

Entercare Limited

Florence Nightingale Care Home

Inspection report

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Date of inspection visit:
10 October 2017

Date of publication:
13 December 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 10 October 2017.

Florence Nightingale Care Home is registered to provide personal care and accommodation for up to 20 older people. The premises, which were purpose-built, are on three floors, all bedrooms are single with ensuite facilities, and there are two lounges and a passenger lift for access. At the time of our inspection there were 17 people using the service.

The service 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 using the service. Staff were trained in safeguarding and understood how to recognise and prevent abuse. Relatives said staff knew how to keep their family members safe and were observant and knew how to reduce the risk of accidents.

There were enough staff on duty to meet people's needs. People told us staff provided prompt assistance when they needed it. They said the staff were well-trained and knowledgeable. People had their medicines safely and when they needed them. If people needed to see a GP or other healthcare professional staff promptly arranged this for them.

Lunch was served during our inspection. People enjoyed their meal and the atmosphere was relaxed and sociable. Staff knew how to meet people's nutritional needs. They knew people's likes and dislikes and ensured people had the opportunity to choose what they ate.

People said the staff were caring, warm and compassionate. Staff knew what made people feel cared for, be it a hug or watching a good comedy on TV, and ensured people had what they needed. People were encouraged to make choices about their daily lives including what to wear, getting up and going to bed times, and activities.

People were pleased with the activities programme which had improved and expanded since our last inspection. Activities were provided morning and afternoon on six days a week and included ball games, pamper sessions, hairdressing, quizzes, dominoes, armchair exercises, and visiting entertainers.

People told us that if they needed to make a complaint about the service they would speak to staff, the managers or the provider. The provider's complaints procedure told people how to complain and how they would be supported if they did. Records showed complaints were taken seriously and people informed of the outcome and what the staff intended to do to put things right where necessary.

People were happy with the service which they felt was homely and well-managed. They were able to share their views with the provider and registered manager who make changes and improvements in response. The provider and registered manager used audits to check that all areas of the service were running safely and effectively.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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 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.

This inspection took place on 10 October 2017 and was unannounced.

The inspection team consisted of an inspector 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.

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 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 seven people using the service and two relatives. We also spoke with the deputy manager and four care workers. Following the inspection we spoke with the provider by telephone.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "The girls [staff] make sure I'm safe. I am very well looked after." Another person told us, "Yes I feel safe enough here. There are enough staff here most of the time." Staff were trained in safeguarding and understood how to recognise and prevent abuse. The provider and registered manager had worked with local authority to protect people from harm.

When we inspected staff were implementing the Herbert Protocol, a national scheme in which staff complete a form for people at risk of going missing. This records important information about the person including their communication needs, medicines, medical conditions, and a description and photograph of the person. If they go missing police use the form to help them locate the person. This was an example of staff taking action to keep people safe.

Relative told us staff knew how to keep their family members safe. One relative said, "My [family member] had a history of falls at home. Here they use a frame and there is always someone on hand and there are a lot less falls. We have peace of mind now." Another relative told us, "Staff are very observant for example seeing if people might be about to fall."

People had risk assessments in place to ensure they had the resources they needed to keep them safe and staff knew how to support them in a safe way. For example, one person had a crash and sensor mat in place in case they got or fell out of bed during the night. They also had a walking aid and staff were instructed to accompany them when they walked. Records showed these measures had led to the person having less falls and also increasing their mobility.

There were sufficient staff employed and on duty to meet people's needs. People told us staff provided prompt assistance when they needed it. One person said, "I feel safe because if I need to press the buzzer at night the staff usually come at the first buzz." People were supported by staff who had been through the required recruitment checks to help ensure they were suitable to work with people who use care services.

If people needed two or more staff to assist them with their personal care or mobility this was stated in their care plans and records showed the appropriate number of staff were always provided.

People told us they had their medicines when they needed them. One person said, "Our staff are good with medication and they know who can manage their own." We saw a member of staff giving medicines out before lunch. She did not rush people and explained what the medicines were for if people wanted to know.

Records showed people had care plans for their medicines which included personalised information about how they would like them to be given. For example one person's care plan stated, '[Person] will sometimes apply their own creams depending on how they feel. [Person] will let staff know [whether they want to do this].' Another person needed to be 'verbally prompted' to take their medicines and staff ensured this was done. These were examples of staff ensuring a person had their medicines in the way they wanted them.

Staff sought expert advice on medicines safety if they needed it. For example, at the time of our inspection visit, oxygen was being stored and used at the service. In order to do this safety staff contacted their pharmacist and followed their instructions on safe storage.

The service's pharmacist inspected the service's medicines in July 2017. Their report stated 'There have been significant improvements over the last few years and it is obvious your management team take great care and pride in their medication organisation. The areas were all found to have very good robust processes in place.' This was further evidence that medicines were being safely managed at the service.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People told us the staff were well-trained and experienced. One person said, "The staff are very good at looking after me and know what they're doing." All the staff we met were knowledgeable about the people using the service and trained to carry out their roles effectively.

Records showed staff had a comprehensive induction followed by ongoing and refresher training and specialised training where necessary. The majority of staff were studying for NVQs (National Vocational Qualifications) in Care to keep their skills up to date. The owner, registered manager and deputy manager had all either completed or were studying for NVQ level 5 (a management qualification). The deputy manager told us all staff were encouraged to train in order to improve their skills, knowledge and effectiveness.

The provider had policies and procedures in place concerning the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

We checked whether the service was working within the principles of the MCA and found that they were. Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care.

People told us they were pleased with the meals served. One person said, "Very tasty. The food is good here." Other comments included: "Breakfast is good. You can have a full cooked breakfast or just toast."; and "I love my porridge and they make it well."

During our inspection visit we saw lunch being served. People were asked if they wanted to sit at one of the tables in the dining area or in an easy chair in the lounge. Those who opted to go to the dining area were asked which table they wanted to sit at.

Meals came quickly so that people on each table got their meals at the same time. Salt, pepper and napkins were on the table. There was a choice of soft drinks, both still and sparkling, and everyone had their chosen drink before the meal came.

The meals looked appetising and we heard people say they were enjoying them. We sat at a table with three people who said they often sat together. There was general conversation and a relaxed and friendly atmosphere.

Records showed people had a food preferences care plans which set out how best their nutritional needs

could be met. For example, one person's stated they required a 'fork mashed diet'. People made their menu choices 'verbally', when staff told them what was available, or 'visually' which meant staff showed them plated meals or puddings to choose from. If a person liked a particular food item or drink this information was also in their care plans. For example, one person 'likes cold cordial out of fridge' and staff said they made sure the person had this.

People told us they could see doctors and other healthcare professionals when they needed to. One relative said staff had arranged for an optician to visit their family member who had been pleased with the service they received.

People had care plans for their healthcare requirements so staff knew how to support them with these. People had regular visits from healthcare professionals including GPs, who ran a weekly surgery at the service, and district nurses who visited daily. Records showed that if people needed to see a GP or other healthcare professional staff ensured they received prompt and effective medical attention.

Is the service caring?

Our findings

People spoke positively about the staff who supported them, describing them as caring, warm and compassionate. One person said, "The staff are very kind. One in particular always gives me a really nice bath." A relative told us, "The staff here all have a caring nature. They're always talking to the residents." We saw that staff were attentive towards people and used good eye contact, gentle touch and reassurance to ensure people felt acknowledged and supported.

When they came to the service people had been asked what made them feel cared for and their answers recorded. For example, one person had stated, 'What comforts me is being given a hug.' Another person's records stated, '[Person] gets joy out of seeing people happy and being involved in banter. A good comedy makes [person] laugh.' This meant staff had the information they needed to ensure people felt cared for so they could develop positive caring relationships with them.

People told us they were able to make choices about their care and support. One person said, "Carers help me choose my outfit. If they chose something I didn't like I wouldn't wear it. And I go to bed when I choose." The person's care plan stated, '[Person] likes staff to assist her with her choice of clothes so she can look nice.' This meant staff had the information they needed to support the person in the way they wanted.

People and relatives were aware of care plans and knew they could have input into them if they wanted to but said this wasn't always their choice. One person said, "I'm not involved in the care plan although maybe my family are but I don't worry. I'm getting what I want." A relative said, "We're a bit old fashioned and we leave [care plans] up to the staff but they do keep us up to date and [my family member] would soon tell us if there was anything worrying them."

People said staff respected their privacy and dignity. One person told us, "They always knock before they come into my room." If people had particular beliefs staff respected these. For example, one person's records stated, '[Person] is a [particular faith] and expects people to be respectful of her beliefs.' Care staff recognised the importance of not intruding into people's private space. We saw them knocking and waiting for permission before going into people's bedrooms. They also ensured people received personal care discreetly and that bathroom and toilet doors were locked when in use.

Is the service responsive?

Our findings

People gave us examples of how their care and support suited their individual preferences. One person said, "They help me have a good strip wash so I'm all done in time for my Horlicks at 8pm. I then like to read and I buzz when I'm ready to go to bed." Another person told us, "I think I'm a Rolls Royce because I always get a good wash at night! I'm usually one of the last to be gotten ready for bed [which was the person's choice]."

Records set out what support people needed so staff were aware of this and of any particular requirements they had. For example one person's care plan stated, '[Person] can manage to wash her hands and face, but needs full assistance with the rest of personal care.' And, '[Person] likes to be assisted to their room around 19:00 to watch TV before bed.' Another person's care plan stated, 'I do not like to spend time on my own.' During our inspection visit we saw staff ensured this person had company wherever they were sitting. These were examples of staff providing personalised care in the way people wanted it.

People were positive about the activities on offer at the service which were well-advertised on posters throughout the premises. One person said, "I like doing the skittles." Another person told me, "There are enough activities here to suit me."

Since our last inspection staff have expanded the service's activity programme. Activities were provided morning and afternoon on six days a week. They included ball games, pamper sessions, hairdressing, quizzes, dominoes, armchair exercises, and visiting entertainers. A relative told us, "My [family member] is quite reserved but she enjoys the singers twice a month and joins in using the maracas."

We took part in the afternoon quiz, being welcomed by staff to "The brainiest care home in Derbyshire." People enjoyed the quiz and the answers led to discussion and banter. People also played a ball game which encouraged movement and mobility. Records showed people took part in a good range of activities. For example, people's activity records for the month of September 2017 showed that some people had done around 20 activities during this period.

People told us that if they needed to make a complaint about the service they would speak to staff, the managers or the provider. One person said, "I'd talk to the owner, I know he would deal with it."

The provider's complaints procedure told people how to complain and how they would be supported if they did. Records showed that any complaints made had been recorded along with the action staff took in response. They showed complaints were taken seriously and people informed of the outcome and what the staff intended to do to put things right where necessary.

Is the service well-led?

Our findings

All the people we spoke with said they were happy with the service which they felt was homely and well-managed. One person said, "I'm happy here. Everybody gets on there's no arguing and the staff are very nice." Another person told us, "I'm getting what I want here." The service was homely and inclusive. For example, a relative told us their family member liked to sit in the office and the staff were comfortable with that. Another relatives said, "The staff are good. I rate the owner highly. [My family member] knows him and he makes a fuss of her. We can't praise here highly enough."

People, relatives and staff told us they had regular opportunities to share their views of the service with the provider and registered manager. They said the provider and registered manager always made point of coming to see them in the lounges and other areas of the service to ask them for feedback, comments and suggestions. They also had the opportunity to complete surveys and attend meetings where the service was discussed. As a result of people's feedback staff had improved the activities programme and made changes to menus.

The provider's statement of purpose was in need of improving and updating to make it clear the service was no longer a nursing home and that staffing levels were flexible depending of people's needs. The provider said this would be done as a matter of priority. The provider's website was updated following our inspection to show the service's current rating of 'Good' on its front page.

Since our last inspection the provider and registered manager had continued to improve their system to assess and monitor the quality of the service. They had introduced a new care plan evaluation form and fall monitoring sheet to help ensure people's needs were being met and the risk of falls minimised. Audits of medicines records, health and safety, food safety, the premises, and infection control were ongoing. Records showed the fire department had inspected the service and found the fire safety arrangements to be satisfactory.