support they needed to provide effective care. This was because a staff member had started work at the home without undertaking the necessary essential training for their job role?.

At this inspection we found that appropriate training has been arranged for all staff with an external training company. This showed the provider had taken the necessary steps to help ensure the staff employed had the training they needed to work in the home.

Records showed that all staff undertook a formal induction followed by a range of training designed to equip them with the skills and knowledge they needed to meet the needs of the people using the service.

The majority of staff were also studying for NVQs in Care (National Vocational Qualifications) and an NVQ assessor was in the home on the day of inspection supervising staff with these courses. All the staff we spoke with said the provider and registered manager supported them to train. One care worker said, “They are always encouraging us with our training.”

The provider had policies and procedures in place concerning the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

Records showed that one person using the service was subject to a DoLS authorisation as they had tried to leave the home when it was not considered safe for them to do so. During the inspection we observed there was a second person, not subject to a DoLS authorisation, who appeared to want to leave. We reported this to the registered manager who was aware of this person and said she was considering referring them to the local DoLS team too. She agreed to contact the local DoLS team for advice on whether this referral should be made.

Care workers had had no had specific training in the MCA and DoLS. The registered manager said she had contacted the local authority about this, as they provided this training, and was waiting for course dates to be sent to her so staff could attend. This will help to ensure that all staff understand their responsibilities with regard to consent to care and treatment.

A relative told us their family member enjoyed the food served at the home. Lunch was observed during our inspection. People could either sit in the dining area or in an easy chair in the lounge area for their meal. They had a choice of two main courses and two puddings. The cook told us people were asked at breakfast time what they wanted for lunch and this information was passed to the care workers serving the food.

We checked the food stocks and found a good range of fresh, frozen, and tinned products available. We met with one of the cooks who was part-time and recently recruited to the service. She told us she used both fresh and frozen meat and said the provider had fetched her fresh mince recently when she had run out of this.

Throughout the day we observed both hot and cold drinks being offered to people. Staff told us tea was served at about 4.30 to 5pm. They told us this was the last meal of the day, although people could always ask for something else to eat later in the evening and people were all offered a drink at around 9.30pm before the day staff went off duty.

We were concerned that some people might not have anything to eat between tea and breakfast, a period of around 15 hours. This could be detrimental to people, particularly if they suffered from health conditions like diabetes. We discussed this with the registered manager who said people were offered a late supper of tea and biscuits or something more substantial if they wanted it. She agreed she would check with staff to make sure all the people using the service were offered something to eat in the evening.

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person’s health they discussed it with them and their relatives, where appropriate, referred them to the appropriate health care services, and accompanied them to appointments if necessary.

The staff we spoke with understood the health needs of the people they supported. One care worker told us how she

Good

Is the service effective?

had noticed that one of the people using the service might have a previously undiagnosed health condition. She reported this to the person's GP so they could have the medical assistance they needed to address this.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "See that girl over there [a care worker] she's my friend, she's always coming to see me." The care worker then approached this person and they hugged each other. The care worker said to the person, "I'd love to take you home but you've got your own home haven't you?" The person's appeared delighted with this comment and told us, "I love her."

Another person said, "They are quite nice really. They give me a drink if I ask and they pop in to check me at night before turning the light out." And a third person commented, "Yes the carers are very good."

During the inspection we observed the staff talking with people and checking they had everything they needed. We saw one member of staff have a good conversation with a person while they applied cream to their feet. The staff we spoke with talked with the people they supported in a caring and considerate way. One care worker told us, "We treat everyone here with respect as if they were our own mothers or fathers."

People care plans showed they were involved in making decisions about their care and support. For example, one stated '[Person's name] likes to have his hair cut when he says so', and 'likes to wear shirt and trousers so he looks smart'. We met with this person and saw they were smartly dressed in line with their wishes. Another person was described as 'a very smart lady … [who] … likes to smell nice and use good quality toiletries'. Again this person was smartly dressed and had a good range of the toiletries they liked in their bedroom.

During the inspection we observed that staff were mostly respectful to the people using the service and promoted their privacy and dignity. We saw staff assisting people with their personal care needs discreetly and knocking on their bedroom doors before entering. One care worker told us, "It must be difficult for people to have someone else washing and dressing them but we do it in a way that maintains their dignity. We ask them how they want things done and cover them with towels when they're being washed so they don't feel awkward."

In the afternoon we saw one person indicating he would like a cigarette. A care worker asked him to wait while she attended to someone else and said that once she had done that she would take him outside for one. However she did not return to do this. This was disrespectful. We later asked another care worker what the situation was with this person's access to his cigarettes. She informed us the person was limited to how many cigarettes they could have and agreed to take him for one.

We discussed this with the registered manager and provider. They told us this person was restricted to a certain amount of cigarettes for personal reasons. However they accepted that a staff member should not have promised to take him for a cigarette and then not done so. This person did not have a care plan in place for their use of cigarettes so staff did not have clear guidance on what do to if he asked for one. The registered manager said she would put a care plan in place and, following our inspection, sent us a copy. This meant that staff could now offer the person a consistent response when they asked to smoke.

Good

Is the service responsive?

Our findings

One person told us they could have a bath or shower when they wanted one. They told us, "If I ask can I have one I get it, I may have to wait a little." A relative told us, "[My family member] has a shower two or three times a week, she would tell us if she wasn't ok with something."

We looked a care records to see how staff provided care that was responsive to the needs of the people using the service. When people were first referred to the home the registered manager or provider wrote an assessment of their needs in the form of an initial care plan. This meant staff had the basic information they needed about the person when they began supporting them. Records showed that this initial care plan was then used as a basis for further, more detailed care plans.

Each person had a form called 'All about me' in their care records. This was intended to provide an introduction to the person and included sections such as 'how I like to spend my day' and 'things that make me laugh'. However, we found that only a minority of these forms had been completed. We discussed this with the registered manager who said the forms were intended for people living with dementia as they might not be able to give this information to staff independently. The completion these forms for everyone would give staff personalised information to help them support people more responsively. The registered manager said she would ensure in future that this was done.

One person using the service had particular cultural needs and these were met. Staff members from a similar cultural background communicated with this person in their first language which was not English and advocated for them to make sure their needs were met. A care worker told us, "I get on well with [this person] and she tells me what she wants. If she has any problems she explains them to me and I tell the manager." This helped to ensure that the needs of the person in question were understood by all the staff at the home.

We observed that one person using the service appeared confused and agitated at times. We looked at their care plans and saw they were living with dementia. There were a number of entries referring to them becoming distressed and expressing this in a number of ways, one of which was asking to leave the premises. Records showed staff gave them 'lots of support' when this happened, and we observed this in practice during our inspection. However, there was no care plan for this so it was not clear how staff should best support them, for example what worked best for this person to reassure them. We discussed this with the registered manager who agreed to review this person's care plan and improve it as necessary.

Activities were provided in the home. On the morning of our inspection a visiting singer entertained the people using the service. We observed this activity and saw that the people using the service enjoyed it, listening to a variety of songs and interacting with the entertainer as they made requests.

In the afternoon people took part in a game of armchair catch. This became quite lively as more and more people joined in and began cheering each other on. We saw that some people who had previously appeared withdrawn and non-communicative became more outgoing as the game progressed and proved to be particularly good at it. The care worker facilitating the game did this well, ensuring as many people as possible were involved.

We met one person in the lounge who told us he loved to read, especially about nature, and enjoyed a particular geographical magazine. We asked him why he hadn't got anything to read with him and he told us, "I've read all my books and magazines". We asked a care worker why he wasn't offered something to read in the lounge and they said this was because he usually read when he was in his room in the evening. While we acknowledge this, it may be appropriate to offer this person a range of reading materials when they are in the lounge.

There was no written activities programme although staff told us visiting entertainers came monthly and staff did crafts or exercises with people when they have the time. Although staff did do individual activities with people, such as sitting with them on a one to one basis, looking at photos, and nail care, this was not planned, nor was it always recorded.

We discussed this with the registered manager who agreed to implement a more structured programme of activities and to ensure staff recorded who participated. This would help to ensure that all the people using the service took

Good

Is the service responsive?

part in activities if they wanted to. Following the inspection the registered manager wrote to us to say an activities folder was in place and activities were being planned and recorded.

The provider's complaints procedure gave people information on how they could complain about the service if they wanted to. This was given to people and their representatives when they first came to the home. One person told us, "I've never had to complain but if I did I'd tell the staff. They're very good at sorting things out."

The complaints procedure needed updating to include the role of social services in complaints investigation and resolution and their contact telephone number. Following the inspection the registered manager wrote to us to say this had been done.

Good

Is the service well-led?

Our findings

At our last inspection the registered person did not have a system in place to assess and monitor the quality of the service. At this inspection we found that a system was now in place and this breach in regulation was met.

The registered manager carried out a monthly audit of care plans and medicines records. The provider audited health and safety, the premises, and infection control. The cooks reviewed the menus and carried out food safety audits. Policies and procedures were audited annually. An audit sheet had been introduced to staff files to ensure the correct documentation was in place for them.

The registered manager said group meetings had been held with the people using the service to get their feedback. However she said these hadn't been effective so people were now asked for their views on a one-to-one basis. An annual quality assurance questionnaire was sent out to people using the service, relatives, and other stakeholders. Following the inspection the registered manager contacted us to say the most recent one had just been issued and she was waiting for the responses to come back. Staff meetings were held regularly to give staff the opportunity to comment on the quality of the service.

These measures helped to ensure that the registered manager and provider had an overview of how the service was running and were able to identify any areas in need or attention or improvement.

People told us they were happy at the home. One person said, "This is a very good home, I wouldn't want to be anywhere else." A relative commented, "We think it is marvellous. My [family member] always has a smile on her face when we arrive".

Staff told us they liked working at the home and felt well-supported by the provider and registered manager. One care worker said, "They look after the residents and the staff and are very open and approachable. All the staff feel they can speak out and the residents do too." Another care worker commented that the registered manager and the provider were 'very supportive' and said, "I am confident to speak my mind with them."

Staff told us the provider was keen to give the people using the service choice and a good quality of life. One care worker told us, "If there's anything we want for the residents he'll [the provider] get it and pay for it. If they ask for a particular brand of biscuits he'll get them. One resident wanted to try de-caffeinated tea bags so he got some in for them to try."

The provider had 25 years' experience in care. At the time of our inspection both he and the registered manager had just completed their NVQ (National Vocational Qualification) level 5 in Adult Care Management. This is a recognised qualification for people who are in charge of care homes. The provider worked in the home supporting the people using the service and staff and maintaining the property. He told us he sometimes worked during the evenings and at weekends so he could check that the service was running well at those times.

The provider said of the people using the service, "This is their home. It's how they want it. The kitchen never closes so if they want food or drinks at any time they can have them. If they want their room changing around we'll do it. If they want to go out somewhere we'll take then." Staff told us all the people using the service knew the provider and were always asking for him and he made of point of spending time with them every day. They said the provider often took people out with him on errands or to the local marina which they enjoyed.

People using the service were welcome to join staff in their offices if they wanted to. During the inspection people were in and out of the registered manager's office and the staff office to see what was going on. On every occasion they were made welcome and invited to sit down and join in the conversation. This gave people the sense that the home was theirs and they could go where they liked within it providing it was safe for them.

The registered manager simultaneously ran two services, the care home and a children's nursery. Two care workers told us this could cause problems as she wasn't in the home as much as they would like her to be. We discussed this with the registered manager who said it was challenging to work across two services, but she was on call and could get to the home within minutes if she needed to. She also said she had an 'excellent senior' who deputised for her in her absence. In addition the provider worked full-time in the home and was often there for longer, supporting staff and carrying out maintenance. Records showed that the registered manager had not

Good

Is the service well-led?

always signed in when she came to the home. This needed to be done for fire safety and audit purposes. The registered manager said she would ensure she always signed in in future.

Records showed the fire department has last inspected the service in 2013 when they had found the service's fire risk assessment was in need of improvement. We looked at the fire risk assessment, last reviewed by the service in September 2015. This document, dated June 2014, contained fire risk assessments for communal areas, and bedrooms and the offices. However it was generic and did not contain any PEEPs (Personal Emergency Evacuation Plans intended for people who may need particular support in the event of an evacuation.) The provider and registered manager agreed to put these in place, as necessary, contacting the fire department for advice if they needed to. They also agreed to ensure people understood how to vacate the property from the rear of the home via the gates in an event of a fire.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the risk of unsafe care or treatment.**