

Nightingale Hammerson

# Nightingale House

## Inspection report

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Date of inspection visit:  
29 June 2021

Date of publication:  
16 August 2021

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Nightingale House is residential care home providing personal and nursing care. The home can accommodate up to 215 older Jewish people across six self-contained units, each with separate adapted facilities. People were allocated to the units according to their needs and the level of support they required such as nursing or residential and personal care. One unit had been closed since June 2020. At the time of our inspection 130 people were using the service, the majority of whom were living with dementia.

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

People received sufficient food suitable to meet their nutritional and hydration needs. Risks were regularly assessed and managed to minimise weight loss and malnutrition. Care plans and risk assessments were detailed. Staff had received additional training and support to meet people's complex nutritional needs. The registered manager worked closely with family members and other health and social professionals to discuss concerns about people's health and well-being including weight loss.

We were assured the provider was working within the national guidance on good infection prevention and control guidelines in relation to the COVID-19 pandemic. Management plans were in place to mitigate risks in relation to COVID-19 pandemic and protected from the risk of acquiring infections. The admissions process of people in the home was robust. Staff followed guidance to respond to Covid-19 and other infection outbreaks effectively. Staff had access to sufficient Personal Protective Equipment and used it appropriately. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection.

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

The last rating for the service was Outstanding, published on 21 August 2018. The overall rating for the service has not changed following this targeted inspection and remains outstanding.

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns about the service in relation to the infection control. In addition, we received concerns about nutrition and hydrations needs of people using the service.

The Care Quality Commission have introduced targeted inspections to check specific concerns. A decision was made for us to inspect and examine those risks.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. This Nightingale House Inspection report does not look at an entire key question, only the part of the key question we are specifically concerned about. At this inspection, we only looked at part of the key questions safe and well-led where we had specific concerns.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care homes even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our well-Led findings below.

**Inspected but not rated**

# Nightingale House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector, an inspection manager and two Experts 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available for us to speak with during our inspection.

#### What we did before the inspection

We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves or others. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our

inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including the head of nursing, a dietician and the registered manager. In addition, we reviewed a range of records. This included seven care plans and risk assessments and other records relating to how the service is run.

After the inspection

We asked the registered manager to send documents to further support how the service was run. We received telephone feedback from 19 relatives of people who used the service. We also received feedback from two external health professionals involved with 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 the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check those specific concerns. This included information we received about infection prevention and control at the home. In addition, there were concerns raised about nutritional needs of people.

### Assessing risk, safety monitoring and management

- People at risk of malnutrition were identified and had their nutritional and hydration needs assessed and reviewed regularly. Staff checked and recorded people's weights, nutrition and fluid intake. Significant changes in weight were investigated. Referrals were made to a dietician who monitored and made appropriate recommendations on the dietary intake of people at risk of malnutrition. We spoke to the dietician who told us and records confirmed joint meetings were held with the GP, nurses, tissue viability nurses, occupational therapists, speech and language therapists and relatives to provide a plan where they had concerns about people's food and drink intake. Staff followed guidance from healthcare professionals which ensured they met people's eating and drinking needs.
- People's wishes to receive additional support with their dietary needs and preferences were respected. Care plans were up to date, detailed and specific to each person's risks, nutritional and fluid needs. Information about people who required food texture modification, allergies and preferences was shared with the chefs and staff.
- Staff were trained to manage people's complex nutritional needs. Some people received nutrition through percutaneous endoscopic gastronomy (PEG), which meant they had a feeding tube inserted surgically in their stomach to help maintain their nutritional intake. Staff were trained to manage PEG systems.
- Care plans, risk assessments, and other care records reflected current legislation, standards and best practice which enabled people to receive care appropriate to their needs.

### Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from relatives about how the provider had managed COVID-19 was positive. For example, a relative told us, "They have very strict measures for visitors. It's been very good. Sanitisers, masks, lateral flow tests, washing hands, the whole palaver." The premises were visibly clean and free of unpleasant odours. Cleaning schedules were increased to ensure areas of high risk such as light switches were cleaned every 90 minutes.
- The management team assessed and had measures in place to mitigate risks posed by visitors. The provider established an Essential Care Giver scheme [ECG] in March 2021, initially for people with dementia but opened to all people who used the service in April 2021. These ECGs were treated as a member of staff, provided with Personal Protective Equipment (PPE) and subject to regular PCR and LFD tests to ensure people's safety while maintaining social and emotional bonds. ECGs were allowed to visit unrestricted

throughout the pandemic.

- Staff and people who lived at the home participated in a regular testing programme for COVID-19 to minimise the risk of spreading of infection. People who moved into the service during the pandemic were isolated and subject to a testing regime.
- There was enough PPE available for staff, people and visitors to use. There were clear signs about the procedures for IPC at the entrance and throughout the home. We observed staff using PPE according to government guidance. The Infection prevention and control policy was reviewed regularly and had an updated action plan and risk assessments relating to COVID-19.
- The service greatly benefited from the onsite GP practice. This was reassuring for relatives and reduced hospital admissions. The GP had a daily round in each household through the lockdown, unless there was an outbreak within a household, then people were seen via video.
- People were only subject to strict restrictions when there was an outbreak within a unit. Each unit enjoyed the use of the garden and full facilities of the home such as the activities hub, in their household bubbles. The activities hub and other communal facilities were cleaned and sanitised between bubbles.
- Communal spaces were also rearranged to facilitate social distancing for people. These were arranged at greater distance during times of outbreak within a household. Other spaces important to the people who lived in the home, such as the synagogue, had been reconfigured to support social distancing. When more people wanted to attend services that the synagogue had capacity for, services were moved to the larger concert hall to facilitate this while also facilitating social distancing.
- Staff were required to work exclusively at the service. Exclusive agency staff were also used. Changes were made to staff break arrangements to better facilitate social distancing. Staff were provided with meals within each household during outbreaks, some small communal areas were rearranged as staff break areas, and the staff canteen tables were rearranged so that only one staff member can sit at each, at a time.



# 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 the last inspection this key question was rated as Outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager comprehensively assessed the risks on visiting and self-isolating after visits out of the service and had strict measures in place to mitigate these where they had deviated from national guidance. These risk assessments and mitigation measures were very effective and meant that people were able to maintain contact with their loved ones in a safe manner. There were no positive cases identified as a result of the service's departure from guidance on visiting.
- Decisions about restrictions to the service during the pandemic were made in consultation with service users and their relatives, to ensure they considered all views. The registered manager told us they had to challenge the local authority and commissioners but were confident in their analysis. The registered manager said, "The aim of our strategy throughout the pandemic has been to deprive the least number of people of direct contact with their loved ones, unless absolutely necessary. This has been effective at maintain people's emotional and social contact needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives had positive comments about the management and staff. One relative told us, "I can't praise the [registered manager] and staff enough." The service held weekly oversight meetings through much of the last year to review, plan and reflect but had been reduced to fortnightly.
- The management team developed contingency plans that grouped staff into cohorts depending on where they lived and how they travelled to work, so they could reduce the risk of using public transport to travel to work. The registered manager told us, "The entire team were on board and staff were incredibly flexible. I am very proud of how the entire team has pulled together."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the planning and delivery of care in the home. The provider maintained communication during the pandemic with service users, relatives and other stakeholders by issuing a weekly newsletter. Each unit also issued a newsletter.
- Staff continued to be supported through the pandemic by bi-monthly supervision and an annual performance and development review. The management team highly valued the staff for the additional work they had put in during the pandemic. For example, 'Thankful Thursdays' had been implemented in which local businesses provided small gifts for staff such as chocolates and fabric face masks. Staff with

needs were provided with additional support to ensure they were able to keep working in a safe manner.

- The home kept meticulous records of testing and actions taken to alleviate risks during the pandemic. For example, the home stopped student placements at the height of the lockdowns.