

MAPS Properties Limited

# Nightingale Care Home

## Inspection report

Church Lane  
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Norfolk  
NR20 3LQ

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nightingale Care Home is a residential care home providing accommodation and personal care to up to 47 people. The service provides support to older people, the majority of whom are living with dementia. At the time of our inspection there were 41 people using the service. Nightingale Care Home is an adapted property on two floors with additional wings added.

### People's experience of using this service and what we found

People using the service and relatives gave us positive feedback about the care and support provided. One person who used the service told us, "I feel safe here and it is because of the people. You can get on with the staff, they are more like family. I feel safe with the carers, they put me at my ease and make you feel welcome." A relative of a person living with advanced dementia praised the kindness and attention to detail of the staff saying, "[The staff] do sensory things like hand massage – they are very good like that. I have no issues. [My relative] is never in pain. Their training is excellent... I am very happy."

People received safe care and treatment which met their needs. Some staff required further development and support to be confident in their skills and in their spoken English. The provider had plans in place to address this. There were enough staff to meet people's needs and they were recruited safely. Staff understood about safeguarding people from harm and safeguarding concerns were referred to the local authority and investigated. Risks, including health related risks, were well managed, and records were accurate. The environment was suitable for the people who used the service. The safety of the environment and safety equipment and systems were monitored and satisfactorily maintained. Staff administered medicines safely.

People consented to their care and treatment and records relating to consent were good. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were robust quality assurance systems in place to monitor the safety and quality of the service. The culture of the service was positive and inclusive, and the management team worked well together to drive the service forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 April 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

An external health professional had raised concerns in relation to staff members' spoken English and understanding of their role. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. However, the provider acknowledged some further development and language work was needed to be undertaken with some staff members. This was already underway before the conclusion of our inspection. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service well-led?

Good ●

The service was well-led.

# 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one 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.

#### Service and service type

Nightingale Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingale Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced and part of it was out of hours in order to review nighttime care.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed information shared by the local authority quality and safeguarding teams. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 2 relatives. We reviewed written feedback from a further relative. We spoke with the registered manager, training manager, deputy manager, chef and 4 members of the care staff team. We spoke with the regional manager who is also the nominated individual for this service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 3 care plans in detail and sections from other plans alongside medication administration records for 4 people. We observed medicines, including controlled medicines, being administered, and checked medicine stock control, storage and disposal. We also reviewed records 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to ensure care and treatment was always delivered in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care plans documented people's capacity to consent to their care and treatment and, where they did not have capacity, meetings were held to make decisions in their best interests.
- Staff received training in the MCA and most were clear about its purpose and scope. One staff member did not demonstrate a good understanding and we fed this back to the provider who assured us they would refresh knowledge with this staff member.
- The provider assessed a variety of risks including those relating to falls, choking, pressure ulcers and people's eating and drinking. We saw action was taken to reduce risk where possible. Additional equipment, such as sensor mats and crash mats, was in place for people at high risk of falls. The additional falls risk of internal bleeding for people taking blood thinning medicines was not well understood by 2 members of staff. The provider assured us they would address this with them and refresh knowledge with all staff.
- Staff made appropriate referrals to other healthcare professionals, including the falls team and speech and language therapists, to obtain additional advice and guidance.
- Environmental risks had been assessed and mitigated. Doors to the outside of the service were key-coded

and access to the stairs was protected with a stairgate. Window restrictors and radiator covers were in place and floors were even and easy for people living with dementia to navigate. One area of flooring upstairs had been damaged by a hoist and presented a potential trip hazard, but the provider had this in hand and replacement works were due to start.

- There was regular testing and monitoring of health and safety equipment. Risks relating to fire safety were well managed, although one member of staff was not clear about processes to evacuate the building in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear about safeguarding practices. They knew how to raise a concern within the organisation should they suspect a person is being abused or is at risk of harm. Two staff were not clear about how to make a referral externally, to CQC or the local authority, for example. The provider gave us an assurance they would refresh staff knowledge.
- The provider identified safeguarding concerns and made referrals to the local authority and CQC as required. They worked in partnership with staff from the local authority to investigate concerns and took appropriate action to mitigate future risk of abuse.
- There was a safeguarding policy in place and staff received safeguarding training and annual updates. Safeguarding was a standing agenda item at staff meetings.

Staffing and recruitment

- Rotas showed staffing was stable and provided in line with the service's dependency tool. New staff had been recruited from overseas via a government sponsorship scheme. These staff came with a high level of qualification, with most being nurses, but some had poor spoken English which could present a risk. The provider has sourced some additional language support to help staff's conversational English and reduce risk going forward. People who used the service and relatives did not feel this concern impacted them negatively. One person said, "I will ask if I don't understand them. We can get along fine."
- There were enough staff to meet people's needs. People told us they did not have to wait a long time to receive care and support if they used their call bells. One person told us, "The staff help me to get washed and dressed in the morning and they come at a good time. They seem to answer the bell in good time."
- One of the main lounges was left without a staff presence occasionally for a few minutes at a time. We discussed this with the registered manager and staff who assessed there were enough staff nearby to offset any risk. They assured us they would keep this under review.
- Staff were recruited safely, and checks carried out with the Disclosure and Barring Service to ensure they were safe to work in this setting. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were well managed, and the provider kept accurate records. Staff received the training they needed to administer medicines safely and had their competence checked. Staff demonstrated a good understanding of people's medicines, including medicines which had to be given at particular times to ensure they were effective.
- Where medicines were given covertly the appropriate authority to do this had been obtained. However, one record required further review and we brought this to the attention of the regional manager who began to address this whilst we were still on inspection.

Preventing and controlling infection

- There was an infection control policy in place and the service was clean and odour free. We were assured



that the provider was preventing people who used the service and visitors from catching and spreading infections.

- We were assured that the provider was using PPE effectively and safely. Additional cleaning of frequently used areas was in place. One person commented, "They do a lot of cleaning and I have a lovely clean room."

#### Visiting in care homes

The provider had suitable visiting arrangements in place for relatives and friends of the people who used the service. Several relatives and friends visited during our inspection.

#### Learning lessons when things go wrong

- There was a robust approach in place to investigate, review and reflect on incidents to see if lessons could be learned. The service's most recent improvement plan had identified how they could share learning from incidents more effectively with the wider staff team in future.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were well supported and had the opportunity to develop their skills and roles. New staff received a broad induction and ongoing support. However, we identified some staff required additional support with their spoken English to further develop their skills and confidence. The registered manager received this feedback and took immediate action to address the issues highlighted.
- Some staff had specific areas of responsibility and we observed one senior member of staff acting as a mentor for a colleague who was receiving an induction for a senior role. We observed methodical information sharing which was aimed to ensure the person had the skills and knowledge they needed for their new responsibilities.
- There were processes in place to monitor safety and quality and have oversight of the service. The registered manager worked closely with the regional manager, training manager and deputy manager to ensure care was delivered safely and met people's needs. The regional manager was at the service on a weekly basis and provided good support to the registered manager.
- The management team carried out a variety of audits which enabled them to review all aspects of the service. Audits fed into an overarching service improvement plan. This plan set out the service's goals and detailed and honest progress towards achieving them.
- The registered manager had the opportunity to receive peer support from other managers in the group and share knowledge.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held meetings with the people who used the service and their relatives. There was a 'You said...we did' board in the reception area noting actions taken in response to feedback received. Social media was used to help relatives and friends stay in touch with what was going on at the service. The registered manager was in the process of compiling a presentation book for those people who cannot access social media to ensure communication was inclusive.
- Relatives told us they felt the service was very proactive at seeking their views. One person said, "I have a one to one with the manager every 3 months. We went through [my family member's] care plan a couple of weeks ago."
- The provider gave people who used the service and relatives the opportunity to give feedback on various aspects of the service via surveys. The results were reviewed and analysed to see if improvements could be

made.

- Staff survey results were in the process of being analysed for patterns and trends. Surveys were anonymous which enabled staff to give their views freely. Staff told us they had the opportunity to share their own ideas in team meetings and felt respected. One staff member explained staff are also able to speak with the regional team saying, "They do listen to us."

#### Working in partnership with others

- Records demonstrated good partnership working with local health and social care professionals to ensure people's needs were met.
- One relative told us how the service had advocated well for their family member and secured a very prompt assessment with an occupational therapist. This had resulted in equipment being sourced to ensure their family member's independence and comfort.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest when things went wrong. We saw evidence of this in records including the service's response to complaints.
- Information was shared appropriately with other agencies such as the local authority and notifications made to CQC of significant incidents, as is required.