

MAPS Properties Limited

Nightingale Care Home

Inspection report

Church Lane
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Dereham
Norfolk
NR20 3LQ

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Nightingale Care Home is a care home which was providing personal care to 34 older people at the time of the inspection.

People's experience of using this service: At our last inspection, published 1 June 2018, we rated this service Inadequate overall with breaches of regulation relating to safe care and treatment, staffing, consent, good governance, safeguarding, person centred care, dignity and respect and the employment of fit and proper people. We placed the service into special measures and asked them to provide us with an action plan documenting how they would make the required improvements. At this inspection we found people's experience had improved significantly but there were still some areas of concern which needed to be fully addressed.

People's safety was compromised because some risks were not well managed. Procedures relating to choking, pressure care and infection control required improvement to ensure people were safe. Medicines were well managed and there were enough staff to meet people's needs. Staff understood their responsibility to keep people safe from the risk of abuse and knew how to raise concerns. The service was clean.

Staff received good training but supervision and appraisal needed to be more structured. Some better monitoring of some people's drinking and eating was needed to ensure that people were not placed at an increased risk of losing weight or not drinking enough. People's health needs were well monitored and the provider made prompt referrals to healthcare professionals.

Although staff received training relating to consent their understanding of how the Mental Capacity Act 2005 needed to be improved. Records demonstrated that the provider had not always assessed people's capacity to consent in line with legislation and some records needed review.

The environment had much improved since the last inspection and the service was warm and comfortable. Further improvements were planned to enhance the environment for those people living with dementia.

Staff were patient, kind and caring and relationships between staff and the people they were supporting and caring for, were good. Staff ensured people's dignity was maintained and managed people's distress, associated with their healthcare conditions, well.

The registered manager kept care records under review and they reflected people's current needs. Care was person centred and there were activities to occupy people's time, although further enhancement to these were planned.

There were good systems in place to monitor the quality and safety of the service. The registered manager and the regional manager constituted a strong team focussed on bringing about the required improvements

at the service and remaining person centred. They were honest and open about work which still needed doing and worked well with the local authority quality assurance team. Some relationships with outside professionals were not good which had the potential to affect people's care but we found a strategy was in place to address this.

There is more information in the full report below.

Rating at last inspection: Inadequate with the key questions of Safe, Effective and Well-Led being individually rated Inadequate and the other two rated as Requires Improvement (report published 1 June 2018.)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: The rating for this service has improved to Requires Improvement. We will continue to monitor this service and inspect it again in line with our regulatory inspection schedule.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Nightingale Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out this inspection.

Service and service type:

Nightingale care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We used the information the provider sent us in the Provider Information Return (PIR). This is something providers send to us to give some key information about the service, what the service does well and improvements they plan to make. Since our last inspection the registered manager has been sending a monthly action plan which we also reviewed as part of our inspection planning. We reviewed notifications which relate to significant events the service is required to tell us about. We gained feedback from the local authority quality monitoring team and spoke with one healthcare professional. This information helped us to target our inspection activity and highlight where to focus our attention.

During the inspection we spoke with three people who used the service, two relatives, the regional manager, the registered manager, one senior member of the care staff, four care staff, a member of the domestic staff

and a cook. We also carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who are not able to communicate with us easily.

We reviewed five care plans, six medication administration records and looked at four staff files which documented recruitment procedures and ongoing support for staff. We also reviewed rotas, staff training records and other documents relating to the safety and quality of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff knew how to try to reduce the risk of avoidable harm. The registered manager had assessed people's risks relating to a variety of issues. This included those related to fire safety, falls, eating, drinking and the prevention of pressure ulcers. Care plans documented these risks and provided guidance for staff to help reduce people's risks.
- There was both good and poor practice regarding the management of the risk of choking. Staff we spoke with demonstrated a good understanding of people's risks. However, one person's risk was not well managed and actions put in place by a speech and language therapist had not been followed. The registered manager took prompt action to address this when we raised it with her.
- Repositioning charts which documented people's change of position did not always demonstrate that people were being offered a change of position according to their assessed needs. We identified in particular that the handover period from the night staff to the day staff meant that some people's turns were not taking place consistently. For example, one person who should have been given a change of position every two hours was left for over four hours during this time period. We fed this back to the registered manager.
- There were regular safety checks of systems and equipment and any faulty equipment was promptly identified and taken out of service.

Preventing and controlling infection

- Although staff received training in infection control we found that some practices needed to be improved. Staff were not all clear about how to safely deal with foul laundry that posed a risk of infection. Systems were not in place for staff to place such laundry in dissolvable red bags and then directly into the washing machine on a sluice wash as no stock of red bags was held. Bin bags contaminated with potentially infectious material were discarded in the general rather than the clinical waste which was not good hygiene procedure.
- We observed staff demonstrating good basic infection control procedures in their caring duties. Aprons and gloves were worn appropriately and we observed people being encouraged to wash their hands.

Using medicines safely

- Medicines, including controlled drugs, were mostly well managed and staff were knowledgeable about the medicines they were administering. Staff were aware of the particular requirements of time sensitive medicines and records clearly outlined how medicines should be given to people.
- Staff received training to administer medicines and their practice was observed. Medicines were accurately recorded on the medicines administration record when they were given to people and stocks were monitored. Liquid medicines required further measures to ensure accurate stock control. PRN medicines (those which are only occasionally needed) did not all have an accompanying protocol to guide staff about

exactly how, and for how long, these medicines should be given to people.

- We received feedback from a healthcare professional following the inspection that sometimes medicine rounds are late but this was not our experience on inspection.

Staffing and recruitment

- Staff and relatives told us they felt there were enough staff to meet people's needs. People and relatives told us staff attended to them quickly when they pressed their call bell and we observed staff responding promptly to people's needs. One relative told us, "The staff are good... There's always someone around if you need them." Staffing levels had been set following a review of people's needs using a dependency tool and rotas confirmed that the service operates in accordance with these.
- Staff had been safely recruited with the required checks being carried out to try to ensure staff were safe to work with the people who used the service. References were in place in all the staff files we viewed. However, it was not routine for the service to confirm the reference was genuine by asking for a company stamp or making a telephone call to confirm details were accurate. The registered manager told us they would ensure this was done with all references in the future. They also told us that recruitment and induction records for new staff were in the process of being reviewed
- The same recruitment checks were carried out for agency staff. The service only used agency staff on long term placements to help ensure consistent care. This meant people would be less likely to receive care and support from someone they did not know well.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from different kinds of abuse. Staff we spoke with were able to tell us how to spot the signs and symptoms which might indicate that someone was being abused. They also knew how to report abuse if they suspected it and received training. Refresher training for some staff was overdue according to the provider's own training schedule.
- The registered manager understood their responsibilities with regard to reporting safeguarding concerns and had made appropriate referrals to the local authority safeguarding team

Learning lessons when things go wrong

- During our inspection we identified two issues which had the potential to place people at risk. The manager took appropriate action on each occasion and told us they would discuss the issues with staff to see if any systems required further review.
- Following our last inspection, the registered manager had volunteered to send us a monthly action plan. This showed us how they have been monitoring the service and reviewing policies and procedures, where issues have arisen, to see if changes needed to be made to ensure incidents were not repeated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We identified a breach of regulation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found that the service had made appropriate applications to the local authority where it felt a person's liberty needed to be deprived in order to keep them safe. They were awaiting decisions on these referrals.
- People were asked if they were happy to receive care and treatment and records included people's signed consent to care.
- Staff had received MCA training but some staff were not clear about all the processes. We found that some practices and records relating to MCA required improvement. We noted, for example, that one person had a consent document on their records regarding their move to the service but this was unsigned. Another person had the same document but this was only signed by the regional manager. They also had a Best Interest decision recorded about the use of bedrails. However, the person's capacity to consent to this decision had not been signed by either the person or their relative, who had Lasting Power of Attorney (LPA). The document had been signed by the regional manager for the service and the registered manager and the form stated, 'To be used'. There was no risk assessment relating to the provision of these bedrails. This meant that the person was potentially being deprived of their liberty and it was not clear if the safety of the bedrails had been assessed for this person. We fed this back to the manager and regional manager who told us they would address this as a priority.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a comprehensive assessment of people's needs before they came to live at the service. People's needs were assessed in line with current legislation and a dependency tool established

whether the service could meet people's individual needs. Staff delivered care in line with people's assessed needs. For example, one person's assessment noted that they needed to see a chiropodist regularly because of a health condition. Records confirmed that they had regular access to a chiropodist.

Staff support: induction, training, skills and experience

- Staff received a variety of training which included fire safety, moving and handling, first aid, dementia awareness, diabetes, infection control, equality and diversity and managing people when they are distressed. We found staff to have the necessary skills and experience to meet people's needs.
- The manager acknowledged that they had realised that the current induction needed to be improved and had devised a new induction which included more face to face training. They also acknowledged that staff supervision and appraisal had not been regularly provided for all staff and were committed to a more structured approach in 2019.

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

- There was a slightly mixed picture with regard to people's eating and drinking. One relative told us, "The staff are good. They manage [my relative] well. The meals are good here – you can even stay for Christmas dinner!" We observed a lunchtime service and noted that, where people required active support to eat their meals, staff provided this sensitively and at the person's own pace. Choices of foods and drinks were offered and kitchen staff demonstrated a good understanding of people's food requirements and preferences.
- We reviewed one fluid chart and found it had no daily target amount to guide staff. We also noted that on some days the fluid intake for this person was low, on one day as low as 480 mls, but no action was recorded in response to this. It was not clear if this was a recording issue or if the person was actually being placed at risk of dehydration.
- We also noted that one person's weight was not being regularly checked, despite them specifically asking for this to be done. Their care plan noted that their weight was last recorded on 18 September 2018, although no height was given which meant it was not possible to see how underweight they were. The person was on a fortified diet which meant that they would require careful monitoring of their weight to ensure it did not reduce further.

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

- We received some mixed feedback about how well the service works with other agencies. The registered manager highlighted one particular poor relationship which they were working to improve.
- We found that staff made appropriate referrals to other health and social care professionals and worked well with them. The records we viewed demonstrated that input from other professionals was recorded as part of the care plan and followed by staff. The local authority quality assurance team gave very positive feedback about the advice and guidance they had offered since our last inspection to help improve the service.

Adapting service, design, decoration to meet people's needs

- Significant investment had been made in the general environment. Many parts of the service had been redecorated recently and a programme of further works was in progress, including a 1950s and 1960s area. The service included a café which was pleasant and well used.
- When we carried out our unannounced visit we found most people were up and were using one of the many lounges or conservatories to relax. The registered manager had replanned the space in the lounges so that people were not sitting around the edges of the room but were able to sit in smaller friendship groups. Bedrooms were personalised and bedroom doors were all individualised which helped those who were able, to navigate their way to their rooms. Signage around the service was appropriate.
- We noted that the kitchen door into the dining room slammed shut very loudly throughout the lunchtime

service and some people found this upsetting. We fed this issue back to the registered manager who told us they would address this.

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

- Staff supported people to live healthier lives. We saw that, when people felt unwell, appropriate appointments were made promptly with healthcare professionals.
- Care plans contained details about people's health and care needs and preferences and staff were knowledgeable about people's conditions.
- We observed staff supporting a person to have a GP visit. They were well prepared and the person's dignity was maintained during the consultation which was held in a public lounge as this was the person's choice.
- Staff supported people with their oral health and people had access to a dentist. One person told us, "They come out here and do them for me. It's a good service isn't it?"

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and showed compassion towards people. We saw staff taking time to chat to people and offering care and support at people's own pace. A relative told us, "They are looking after my [family member] very well. They are very kind. Very, very kind."
- We observed staff reassuring a relatively new resident who was confused and frightened. The staff member was calm and gently refocused the person's attention onto something positive. We heard them explaining, "You are staying with us now as you have hurt [yourself]. You have your own room with [identifying pictures on the door] because that's what people call you isn't it?" The person was visibly comforted by this kind interaction.
- Another person was heard to shout out, "I don't know how to eat my lunch!" A staff member quietly came and sat with them and showed them and they were able to start eating again. Staff demonstrated patience and kindness. We heard a lot of laughter and some people really enjoyed having a laugh and a joke with staff. Relationships were good and staff knew people, and their needs, well.
- Care plans included specific information about things which might upset people and clear information to help guide staff to support people sensitively.

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

- People had the opportunity to express their views. The registered manager reviewed people's care and gave them, or their legally appointed representative, the chance to contribute to this process. Care plans included specific details about how people wished to receive their care. Care plans we viewed had all been reviewed within the last four weeks.
- The registered manager told us that they were in discussion with other healthcare professionals about multi-disciplinary team (MDT) meetings which were held at the service. They wished to ensure that people who used the service, or their legally appointed representative, would be invited to attend a part of this meeting that concerned the person's health, as this had not been happening in recent meetings.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff ensuring people were appropriately dressed and supporting them discretely to ensure their personal care needs were met.
- Staff showed an appreciation of people's rights and relatives told us that they were always able to meet privately with their family member if they wanted to. People were supported with their personal care in private and we observed staff knocking on bedroom doors and asking permission to go in before offering care and support.
- We observed staff giving one person the opportunity to help them with the tea trolley by helping to line the cups up. This gave the person a sense of purpose and distracted them from their constant walking around

which was clearly making them tired.

Is the service responsive?

Our findings

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

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

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

- Care plans were regularly updated and reflected people's needs and preferences. Specific details about exactly how people liked to receive their care was captured in the plans we saw. For example, one person's plan relating to medicines stated, '[Person] likes to have all the tablets in their hand,' and another's stated, '[Person] likes to lie in quite late.' We noted that this person was one of the last people to get up on the morning we visited.
- Another person's plan contained very personal information about a particular topic of conversation which was likely to upset them very much. This plan, for a person living with dementia, had been completed by the person's relative and a dementia support worker.
- The provider carried out satisfaction surveys with the people who used the service, or those representing them. 17 people had responded to the most recent survey which had been carried out in July 2018 and responses were broadly positive and showed that people supported the measures the registered manager was taking to improve the service.
- The provider had a programme of activities and we also observed people following their own hobbies and interests, including knitting, puzzle books, listening to the radio and watching the birds. The timetable for weekly activities was in pictorial form which helped those people living with dementia understand what was planned. There was a vacant part-time activities co-ordinator post and it was hoped that more individual support for people could be provided in the future.
- A Church of England vicar visited the service regularly to see one person and carried out occasional services for all those who wanted to take part. The registered manager acknowledged that they didn't routinely ask people about their spiritual needs. They told us they were arranging to address this having identified this need as part of their ongoing improvement plan.

Improving care quality in response to complaints or concerns

- There was a 'You said, we did' noticeboard in the reception area and we saw that issues raised informally with the service had been responded to with prompt action.
- There was a complaints policy and procedure in place and complaints were managed well.

End of life care and support

- One relative was very positive and grateful to the staff about the very good end of life care their relative had received. We saw that the relative, as well as the person themselves, was supported with warmth and affection by staff.
- Staff received training to help them support people approaching the end of their lives. We saw that staff worked in partnership with other healthcare professionals to support people and their families at this difficult time. Staff ensured that medicines were in place in good time to help people with any pain or anxiety they may feel.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Leaders and the culture they created did not always support the delivery of high quality person centred care. We identified a breach of regulation.

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

- The registered manager and regional manager made up a strong management team and were committed to improving the service from the previous Inadequate rating. The registered manager was experienced and was also honest about the challenges they had faced in driving improvement. They were clear about the things they knew they still needed to get right.
- Areas they needed to concentrate on included safe care and treatment and improved understanding and appropriate application of the MCA to ensure people's rights were protected.
- The registered manager operated an open door policy and staff told us they found them supportive. Staff understood the need for change, even though some found the pace of change difficult.
- The provider had also been very honest in discussing the previous poor inspection rating and the planned improvements with the people who used the service and their relatives

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

- The registered manager was clear about their regulatory requirements and reported matters appropriately to CQC. In addition, following the last inspection, they had sent in a very comprehensive monthly update to CQC to demonstrate the progress they were making. These updates clearly documented the areas where improvements had been made as well as outlining continued continuing causes for concern. We saw that, over time, the concerns had decreased and many goals on the action plan had been achieved.
- The registered manager was clear that communication required further improvement at the service and we saw that they had discussed this with staff at the various team meetings. Staff, in their turn, demonstrated that, although difficult, they were willing to try new ways of working in order to provide consistent care. One staff member told us, "[The registered manager] is organised...[they] watch us and do competency tests."
- The provider had a comprehensive quality assurance system in place. The registered manager carried out competency checks, observations of staff practice and a variety of weekly, monthly and annual audits to monitor the quality and safety of the service. In addition, the regional manager also carried out a monitoring role and supported the manager to identify areas that required further attention. The registered manager told us they felt very well supported by the regional manager and had confidence in her.

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

- Residents and relatives meetings had been held and the registered manager planned to increase the frequency of these as they had not taken place in recent months. We noted that a meeting was planned for February. The service had also introduced a 'You said, we did' board following our last inspection. This was displayed in the reception area and showed how the provider listened to feedback and took action to address any informal concerns.
- Minutes of staff meetings demonstrated that they were a two-way process with staff contributions highlighted. Staff gave mixed feedback about the regularity of formal supervision and the registered manager acknowledged that this needed to improve and had already drawn up a timetable for the coming year with planned sessions for each staff member.

Continuous learning and improving care

- The monthly updates provided to CQC demonstrated that the provider had good oversight of the service and employed a variety of tools to monitor and improve its quality of the service. The registered manager was clear about areas which still needed attention and spoke about the need for improved communication, increased local community involvement and further work on the environment to make it more person centred.
- Since the last inspection we saw that staff received a more enhanced training programme and a wide variety of training was offered. We noted that the service had devised a new induction package and were committed to more face to face training rather than e learning. Staff told us they would welcome more classroom based training as they found this much more successful in developing their skills.

Working in partnership with others

- The registered manager used the resources at their disposal, including CQC and the local authority quality assurance team, which they approached for advice and guidance. This demonstrated a collaborative approach to addressing the concerns raised at the last inspection.
- Relationships with most health and social care professionals was good and staff worked in accordance with their advice and guidance. One particular relationship was a concern for the provider and we saw that they were taking appropriate steps to raise their concerns and try and work more collaboratively in the future.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure that the care and treatment provided was always delivered in accordance with the Mental Capacity Act 2005. Regulation 11.</p>