

Entercare Limited

Florence Nightingale Care Home

Inspection report

60 Village Street
Normanton
Derby
Derbyshire
DE23 8SZ

Tel: 01332761487

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 October 2015. A breach of legal requirements was found. This was because the provider had not ensured the people using the service were protected from the risk of unsafe care or treatment.

After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection unannounced on 9 September 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Florence Nightingale Care Home on our website at www.cqc.org.uk

Florence Nightingale Care Home is registered to provide personal care and accommodation for up to 20 older people. At the time of our inspection there were 19 people using the service.

The home has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and that they liked and trusted the staff. Staff knew how to support people safely, for example by accompanying them when they were walking.

Since we last inspected people's risk assessments had been re-written and improved. They identified areas where people might be at risk and what staff needed to do to minimise this. A relative told us their family member's mobility had improved since they came to the service and they no longer had falls.

Staff were trained in safeguarding (protecting people from abuse) and knew what to do if they were concerned about a person's well-being. The registered manager knew all the people using the service and spent time with them every day. We saw that people got on well with her and enjoyed her company. The atmosphere at the service was calm and friendly.

There were enough staff on duty to meet people's needs. They had been safely recruited to help ensure they were suitable for their roles. They had time to provide people with the care and support they needed and also to socialise and support people with activities. This contributed to the positive atmosphere at the service.

Staff supported people to take their medicines when they needed them. Medicines were only administered by staff trained and assessed as being able to do this safely. People told us they had their medicines on time

and records confirmed this.

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 ●

We found that action had been taken to improve the safety of the service.

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks whilst ensuring that their freedom was respected.

There were enough suitable staff on duty to keep people safe and meet their needs. Medicines were safely managed and administered.

Florence Nightingale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check the provider had made improvements following our comprehensive inspection on 20 October 2015. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements in relation to this question.

The inspection team consisted of one inspector. Before the inspection we looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

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

We spoke with five people using the service and two relatives, the provider, registered manager, deputy manager, and three care workers.

Due to their mental health needs not all the people using the service were able to share their views with us. Therefore we spent time with people and observed how they were supported in the main lounge and dining area.

We looked at records relating to the safety of the people using the service including risk assessments, staffing documentation, medicines records, and the provider's policies and procedures. We also looked in detail at four people's care records.

Is the service safe?

Our findings

At our last inspection the provider had not ensured that the planning and delivery of care met the individual needs of the people using the service. This was because some risk assessments were not fit for purpose and they did not contain the information staff needed to help keep people safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they would improve. This included re-writing and improving people's risk assessments and putting new risk assessments in place where they were needed. At this inspection we found that the provider had followed their action plan and the required improvements had been made.

People using the service and relatives we spoke with said they thought staff managed risks well. One person told us, "I am safe because staff keep an eye on me and tell me not to rush and to get up and sit down slowly." Another person said, "I always feel safe here because of the staff."

A relative told us, "My [family member] is as safe as she could be. I have peace of mind because she is here." They told us their family member had had falls prior to being at the service but were safer now as they had staff support and regular meals and medicines.

We looked at four people's care records to see how staff ensured people were safely supported. The records showed that risks associated with people's care were assessed before or as soon as they came to the service. For example, one person had been admitted to the service with an injured hand. Staff had immediately taken the person to the GP for medical assistance and then monitored the injury until it healed. This showed that staff addressed risk promptly when a person began using the service.

Another person had been admitted with a history of falls. Their risk assessment told staff to accompany them when they were walking. During the inspection we saw that staff followed this instruction. Staff had also placed a sensory mat in the person's room to alert them if the person got up so they could go and assist them. Records showed the person had not fallen since being at the service.

During the inspection staff were vigilant and took action as necessary to keep people safe. When people were mobilising they knew which people needed support and which were more independent. If people used walking sticks or frames staff reminded people to use them. We saw one staff member accompanying a person who was walking and reminding them to take their time in order to be safe.

These examples showed that staff understood where people using the service might be at risk and took action to minimise this. They used their knowledge of the people they supported and the information within their care plans and risk assessments in order to do this.

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

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

People got on well with the staff and had trusting relationships with them. A relative told us, "(My family member) loves it here because she knows the staff will look after her. They are always talking to her and that makes her happy."

The registered manager told us she made a point of speaking to all the people using the service every day so she could get to know them. She told us, "'My main aim is to have happy safe people in my care.'" During our inspection we saw that people responded well to the registered manager and enjoyed her company. One person told us, "I like [the registered manager] she's kind and always come to see me."

We looked at how staff were safely recruited to the service. The registered manager said ensuring that suitable staff were employed was an important part of delivering safe care. Records showed the providers' recruitment process was followed and the required employment checks carried out. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work with people who use care services.

The registered manager told us that all potential employees spent time with the people using the service so she could assess if they had the right approach and attitude. This helped to ensure that safe and suitable staff were employed.

During our inspection there were enough staff on duty to support people safely. A relative told us, "The staff team are competent and efficient and I've never seen anyone receive poor care due to lack of staff." Staff attended to people's needs promptly and also supported them to undertake activities. One staff member played dominoes with three people, another talked with a person and their relative. We saw that the cook chose to spend her break in the lounge with the people using the service. She fetched a newspaper for one person and had a cup of tea with another person who she talked with and admired their nail polish. This showed that staff were available at the times people needed them.

All the staff we spoke with said they were satisfied with the staffing levels at the service. They said they had time to socialise with people as well as meet their needs. Records showed that staff retention was good, which meant that people were supported by a consistent staff team who knew them well. Staff told us they were happy working at the service which they said had a happy atmosphere. The deputy manager was in charge of the service when the registered manager was not there. She was competent and experienced and the registered manager said she had the skills needed to ensure that people using the service were safe.

People told us staff supported them to take their medicines. One person said, "Staff bring me my medication when I need it in the morning and the evening." Another person commented, "When I get up the staff are there with my tablets and then they come again later on. I'd forget to take my tablets if they didn't remind me."

Records showed that staff used a 'medication assessment tool' to find out what level of support people needed with their medicines. This ranged from people being 'self-medicating' to those having staff administer their medicines to them. Understanding people's needs in this way helped staff to ensure that people received their medicines safely.

Medicines were only administered by staff trained and assessed as being able to do this safely. Medicines records showed they were given on time and staff had signed to confirm this. There were photos of people on their medicines records to help ensure staff gave the right medicine to the right person. Medicines records were checked daily by senior staff to make sure people had had their medicines as prescribed.

Staff told us the service's contract pharmacist had recently inspected the medicines systems. They had identified that PRN protocols (which tell staff when 'as required' medicines should be given) were not always in place. Following their visit staff had completed these protocols as necessary and sent them to the contract pharmacist for approval. This was an example of staff taking action to manage medicines safely.

The pharmacist had also advised staff to use body maps for people who were prescribed medicines in patch form, and to improve the way they disposed of used patches. In response staff had put a new system of patch disposal in place and introduced the use of body maps.

When we inspected the medicines fridge had broken down. This was being replaced and in the meantime medicines that needed refrigerating were being kept in a domestic fridge as a temporary measure. Staff had clearly labelled these medicines and ensured that only authorised persons had access to them. The registered manager said that once the new fridge was installed staff would revert to the service's usual storage arrangements.