

Nightingale Residential Care Home Ltd

Nightingale House

Inspection report

57 Main Road
Gidea park
Romford
Essex
RM2 5EH

Tel: 01708763124

Date of inspection visit:
22 March 2016

Date of publication:
26 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Nightingale House on 22 March 2016 after we carried out an unannounced comprehensive inspection of this service on 24 June 2015. We found some breaches of legal requirements and after the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to supporting staff by means of regular training, supervision and appraisals and ensuring that medicines were managed properly and maintaining accurate records of medicines.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We also received concerns in relation to the safety and management of the service. This focused inspection looked into those additional concerns. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale House on our website at www.cqc.org.uk

At this inspection we found that improvements to record keeping, staff supervision and appraisals had been completed and the service now met legal requirements. We found that medicine guidelines were followed and people received their medicines on time.

The service is registered to provide care for 43 older people some of whom had dementia care needs. On the day of our visit there were 38 people using the service. The service did not have a registered manager in place at the time of our inspection because the previous registered manager had left the service and was deregistered. The current manager was still in the process of completing registration with the Care Quality Commission.

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.

People's records were kept up to date and reflected their current health needs including any advice given by other healthcare professionals. Medicines were managed safely and accurately. People were supported by staff who had attended relevant training and received regular supervision and annual appraisals. This enabled staff to keep up to date with practice and deliver evidence based care. We did not find any concerns with the new leadership of the service. People and staff told us that the manager was visible and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse. People felt safe and staff were recruited appropriately.

There was sufficient numbers of staff to meet people's needs.

The service had a system to check medicine recording. The service recorded people's allergies appropriately and medicines were administered safely.

Is the service effective?

Good ●

People were supported to eat and The service was effective. Staff were supported in their roles and received regular supervision, appraisals and training.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which helps to protects people's rights.

People were supported to drink healthy and nutritious meals that met their dietary needs.

Is the service well-led?

Good ●

The service was well led. The service did not have a registered manager in place as the manager was in the process of registration.

Staff and people found the new manager to be approachable and sensitive to people's needs. The manager provided good leadership.

Quality assurance and monitoring systems were in place and included seeking the views of people.

Nightingale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We undertook an unannounced focused inspection of Nightingale House on 22 March 2016. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 24 June 2016 had been made. The team inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting legal requirements relating to maintaining accurate records of medicines and supporting staff by means of appraisal and supervision.

The inspection team comprised of a lead inspector and a second inspector. Prior to the inspection we sought feedback from the local authority and commissioners. We also reviewed the number of death notifications and safeguarding referrals we had received. During the inspection we spoke with five people and with four relatives by telephone. We spoke with the manager, two nominated individuals who were the proprietors of the service, a deputy manager, an activities coordinator, a district nurse, two senior care staff and two care staff. We observed care during meal times, leisure times and medicine rounds.

We looked at seven care records and ten staff supervision and training records. We also looked at a range of quality assurance audits, minutes for various meetings, medicines records, accidents & incident records, training information, safeguarding information, health and safety folder and policies and procedures for the service.

Is the service safe?

Our findings

Our inspection of 24 June 2015 found that the service did not meet required standards of safety relating to medicines administration and recording, as we found discrepancies in how the service recorded people's allergies which left them at risk of receiving medicines to which they were allergic. The provider wrote to us and told us the changes they would make to ensure this information was correctly recorded for all people.

During this visit we found that changes had been made and all allergies were correctly recorded on people's personal care and support records as well as on their medicines administration records (MAR). We observed a medicines round and noted that senior care staff administered one person's medicines at a time, from a monitored dosage system which had each person's name and photo printed onto their individual medicines pot. This greatly reduced the risk of medicines errors and the manager told us and records confirmed that the service had not had any medicines errors since our previous inspection.

Records showed staff had been trained and their competency assessed before administering medicines. The manager undertook a monthly medicines audit and unplanned spot checks from which we saw action had been taken when issues were identified. For example, the audit of December 2015 noted that the sign for one person's oxygen had not been moved from their previous bedroom door to their current bedroom door. This had been addressed by the time of our visit on 22 March 2016 and the sign was appropriately displayed on the person's bedroom door. Controlled drugs (CD) used within the service were correctly stored and recorded. CDs are prescription medicines that are controlled under Misuse of Drugs legislation and we saw that the service had a CD policy in place.

People told us they felt safe and that they got on well with staff. One person told us, "I really like it here, I am happy." Another person said, "Yes it is safe." We spoke with relatives and they also told us that they thought the service was safe and that their relatives were happy living in the service. One relative said, "There's a new manager there now and they make sure everything is ok. The staff check on my relative at night to make sure they're safe." Another relative told us, "It's very safe and secure; the staff do their best and work hard. I think things have improved over the past few months as well."

The provider ensured people lived in a safe environment. During our inspection, we noted that there was a secured gate for visitors to enter from and staff asked visitors for identification and to also sign in. The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There were storage facilities for COSHH (Control of Substances Hazardous to Health) materials and fire regulations were displayed in the hallway. The service also had a laundry facility that was in an adjacent building. There was a system for people to have their laundry collected by staff and returned to them. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh. We saw that a regular programme of safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the registered provider.

Care and support was planned and delivered in a way that ensured people were safe. Risks were minimised

and continuously monitored. The care plans had risk assessments which identified any risk associated with people's care. There was guidance for staff so that they were able to manage risks. We looked at incident and accident reports which demonstrated how staff dealt with any incidents where a person put themselves and other people at risk.

The service had appropriate guidance and practices in place to ensure people were safeguarded from the risk of abuse. The service had safeguarding policies and procedures in place which included contact details for the relevant local authority and the Care Quality Commission. Staff were able to explain to us what constituted abuse and the action they would take to raise concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One new member of staff member told us, "I would inform my manager and also notify the council safeguarding team." Another staff member said, "I would report it to my manager and record it as a safeguarding in a form." We saw records that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues.

The service had a whistleblowing procedure and staff were aware of their rights and responsibilities with regard to whistleblowing. Staff were able to describe the process they would follow and that they understood how to report concerns about the practice of the service. One staff member said, "If I was not happy about something or had concerns, I would report it the relevant people."

Is the service effective?

Our findings

At our previous inspection in June 2015, we found shortfalls in the staff appraisal and supervision systems. Staff files we reviewed showed that appraisals had not been completed for over a year and supervision for the same set of staff had not been completed for a few months. The appraisals and supervision times were not in line with the home's policy of annual appraisals and supervision six times a year. The registered manager at the time of the inspection acknowledged this and said the proprietors were working on the supervision process to ensure in future that they are completed in a timely manner. People were supported by staff who did not always have identified developmental goals which could impact on the quality of care provided.

During this inspection, staff told us they felt supported by the new manager, the deputy manager and by the proprietors. We saw evidence that regular supervision took place with individualised goals. We also saw that group supervisions took place that was attended by at least five staff. The supervision files contained information about the staff's general wellbeing, training needs, ability to work as part of a team or unsupervised and understanding and following instructions. Supervisions took place every two months and we saw a supervision plan for the year for all staff which contained a schedule of dates. Appraisals had also been scheduled for 2016 and we saw that some staff had completed appraisals.

Staff confirmed they felt well supported through their regular supervision and staff meetings. They told us they felt able to ask for support or advice at other times. One member of staff said, "I can talk to the manager about any issues, for example any training I want to do." The registered manager told us, "I do look after my staff and support them." Another staff member told us, "It's been really good since the new manager has come in. I have had regular supervision and we support each other."

We looked at the training records and saw staff had completed training in essential areas, such as safeguarding adults, infection control, safe moving and handling and infection control. They also had undertaken specialist training in areas such as palliative care, management of dry skin, diabetes and dementia awareness. This helped to ensure staff had the knowledge to meet people's individual needs. New staff received an induction, which covered the people living in the service and the policies and procedures of the organisation. Staff confirmed to us that they had received an induction when they started work and found it very useful. New staff were given opportunities to shadow more experienced staff until such a time they felt confident to work on their own and become familiar with their surroundings. There was evidence that training had taken place and staff knew how to apply this in their daily work in order to deliver care effectively. Staff had an awareness and knowledge of important topics such as mental capacity, deprivation of liberty, safeguarding and whistleblowing.

We observed a comprehensive handover to the afternoon shift during our inspection which covered all aspects of the service including the wellbeing of each person living there. One member of staff said, "I think the handovers are good but sometimes we are not always involved and it is just the senior staff who have the handover meeting and they feedback information." However, the handover we observed was delivered to all the staff who were to be working in the afternoon and included how well people were throughout the

day and night, any changes regarding people's health, changes to medicine, hospital or GP visits, when food and drink was last taken and any other special tasks or reminders. We asked the manager about their procedure for handovers and they told us, "We vary it; sometimes it is just with senior carers depending on the amount of information or the level of activity on the day. Today was quite busy."

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) and Nightingale House was compliant and met these requirements.

Is the service well-led?

Our findings

The previous registered manager left the service in February 2015 and was deregistered. The area manager was appointed to be the manager of the service in the interim. We received notification that the new manager had applied to be registered with the CQC and their application was in progress at the time of the inspection. The service also had a deputy manager and two proprietors, who were nominated individuals. The manager told us, "I try to ensure everything is up to date, the home is clean, the residents are happy. I have high standards and really want to make it perfect for everyone."

People told us that they were happy with the new manager and that they were visible within the service. One person said, "The management and staff are very good and helpful, they are lovely." We saw that there was a regular schedule of activities that people enjoyed both indoors and outdoors. The activities coordinator told us, "The new manager has been very accommodating and very approachable. The activities run smoothly and things have improved. It is a well-managed care home."

A relative told us, "It is a lovely home, we are really happy that my relative is there. The new manager has introduced nice things like a quiet room for families and a shelter outside for people waiting outside."

Another relative said, "I have met the new manager and they are very helpful and welcoming. They are excellent. Whenever I suggest something they listen and respond."

Prior to our inspection, we received some concerns about the service following a serious incident that took place at the end of 2015. We received information alleging that staff acted unprofessionally and that there was a lack of understanding or knowledge of dementia from the staff and managers. We spoke with staff and saw evidence of training in dementia awareness and other essential topics. All staff spoke highly of the new manager and told us that they had had received regular training. Staff were experienced and were supported in their roles. Staff confirmed that they were happy and they were very positive about the new manager. They said that all the senior managers listened and were very helpful. They felt confident in the new manager. One staff member said, "The manager and the deputy manager told us that if we had concerns we can speak to them or the proprietors." Another said, "I came back to work here two years ago. I really enjoy working at Nightingale. The new manager is nice, they listen and has improved things. We have good relationships with people and families."

A senior member of staff told us, "It has got a lot better recently. The atmosphere is good and the new manager has put their stamp on the home. They have made some good changes such as new menus, decorations, facilities and ideas." Other staff we spoke with also told us that they felt the service had improved. One staff member said, "The manager is very supportive and very proactive. They follow things up and meet the challenges of running a good care home." Upon entering the service, we noted that there was some malodour present that was coming from a person's room. The registered manager assured us that they were working to help the person maintain their hygiene and that the communal areas of the home were cleaned daily. They said, "It is unfortunate but we are working with them to try and help them with this problem. We always make sure the home is clean and I have also added new décor to some areas."

We looked at various records including minutes for meetings, medicines records, accidents and incidents

records, training information, safeguarding information, health and safety policies and procedures for the service. Care plans were up to date and reflected people's current needs and health care conditions. The service had a paperless system to enable staff to deliver evidence based care that was important in meeting people's needs. There was an online database that was available to all staff, which contained details of each person living in the service; including a photograph, personal details, preferences and important information about aspects of their health, such as blood pressure, medication charts, weight and respiration. We saw that staff updated the system with any changes.

We saw that various quality assurance and monitoring systems were in place, which included seeking the views of people, their relatives and the staff. We saw people were asked their views and this was recorded. For example, the service issued surveys to people at least once a year. Topics included on the survey covered staffing, care, choices and complaints. We saw the results of the survey were very positive.

The new manager understood their role and responsibilities. We found that people's records were kept securely which showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality. Records showed that the manager carried out regular audits to assess whether the service was running as it should be. The manager notified the CQC of incidents or changes to the service that they were legally obliged to inform us about.