

Wellburn Care Homes Limited

# Nightingale Hall Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 15 March 2017. This was an unannounced inspection which meant the staff and registered provider did not know we would be visiting.

The service was last inspected in August 2014 and at that time required improvement in the effective domain as the environment was not suitable for people living with dementia.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the home.

At this inspection we found that the environment had started to improve and was more dementia friendly. The new registered manager had plans to further enhance this.

Nightingale Hall provides residential and nursing care for up to 42 people. The home is owned by Wellburn Care Homes Limited and is located in the 'Garden Village' residential area of Richmond. Nightingale Hall offers recently refurbished accommodation, including bedrooms with en-suite facilities and pleasant outside spaces.

There was a registered manager in place who had been registered with the Care Quality Commission (CQC) since March 2017. A registered manager is a person who has registered with the CQC 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.

Risks to people arising from their health and support needs were not always assessed, and plans were not always in place to minimise them. Risk assessments that were in place were regularly reviewed to ensure they met people's current needs. However care plans were not updated in a timely manner.

Medicines were not always administered in line with the person's prescription and some people went without medicines.

Risks to people arising from the environment were assessed and plans in place to minimise them. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use. Although fire drills were taking place there was no evidence that night staff had completed a fire drill.

People could be assured that sufficient numbers of staff would be working within the service to provide their care and support in the way in which they wished to receive it. Staff had been safely recruited and understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staff received effective supervision and a yearly appraisal.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and understood the requirements of the Act. This meant they were working within the law to support people who may have lacked capacity to make their own decisions. The registered manager understood their responsibilities in relation to DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

We found the interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received. People had access to a wide range of activities, which they enjoyed.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Care plans did not consistently reflect people's current needs and their preferences. The new registered manager had recognised that the care plans needed work and had an action plan in place to address this.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. Feedback was sought from people, relatives, external professionals and staff to assist in this. The service had quality assurance systems in place. However these had not picked up all the concerns we found with medicines.

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

## 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.

People did not always receive their medicines as prescribed.

Risk assessments were not updated to reflect people's current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The service employed sufficient numbers of staff and carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The environment had become more dementia friendly

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were good systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

**Good** ●

Staff encouraged people to maintain their independence.

The service supported people to access advocacy services when needed.

### **Is the service responsive?**

The service was not always responsive.

People's care plans did not include information about their current needs and preferences.

People were supported to access activities and follow their interests.

The service had a clear complaints policy, and people and their relatives knew how to raise issues

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The registered manager and the area deputy operations manager carried out regular checks to monitor and improve the quality of the service. However the audits did not highlight the full concerns we found with medicines and risk assessments.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager.

The manager understood their responsibilities to submit notifications to the Care Quality Commission.

**Requires Improvement** ●

# Nightingale Hall Nursing 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 registered 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 15 March 2017. At the time of our inspection 31 people were using the service.

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

Before our inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are information about changes, events or incidents that occur and which the registered provider is legally required to send us within required timescales.

The registered provider was asked to complete a provider information return (PIR). This is a form which asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted external healthcare professionals to gain their views of the service provided. The feedback was there were no concerns.

During the inspection we spoke with seven people who lived at the service and two relatives. We looked at four care plans, and Medicine Administration Records (MARs). We spoke with eight members of staff, including the registered manager, deputy manager, team leaders, care staff, cook and a domestic assistant. We looked at five staff files, including recruitment records.

We also completed observations around the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We looked at the way medicine administration was managed. We found that people did not always receive their medicines as prescribed. For example, medicines were often not administered where people were asleep during the medicine round. However, these medicines were prescribed to be taken once each day and we would expect that, if a person was asleep during the medicine round the staff member would attempt to administer them at the end of the round or when the person woke up. We saw some people had gone without important medicines because staff had not tried to administer them at a later time or taken advice from the person's doctor where this was happening regularly. If medicines are not taken as prescribed it may be putting people's health at risk. Medication administration records (MAR) contained a significant number of gaps, therefore we could not evidence if people had received their medicines or the reason why they had not.

Where people were prescribed a when required (PRN) medicine there was no guidance on the file for staff to state when the PRN medicine should be administered, for how long and why. One person was prescribed Tramadol one or two capsules four times a day when required. The person's MAR did not always state if one or two capsules were administered, this meant it was difficult to audit the amount of this medicine that had been administered and the amount of stock left over. Dividers between the MAR charts did not always have the person's name on or a photo to help recognition. A team leader said they were updating the MAR file and requested new dividers from the pharmacy during inspection.

We could not evidence that medicines were stored safely as the temperatures of the room and the fridge which stored medicines were not taken or recorded daily.

Some people received their medicines covertly (hidden). We saw that a letter was on file from the person's GP authorising this. However there was no guidance for staff on how to administer the medicine covertly, for example can be put in a certain food. The team leader said a lot of the people who had been receiving their medicines covertly were now taking them with no problem [not covertly] or had them changed to liquid form. They showed us the letters from the GP and how they were planning on updating this file.

Staff knew the required procedures for managing controlled drugs. Controlled drugs are drugs that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered.

Risks to people were not always assessed or plans put in place to minimise them. For example one person had a stoma. The care plan recorded this person dealt with it themselves. However, we later learnt that staff were providing support with this. There was no information on the care file to guide staff on how to do this safely. Another person preferred to stay in their own room, the care plan stated that this person could mobilise independently. Further on in the care plan we saw it recorded that this person needed support from two carers and used a hoist to mobilise. We saw that the person's mobility had been reviewed but the care plan had not been updated. People who had catheters in place had no risk assessments for the catheters and people who were doubly incontinent had no skin integrity risk assessments in place. We

discussed this with the registered manager who, since starting in December 2016 had recognised the care plans needed work and told us they would make sure risk assessments relevant to people's needs were implemented.

We did see some risk assessments were in place in areas such as falls, nutrition, bed rails and moving and handling. We were also provided with information on how the service supported positive risk taking. For example one person was admitted with limited mobility, staff supported the person to build up their confidence to walk and they now walked with confidence around the ground floor.

We saw that staff took part fire drills but there was no evidence to show that night staff had been involved in any fire drills. The registered manager booked a fire drill in for the following week.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People we spoke with said they felt safe living at the service. Comments included, "I feel safe, I have never felt anything else since I first came in," another person said, "Yes I feel safe, we have locks on the doors," and another person said, "Yes I am safe because staff are on hand and I have a buzzer." Relatives we spoke with said, "I feel comfortable that mum is here and secure, I have stopped having sleepless nights," and "From what I have seen yes my relative is safe. There is a lovely feel to the place when I visit, it is very calm."

An external healthcare professional said, "I am not aware of any on-going concerns with this home."

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing, portable electrical testing (PAT) and hoist maintenance were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH). Personal Emergency Evacuation Plans (PEEPs) were in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire which could force the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

A record was kept of accidents that occurred at the service. The registered manager said they reviewed these for any trends, and would take any necessary remedial action needed. The registered manager said they were planning on updating this record to include more detail such as where the accident or incident occurred. The accidents and incidents were low, averaging about two a month and the registered manager found the only trend was that falls were occurring when a person had an infection.

We observed staff transfer people from a lounge chair to a wheelchair and saw that the correct equipment was used and the transfer was completed safely. However, staff did not fully explain to the person what was happening. We fed this back to the registered manager who said, staff normally did explain what they were doing, but were nervous due to the inspection.

Staff told us they completed regular training on safeguarding adults from abuse. This was confirmed in the

training records we saw. Staff were able to describe different types of abuse, and the action they would take if they became aware of an incident of abuse. Staff told us they would report any concerns to the registered manager or a senior member of staff. Staff were confident they would be listened to and that appropriate action would be taken. Notifications had been appropriately submitted to the CQC in respect of any safeguarding incidents that had occurred at the home.

Staff told us they would not hesitate to use the home's whistle blowing policy and that they were confident the registered manager would protect their confidentiality. Whistleblowing is where an employee reports misconduct by another employee or their employer.

We asked people and their relatives if they thought there was enough staff on duty. People we spoke with said, "Yes, they are quite busy really, but have a chat if they have time," another person said, "I think so, they occasionally chat, there is always someone somewhere to ask," and another person said, "Only just." Relatives we spoke with said, "I have no idea but there seems to be plenty about," another relative said, "No they seem to be short staffed on weekends."

Staff we spoke with said, "There are eight or nine residents who require two carers and most of the time there are enough staff to meet their needs," and "On a ratio basis, yes but on a dependency level not all the time. Weekends are the same as through the week. Shortages are covered either by staff on the books or management will cover. They do not use agency staff." Observations and evidence from rota's showed there were enough suitably skilled staff employed. There were six care staff on duty each day till 8pm, as well as the registered manager, deputy manager, activity coordinator and domestics. There were four staff employed on a night.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they provided information about their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal protective equipment available such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.

## Is the service effective?

### Our findings

The service was last inspected in August 2014 and at that time required improvement in the effective domain as the environment was not suitable for people living with dementia.

At this inspection we found the environment had improved for people with dementia. We saw colour contrasting handrails and dining table and chairs. The registered manager had introduced rummage boxes at different places around the service. We were told people enjoyed using these. The registered manager had plans for putting more dementia friendly adaptations around the service. The service had also introduced a dementia friendly champion who kept up to date with dementia care through training and passed this onto the rest of the staff. We concluded that the service was no longer in breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

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 MCA 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 residential and nursing homes are called the Deprivation of Liberty Safeguards (DoLS)).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the (MCA) 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection three people were subject to a DoLS authorisation.

We asked staff about the (MCA). They were able to give us an overview of its meaning.

We asked people and their relatives if they thought staff had received relevant training to meet their needs. People we spoke with said, "I think so they seem to be alright," and "I don't think there could be any better staff." Relatives we spoke with said, "Yes as far as I know," another relative said, "It depends which day you come in."

Staff we spoke with said, "I have done safeguarding, medication, moving and handling, infection control, dementia awareness, fire and DoLS [training]. I have refresher training in next couple of weeks. It all helps me to do the job to the best of my ability," and "I am about to go on a team leading course, which I asked to do."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. Our review of training records showed that staff had completed training which included safeguarding vulnerable adults, (MCA), DoLS, dignity and respect, equality and diversity, fire safety, food safety, moving and handling. Staff also received competency checks in medicine administration and moving and handling and an observation of all aspects of their role. The registered manager and deputy manager also completed spot checks on a weekend and at night time. This was to check staff were working in an effective manner.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. All new staff were assigned a mentor, to offer support and guidance and completed shadow shifts for two weeks or more. The shadow shifts were supernumerary (not part of rota). The registered manager completed one to one discussions periodically to ensure the new staff member was happy and felt confident delivering care.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A staff supervision plan showed that all staff had received at least four supervisions and an annual appraisal in the last year.

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

The service used an external company to provide their main meals. The food arrived ready prepared and how each person required it. For example if someone needed fortified foods the meals came ready fortified. The food arrived in large trays for the majority of people and smaller individual portions for people with different dietary needs such as vegetarian. Each meal time there were two choices of main and dessert. If a person still did not want what was on offer the cook prepared another dish. On the day of inspection, the choice was sliced turkey or liver and bacon followed by stewed apple and custard or plum pudding and custard. Everyone was complimentary about the food.

Staff were attentive and made sure everyone was looked after. Staff constantly talked to people and encouraged them to eat and offered plenty of drinks. This showed us that the service was promoting people's health by ensuring people ate and drank enough. We saw that relatives were invited to join in meals and two relatives sat with their loved ones to enjoy a meal together.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist, dentists and opticians.

The service had an outside courtyard with a water feature and café style tables and chairs. A large barbecue was ready to use in the warmer weather.

## Is the service caring?

### Our findings

People and their relatives told us the staff were happy, pleasant, thoughtful and helpful. One person said, "Nothing is a bother for them [staff]." Another person said, "I know staff well, we have a good understanding." And another person said, "The staff are good and they are funny," and "Staff are very kind and considerate, cheerful and obliging, I can't fault them." A relative we spoke with said, "They are getting to know [relatives name] during this settling in period."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors before entering and meeting personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. People we spoke with said, "They [staff] support me to my satisfaction. They always ask if you want your door open or ajar when I am sitting in my room," Another person said, "They always knock on my door, but some don't always keep the door and curtains closed when I am getting dressed," and another person said, "My curtains and doors are always kept closed when I am dressing."

On the morning of the inspection we saw one person became quite upset about a recent event. We observed a staff member crouch down to eye level and console and reassure the person. The person seemed to appreciate this.

One staff member said, "I always ask before providing personal care, so they [people who used the service] know what I am doing," another staff member said, "I always knock on doors and keep them closed when seeing to personal needs. Bathing can be supervised but if they are capable then they are left alone but staff remain close," and "Confidential information is always locked away."

One staff member we spoke with said, "We have a Christian resident who attends church services, but also gets holy communication in the home, we make sure this is a private time for them."

Staff encouraged people to maintain their independence. Comments from people who used the service included, "They [staff] let me wash and dress myself," another person said, "I put things away and keep my room tidy but they are always willing to help if there are things I can't do," , "I choose my own clothes and when to have a shower, I like a shower every morning and that is okay," and, "They [staff] leave you alone until you ask for something then they are very helpful."

One staff member we spoke with said, "If they [people] are able to do something we don't interfere but if they ask for help we will guide them."

Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they made an effort to stop and talk with people. However we did not observe staff spending much time with people. We do appreciate that the staff were very busy, especially in the morning, but we observed very task focussed care, rather than spending time with people. We discussed this with the registered manager who told us mornings were very busy and staff generally had more time in the afternoon to sit with people. The registered manager also said that staff were nervous due to the inspection

so were not acting as they normally would.

One staff member said, "I enjoy being hands on with the residents and talking to them, we often have time on an afternoon to sit and chat." Another staff member said, "Interaction is important as it makes it more person centred. They [people] value respect and time spent with them and being treated as individuals."

At the time of inspection one person at the service was using an Independent Mental Capacity Advocacy (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves. IMCAs do not make decisions and they are independent of the people who do make the decisions. There was information on how to access an advocate in the services reception.

At the time of inspection no one was receiving end of life care. However staff had completed training on this subject. The service also had an end of life champion. This staff member had received palliative care training through nursing initiatives; they then passed on the learning's from this training to all staff. We also saw some detailed advanced care plans. This showed us that people's wishes and preferences at this stage of their life had been documented.

## Is the service responsive?

### Our findings

During our visit we reviewed the care records of four people. Records showed people had their needs assessed before they moved into the service. During this assessment, people checked on their mobility, skin integrity, communication needs, personal details and what support they needed on a daily basis. This ensured the service was able to meet the needs of people they were planning to admit. When a person had moved into the service they had a review four to six weeks after admission to update the care plan with their current needs.

Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans we looked at were not always person centred. Person centred care is care that is centred on the person's needs, preferences and wishes. The first three care plans we looked at were confusing and although they had been reviewed monthly any changes that had been found were documented in the review, but the care plan had not been updated. For example one person's care plan stated that they could mobilise freely without support. This care plan had been written in 2015 and reviewed monthly. Recent reviews had identified that the person now needed a hoist and assistance of two members of staff to mobilise, yet the care plan still stated could mobilise independently. This meant if new staff read the care plan they would expect this person to mobilise and put them at risk. We discussed this with the registered manager who said that since starting in December 2016 they had noticed the care plans needed work and had an action plan to update every persons care plan. The registered manager brought us two that had already been updated and we did see they were an improvement. We recommend that where people's needs had changed the registered manager prioritises these care plans to update first.

Staff showed good knowledge and understanding of people's care and support needs and their preferred routines. It was clear that staff knew people and their needs well.

We could see some evidence that people had been involved in planning their care. People we spoke with told us, "I have a meeting tomorrow and my son will take part also," another person said, "If you want to discuss it [care provided] you ask for the team leader and one will come and sit with you and talk it over." A relative we spoke with said, "I have discussed various things with them [staff], we review the care plan when required."

People said they were happy with the activities on offer and had choice of whether to join in or not. On the day of inspection a new member of staff was trying to arrange activities such as bingo, colouring and skittles. Due to it being the person's first day, they were struggling to find things such as pencils for colouring but were trying their best. The main 'activity coordinator' was not working on the day of our inspection. We were told that the new activity coordinator had recently completed a questionnaire to try and find out what activities people enjoy or would like to be involved with in the future.

People we spoke with said, "There is a notice up telling you what is going to be on, there is enough going on," and another said, "I just join in whatever they are doing," and "We are always informed, we get involved with painting and colouring." Another person said, "There are lots of activities going on, we play skittles,

there is something different every day, there is bingo every Saturday night, although I like bingo the television is too good on a Saturday so I watch my TV."

A relative we spoke with said, "My [relative] joins in the activities, I have list and I can join in at any time."

A person who used the service went down to the gallery in Richmond with the registered manager and discussed how they can use the medium of art to improve people's lives and how it could filter into the activities that they host. The registered manager said, "We are hosting a play inspired by Mackenzie's art work here, for the residents and their families. We are organising events with our new partnership every month, we have booked an art competition where residents and their families and friends and even staff can get involved together to try to paint a Mackenzie Thorpe and there will be prizes for different fun categories."

We could see that art was important to many of the people who lived at the service and people's art work was displayed around the home.

The registered manager said, "Activities are very important and are vital when helping our residents to feel stimulated and involved with the surrounding environment both in Nightingale Hall and also with the local community."

There was a clear and comprehensive policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The service had received ten complaints since the last inspection. Each complaint documented the person making the complaint, the method of complaint, details of the complaint, action taken and by whom and the full outcome for the complainant.

People who used the service and their relatives knew how to make a complaint if needed. People we spoke with said, "I don't have anything to complain about," and "If there is anything I feel strongly about I would mention it," and "I would just go to the manager."

The service had received a number of compliments from people, all thank you cards were dated so we knew when they had been received.

We were provided with information about one person's transition from hospital to the service. The service worked with the community occupational therapy team from the hospital and the mental health liaison team to support and improve this person's transition and their independence once admitted to the service. The registered manager said, "The staff, two in particular, worked hard to help the rest of the staff team to understand this person's communication methods so that we were able to better support them and source the things that they wanted."

## Is the service well-led?

### Our findings

The service had a registered manager in place who had been registered with the Care Quality Commission since March 2017.

The registered manager and the deputy manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. The system was aimed at ensuring they provided people with a good service and met appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analysis. The registered provider had carried out checks on the environment, care and a sample of records. An action plan was developed after each audit with accountability and timescales of when the actions would be completed by.

The area deputy operations manager also completed a monthly audit. This audit consisted of observations and looking at records. Both the deputy operations manager and the registered manager had highlighted the need for the care plans to be updated in their audits.

However the audits did not highlight the full concerns we found with medicines and risk assessments. For example, the medicine audit found gaps in recording but not that people were going without prescribed medicines because they were asleep.

We saw the registered manager interacted well with people and knew all the people and their relatives by name. On the day of inspection we observed the registered manager sitting with a person going through their care plan.

People and their relatives were very complimentary about the registered manager. People who used the service said, "The manager and the deputy are exceedingly good, they are really good and would fight for you," and "I don't see much of the manager but when I do they are very pleasant." Relatives we spoke with said, "They seem very capable," and "They [managers and staff] are just really nice and friendly, they take care of Mum and I feel they take care of them and the family's interests. I feel listened to and I am confident in the care they [relative] receive."

We asked staff what they thought of the registered manager. Staff we spoke with said, "[Managers name] is fantastic and very approachable you can go to them about anything," "Both the manager and the deputy are fabulous," and another staff member said, "The new manager is brilliant, they have put new processes in and we are being re-trained on everything, care plans are also much better now."

All the staff we spoke with said they were really happy working at the service. One staff member said, "I love it."

Feedback was sought from people and their relatives through annual questionnaires. The last survey was

completed in January 2017 when, 15 surveys were sent and 11 were received back. The feedback was mainly positive however some people said they wanted more activities and others said staff did not knock on their doors before entering their rooms. Since this survey the registered manager had employed a new activity coordinator and discussed knocking on people's doors in staff supervisions.

Meetings took place every month for staff and people who used the service. For meetings involving people who used the service's the topics discussed were food, DoLs, activities and security. Relatives were invited to about every third meeting, the registered manager said, "I want the meetings to be about what the people want." We received mixed views on whether people were aware of the meetings. People we spoke with said, "There haven't been any meetings that I know of," and "I don't know if there have been any," and "I attend meetings every few weeks." Relatives we spoke with said, "I can't attend meetings as I have no means of transport but I am brought up to date by staff," and "I haven't attended any as yet as Mum is a new resident."

For staff meetings the topics discussed were rotas, sickness, activities, customer service, people who used the service and care plans. Staff we spoke to found the meetings to be useful, one staff member said, "We have monthly staff meetings and we are all allowed a voice,"

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The service had developed good links with the community. For example they had recently started a partnership with a local artist Mackenzie Thorpe. The women's institute were holding a meeting in one of the lounges so people who used the service could join in. The service also had very good links with the local churches.

We asked staff what they thought the culture of the service was. One staff member said, "We have an open and honest culture which shows through our good interaction with families," and "Our culture is open, honest, outgoing and lovely." Another staff member said, "We are committed to caring without compromise."

The registered manager said, "My vision for Nightingale hall is to continue the journey of training and support for our staff team so that I can give them the tools that they need to give the best quality of care possible."

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  Medicines were not always administered in line with the person's prescription and some people went without medicines. Risks to people arising from their health and support needs were not always assessed, and plans were not always in place to minimise them. The service was not involving night staff in fire drills.