

Nightingale Residential Care Home Limited

Nightingale House

Inspection report

57 Main Road
Gidea Park
Romford
Essex
RM2 5EH
Tel: 01708 763124
Website:

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an inspection of Nightingale House on 26 and 27 January 2015. This was an unannounced inspection. At the last inspection in July 2013 the service was found to be meeting the regulations we looked at.

Nightingale House is a residential home that provides care for up to 43 older people some of whom may be living with dementia. At the time of the inspection there were 34 people living at Nightingale House.

A registered manager was in post. A registered manager 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.

Information relating to medicines was not always recorded correctly. Information regarding people's allergies were not recorded consistently and people's full

Summary of findings

names were not always recorded on medicine administration sheets. This meant that people were at risk of receiving incorrect medicines or medicines that they were allergic to.

Staff did not receive regular supervision and appraisals. This meant that staff's work was not always assessed and documented in line with their company policy.

The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us that they felt safe at Nightingale House and that staff treated them with dignity and respect at all times.

Staff received all mandatory training for example, safeguarding, infection control, basic life support, prevention and management of falls, fire safety, person centred care, Mental Capacity Act and DoLS and dementia care.

Staff treated people with dignity and respect at all times, staff were knowledgeable of the people they supported and were able to meet their needs.

The service had an open and positive culture and continually questioned the service delivery. The registered manager was keen to maintain partnership working with other health care professionals.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now known as Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. Information relating to medicines was not always recorded correctly. Information regarding people's allergies were not recorded consistently and people's full names were not always recorded on medicine administration sheets.

People and their relatives told us that they felt safe. Comprehensive risk assessments were in place to ensure people were protected against avoidable harm.

The home had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults.

There were sufficient qualified staff on each shift to ensure people's needs were met.

Requires Improvement



Is the service effective?

The service was not always effective. Staff did not receive regular supervision and appraisals.

The registered manager and staff were aware of the Mental Capacity Act 2005 and Deprivation of liberty safeguards which meant they could support people to make choices and decisions where people did not have capacity.

Staff received comprehensive training to enable them to carry out their roles and responsibilities.

People were supported to have enough to eat and drink throughout the day and provided with a balanced and nutritional diet.

Requires Improvement



Is the service caring?

The service was caring. Staff ensured people's privacy and dignity was maintained at all times. People were treated with respect and compassion by staff.

Staff encouraged people to be independent regarding their care. People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff supported people to make decisions about all areas of care they received. Staff shared information in a manner that people could understand. This meant that people were aware of what was happening throughout the day and what to expect.

Good



Summary of findings

Is the service responsive?

The service was responsive. All staff worked in a person centred way, this meant that people received care that was tailored to meet their individual needs.

People were encouraged to make choices. This meant that people made decisions about the care they received with support from staff.

Comprehensive care plans were continually assessed and amended to reflect people's changing needs. This meant that people received appropriate support at all times.

People had opportunities to engage in a range of social events and activities that reflected their interests.

Good



Is the service well-led?

The service was well-led. The registered manager worked in an open and transparent manner, which meant that staff and people who use the service could approach her to discuss any concerns.

Quality assurance questionnaires were regularly circulated to people, their relatives and others to ensure that the quality of service provided was routinely assessed.

The service actively sought partnership working, this meant that people who use the service were supported by staff that had received up to date information from external health care professionals.

Good



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. This inspection was planned to check whether the 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.

The inspection team consisted of two inspectors and an 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. This included the last inspection report for July 2013. Before the inspection the Provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

During the inspection we spoke with 11 people who used the service and seven relatives. We also spoke with registered manager, four care staff, the activities co-ordinator and one volunteer. We also observed care and support in communal areas. We looked at records including seven care files, three staff files, five training records, four medicine administration sheets, staff rotas policies and procedures and other records relating to the management of the service.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One relative told us, “If someone is upset, there’s someone there with them. No, I like it here. It’s lovely. I think it is safe here.”

However we found information relating to people's allergies and names recorded on the medicine sheets was not always consistent and recorded clearly. We reviewed three medication administration recording sheets (MARS) and found discrepancies. For example, one person’s medicines were not clear on how the person’s name was recorded. This could be a risk because it wasn’t clear who the medicine was prescribed to.

We also found that medicines records included a document with the photograph of the person and any known allergies. However the recorded allergies on these records were not always consistent with what was written on the MAR sheet. For example one MAR sheet read allergic to a particular medicine; however the additional sheet said ‘no known drug allergies’. This meant that people were potentially at risk of receiving medicine that they were allergic to. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff were aware of safeguarding and had received safeguarding training. Staff knew the signs of the different types of abuse and told us they would report any concerns of potential abuse to the registered manager or the CQC. Staff were also aware of the whistleblowing policy, this meant that people were protected from the risk of harm or abuse.

The service had comprehensive risk assessments in place to ensure that known risks were minimised. Risk assessments were person centred and where possible included the individual’s thoughts on risks and how they believe they are best managed. The risk assessments looked at various areas for example mobility, weight, continence, night care, environmental control, medication, religion and language, end of life, safeguarding, mental capacity, personal evacuation plan, waterlow, tissue viability, overall health, nutrition and hydration. This meant that people were protected against avoidable harm.

People told us that there were enough staff available to support them. Staff were happy with the staffing levels and told us that there was always a senior carer on duty during the day and a lead care worker at night. Staff told us that there were six staff in the morning five staff in the evening and three staff at night. In addition there were housekeeping staff, administrative staff and a maintenance man on duty during the day. We found staffing levels were in line with what staff told us. Where people had called sick cover was provided by other permanent staff or by a pool of regular agency staff that knew people well. This meant that people were supported by staff that they knew and could meet their needs effectively.

Staff were aware of the procedure in the event of an emergency for example a fire evacuation, or people becoming unwell. They were able to tell us where the fire assembly point was and said they would take instructions from the senior carer on shift. In a medical emergency they would call for an ambulance after pressing the emergency call bell.

Is the service effective?

Our findings

We found shortfalls in the appraisal and supervision systems in place. All staff files we reviewed showed that appraisals had last been completed in December 2013. Supervision for the same set of staff had last been completed in November and October 2014. The appraisals and supervision times were not in line with the home's policy of annual appraisals and supervision six times a year. We spoke to the registered manager about this and they 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. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The staff and registered manager were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in these areas. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. At the time of the inspection there was one urgent DoLS application in place, the registered manager told us they were in contact with the local authority to seek further guidance in this area. After the inspection we spoke with the local authority who confirmed this. People could move freely within the service and leave without direct support to access the gardens. This meant that people's liberty was not being restricted.

Although staff were knowledgeable about caring for people living with dementia and some were designated dementia champions. Staff were supported to attend training annually. We looked at staff training records and found that they were up to date with training for safeguarding, infection control, basic life support, prevention and management of falls, fire safety, person centred care, Mental Capacity Act and DoLS and dementia care. Staff were able to put this knowledge into practice and told us how they planned each day according to how people using the service were feeling. For example, one staff member

said sometimes people did not want to wash first thing in the morning and they would offer them a wash at other intervals during the day and eventually when it suited them they would oblige to assistance with a wash. Consent was sought at all times by staff regarding all aspects of people's care. For example we observed staff asking people if they wished to join others with planned activities or to eat in the dining room or elsewhere.

Comprehensive hand overs between staff beginning and ending their shift took place three times a day. The handover covered all aspects of service provision which included how people have been throughout the day/night, if there were 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. The handover indicated who was responsible for ensuring drinks were available throughout the day and who was to assist people during lunch. This meant that people were being supported by staff who had been made aware of any changes.

People were supported to eat a balanced diet. People sat at designated tables to encourage socialisation and to prompt others who may not eat unless they saw other people eating. We reviewed menus and found that there was a four week menu cycle and people had two choices at lunch and dinner and a vegetarian option was available. People gave us a mixed review about the menu for example one person told us "Dinners are not very good" another person told us "It's like home cooking, superb".

One staff member was observed sitting with someone who required encouragement and direct support to eat their meal. The staff member was patient and asked the person if they were ready for their next mouthful. Staff were observed chatting to people and the atmosphere was relaxed and friendly. The food looked appetising and well presented, portion sizes were given according to people's preferences.

Hot and cold drinks were offered three times a day, however people could request more if they wished. Staff had knowledge about which people were on special diets. For example, pureed or a diabetic diet and told us that people were weighed monthly. Staff told us that where required people were referred to the dietician and speech and language therapy and we saw records to confirm this.

Is the service effective?

Staff told us people had access to a GP, opticians, chiropody and the district nurses who visited twice a week.

We saw evidence of district nurse visits on days they administered specific medicines to people. They staff also told us the GP could be contacted when required if people's condition deteriorated.

Is the service caring?

Our findings

People told us that staff were caring. One person told us, “The staff are very obliging in all ways. They’re like your friend. I don’t find any fault. If I did I would tell them quietly, but sternly.” Another person said, “The staff are so helpful and so understanding that they really are entitled to be called carers. They show consistency in that. I would give them top marks”. A relative told us, “The girls who look after my relative are dedicated, they’re good”.

During the inspection we observed staff interacting with people in a professional, caring and respectful manner. Staff knelt down to people’s level or sat beside people whilst talking with them, in order to maintain eye contact. Staff responded to the people’s needs swiftly and in a way that maintained their dignity. One staff member was observed supporting an person that appeared agitated and disorientated. The staff was caring in their approach and spent time listening to the concerns of the person, before offering reassurance and guidance.

We observed that people were addressed by their preferred name which was not always their given name. We saw people and staff chatting and sharing jokes and it was clear that the staff knew people well and had maintained positive relationships. One visitor told us “I find the staff caring and attentive. I walk in here and it has a very homely atmosphere.”

Staff were observed knocking on people’s bedroom doors and waiting for confirmation that they could enter, this meant that the staff were respectful of people’s privacy and dignity. We also saw staff speak to people in a quiet voice when addressing issues of a personal nature when in the presence of others, ensuring that confidentiality was maintained at all times.

People were encouraged to maintain their independent living skills where possible. For example, we saw one person having lunch where they were given adapted cutlery and plate which meant that they could eat without direct support from staff. Staff encouraged and gave praise to the person which enabled them to continue eating independently. One staff member was observed encouraging a person to have her lunch in the dining room. The staff member explained what was happening in a way the person understood. The staff member shared with the person the plan and what was going to happen after lunch.

Staff informed people of what was happening for example when one activity ended and it was time for lunch, staff gave people information in a way that they could understand, this meant that staff knew people well and how they preferred information to be shared.

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One relative explained that when they had requested alternative equipment be provided for their relative's this was done immediately. A person who used the service told us "The staff are very kind; they notice things as they come along." This meant that staff were responsive to people's needs.

Before people moved into Nightingale House, staff assessed their needs to make sure the service could meet them. We looked at a pre admission assessment and found that all aspects of care were considered prior to a placement being offered.

We looked at the complaints raised by people, their relatives or anyone else who visited Nightingale House. These had been responded to in a timely manner and where action taken that involved changes to the delivery of care, this was shared amongst the staff through comprehensive handovers. This meant that the service was responsive to people's concerns. Staff told us that there were no recent formal complaints. They said they would try to solve the complaint and would refer to the manager if they were unable help with the complaint.

The home followed a person centred approach to the delivery of care. This puts the person at the centre of their care. For example, people's preferences regarding the care they received was documented and care plans reflected people's preference. We saw care plans and assessments had been regularly reviewed and updated to include any changes. This meant that the staff were responsive to the changing needs of people who use the service.

The home had an extensive activities plan in place. On the day of the inspection we observed people in the main lounge where the activities were taking place. People received 'Pat a Pet' therapy, whereby a dog handler spent time with people and a dog. People clearly enjoyed this activity and were keen to pat the dog. The activities co-ordinator explained that they had a wide variety of animals that come to the home, for example insects and larger animals. We also observed the activities co-ordinator doing a reminiscence based activity with the topic of "War Times". People who chose to engage in the activity spent time looking at war memorabilia and discussing their lives and their participation in the war. The registered manager told us that during the warmer weather activities tookplace in the gardens, whereby people can wander the grounds or engage in activities.

Staff encouraged people to interact with others throughout the day, however were respectful of those that preferred to spend time alone. Staff would regularly check on people who remained in their rooms to ensure that they were not isolated and given the choice to engage in activities with others. This meant that the risk of social isolation was minimised where possible. One person told us, "I try to get to the dining room to eat. If my legs are playing up they [staff] say, 'Don't worry' and bring it to me here." This meant that people were offered choices.

People were supported to express their religious and cultural needs, for example holy communion is provided fortnightly to those that wish to receive it. Two people who use the service attend church once a week and people's rooms displayed items related to their faith.

Is the service well-led?

Our findings

A relative told us “The manager is like the captain of the ship. She always has a smile and passes it on.” Another relative told us “We have only ever had one complaint and that was dealt with straight away by the manager.” One person who used the service told us “We have a nice lady manager.”

Staff had a clear understanding of their roles and responsibilities and told us they would seek advice if needed. There were clear reporting structures and staff knew that they escalated to the senior care worker on duty who in turn would liaise with the manager. People and staff told us that the manager and staff were approachable. The registered manager operated an open door policy which meant that staff could contact her at any time. Staff said they would not hesitate to talk to the manager if they had any concerns. This meant that the culture within the home was open, transparent and people were able to raise any issues.

The registered manager told us that she attended both the morning and afternoon handovers, which was confirmed by staff. This meant that the manager was aware of any changes to people’s needs and shared plans of actions immediately and in person to the staff team.

We looked at quality assurance audits which were carried out regularly to gain feedback on service provision. We looked at eight quality assurance questionnaires completed by people who use the service and eight relative’s questionnaires. The registered manager told us that the home and providers are always looking to improve

the service and feedback is welcomed. We were also told once the questionnaires are received action plans are implemented if required. We saw quality assurance questionnaires were also available for people to complete in the main entrance hall. This meant that people could share their views regularly with management. One relative told us, “I completed a [satisfaction] questionnaire with my Mum about six months ago.”

We looked at various records including those relating to health and safety which included the fire folder and maintenance book. These were up to date and reviewed regularly to ensure the safety of those residing at Nightingale House.

Three staff we spoke to told us regular “resident meetings” were held where people and their relatives discussed issues such as meals and staffing. Information from these meetings was then shared with the provider and acted upon if appropriate. This was confirmed when we reviewed the minutes of the meeting.

The registered manager told us that they had started to build partnership working with other health care professions and the community. For example we were told Nightingale House are part of the WHELD (National Institute of Health Research Programme), which is a study being undertaken from 2010 – 2015 to ‘develop simple, practical and effective interventions that can be widely applied in care homes’. Nightingale House were also part of the Gold Standards Framework (GSF), this is a scheme that ensures the alignment of general practitioners and care homes to improve the primary care provision of end of life care for all people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure staff received appropriate support, training, supervision and appraisal to enable them to carry out their duties. Regulation 18(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure medicines were managed properly and safely. Regulation 12(2)(g)