

Tuskhome Limited

Nightingales

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 and 18 December 2014 and was unannounced. At the last inspection in August 2013 we found that the provider was meeting the requirements of the Regulations we inspected.

Nightingales is a residential care home providing accommodation for up to 13 older people. At the time of our inspection 11 people were living there.

There was a registered manager 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 and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. Relatives and staff spoken with all said they felt people were kept safe. We saw that the provider had processes and systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

We found that there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the care needs of people.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Acts protect the human rights of people by ensuring that if there are any restrictions on a person's freedom and liberty, they have been appropriately assessed. Staff showed they had a good understanding of the MCA 2005; however, some staff had limited knowledge of DoLS legislation.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available. Staff supported people to eat their meals when needed.

People were supported to access other health care professionals to ensure that their health care needs were met.

People told us the staff were very caring, friendly and treated them with kindness and respect. We saw staff were caring and helpful.

We found that people's health care needs were assessed and regularly reviewed. People and their relatives told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

The provider had well established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service, their relatives and health care professionals.

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?

The service was safe.

People told us they felt safe. Procedures were in place to manage risks and safeguarding matters, this ensured people's safety.

There were sufficient numbers of staff, that were safely recruited, that provided care and support to people.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was not always effective.

Some staff had limited understanding of the Deprivation of Liberty safeguards.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

Requires Improvement



Is the service caring?

The service was caring.

People said staff were caring and kind to them.

Staff took the time to speak with people individually, encouraging them to make decisions about their care.

People said the staff maintained their dignity.

Good



Is the service responsive?

The service was responsive.

People had their care and support needs regularly reviewed.

People were supported to participate in group and individual activities that they liked.

The provider ensured feedback was sought through surveys.

Good



Is the service well-led?

The service was well led.

People were happy with the quality of the service they received.

People said the manager and staff were accessible and friendly.

Quality assurance processes were in place to monitor the service so people received a good quality service.

Good



Nightingales

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 was conducted by one inspector and took place on 17 and 18 December 2014.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

Most of the people were able to tell us about their experiences of care. We also spent time observing interactions between staff and the people that lived there, and this included a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with four people, three relatives, two health care professionals, the registered manager and four care staff.

We looked at records in relation to four people's care and medication. We also looked at records relating to the management of the service, staff training records and a selection of the service's policies and procedures.

Is the service safe?

Our findings

People and relatives described the service as safe. One person told us, “I really do feel safe living here; it feels like home, if I was upset by anyone I would go straight to the manager. I would not want to live anywhere else.” A relative told us, “I’ve never seen any unsafe practices, if I had any concerns I would go straight to the manager.” It was clear from the conversations between people and staff they were comfortable and relaxed.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse. The provider’s safeguarding and whistle blowing procedures provided staff with guidance on their role to ensure people were protected. For example, one staff member said, “I would go straight to the manager, and if I had to I would contact Care Quality Commission (CQC).” We looked at records and these confirmed that staff received regular training. In addition, the systems and processes for recording and reporting safeguarding concerns were well documented. For example, where a recent safeguarding matter had been raised, the provider had taken appropriate action, liaising with the local authority and CQC, to ensure the safety and welfare of the people involved.

People told us any risks to their care was identified and managed appropriately. A relative said, “The support I see given to [person’s name] from the staff helps to keep them safe; they keep a close eye on them. Staff told us all people had risk assessments completed to ensure they met the people’s individual needs and explained how they would manage those risks. These were updated as people’s needs changed or new risks identified.

People told us any risks to their care was identified and managed appropriately. Staff said people had risk assessments completed to ensure they met the people’s individual needs. These were updated as people’s needs changed or new risks identified. Care records looked at included detailed risk assessments for each person. For example, one person had been identified at risk due to an increased number of falls. The risk assessment provided staff with guidance to support the person in a non-restrictive and safe way. The person’s care record showed they were being monitored daily and an

appropriate referral had been made to a health care service. We could see from the person’s smiles and contact with staff, as they were supported to walk, they were happy and relaxed. One relative told us, “I have seen the staff support [person’s name] which keeps them safe, they keep an eye on them.”

Staff told us that safety checks of the premises and equipment had been completed and were up to date. They told us what they would do and how they would maintain people’s safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People and staff told us there were enough staff on duty to meet people’s needs. One person told us, “They [staff] are very good and are always around.” A relative told us, “We’ve visited at all times [evenings and weekends] and there’s no difference in the level of care, its good.” A health care professional told us when they visited there was always enough staff available. Staff told us that they would try to cover shifts for each other in the event of sickness or annual leave so people had continuity of care. We saw that there were sufficient staff on duty to support people with their needs.

The provider had an effective recruitment process in place, to ensure staff were recruited with the right skills and knowledge to support people. One person told us, “I think the staff have the right skills to look after me.” We spoke with four staff about the way they were recruited and they confirmed that appropriate pre-employment checks were made. Records looked at contained relevant information including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us they received their medicines as prescribed by the doctor. We saw that staff supported people to take their medicines safely and that medicines were stored safely and securely at all times. We looked at four Medication Administration Records (MAR) charts and saw that these had been completed correctly. We found the provider’s processes for managing people’s medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

Everyone spoken with were complimentary about the staff and said they thought staff were knowledgeable and trained about people's needs. One person told us, "I do not know how I would have coped, they [staff] do all that is necessary to meet my needs." A relative told us, "This home is ideal for [person's name] the staff know how to support them with their disability."

Staff told us they had received ongoing training, regular supervision and annual appraisals from the provider and this supported them in their role. A staff member told us, "We do have supervision every three months and a yearly appraisal." Another staff member told us, "We will be caring for more and more people with dementia in the future and the training we have had will help me to communicate and support people more effectively." Records confirmed training for the year was planned and it tracked the training requirements for each member of staff.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Staff told us they had undertaken Mental Capacity Act 2005 training and were able to explain to us the basic principles of the Act in relation to their role. One person did not have capacity to make an informed choice about their care so an application had been made for a DoLS. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. However, three of the four staff spoken with were unable to explain the principles of Deprivation of Liberty Safeguards (DoLS). Their limited understanding of DoLS showed us that staff may not always recognise a situation that could be a restriction on people. However, the registered manager addressed this and arrangements for the appropriate DoLS training were put in place.

People told us, and our lunchtime observations confirmed they were able to choose their meals. If they did not like the choice offered, chef proposed an alternative meal. The dinners were cooked from fresh ingredients, on site daily and one person told us, "The food is lovely, dinner is always

nice and hot," another person told us, "There is usually a choice of two or three, chef also knows what I don't like so they do not put it on my plate." A relative told us, "[Person's name] requires soft food and the meals are ideal." People who chose to eat in their rooms received their meals at the same time as people sat in the dining area. This showed us that there was no delay for people receiving their meals if they chose not to eat in the dining area, and that staff were effectively deployed during lunchtime. Staff provided one to one support for people who required support through verbal encouragement. There was a soft music playing in the background that some people were singing along with, staff were patient and did not rush people. Everyone ate at their own pace in a relaxed environment, making the mealtime a pleasant dining experience for people.

Staff told us they had received training on supporting people to maintain a balanced diet and, where appropriate, how to monitor people's fluid intake. They explained what action they would need to take if someone was at risk of losing weight or they were not drinking enough fluids. For example, one person's care records showed they were losing weight. The records confirmed they were monitored daily, being effectively supported to maintain a healthy diet and received additional food supplements. A referral had also been made to Speech and Language Therapist (SALT) for added support.

People told us they were regularly visited by other health care professionals. One person said, "I get to see the optician when I need to." A relative told us, "The GP is called immediately when needed and we are kept informed." One of the four people spoken with and one of the relatives spoken with told us staff provided support, if requested, to attend medical appointments. Staff confirmed that each person had an assessment of their care needs. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet the people's individual care needs. Health care professionals confirmed to us that staff ensured people were ready for their visits. They told us that staff made timely referrals when the person's needs changed, which supported the people to maintain their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us people were well cared for and looked after. One person told us, “I am very happy with the care, staff are very kind.” A relative told us, “The staff are excellent, always so thoughtful.” Health care professionals told us they had no concerns about the home and felt the staff were very good and caring. Staff, although busy, remained calm and relaxed, there was good humoured communication between people and staff. One person told us, “I enjoy a bit of banter with the staff.” A staff member told us, “It’s like a home from home and everyone is well looked after here.” Staff were able to tell us about people’s individual needs, their likes and dislikes and this contributed to the staff been able to care for people in a way that was person centred.

We saw that the care planning process was centred on the people taking into account the person’s views and their preferences. People we spoke with said they knew of their care plans and were happy with the care they were receiving. We saw that staff listened to people and they did involve them in making decisions about the delivery of their care. One person told us, “Staff do listen to me, I tell them what clothes I want to wear and they help me to get dressed.” A relative told us, “[Person’s name] does make their views known to staff and they act on them.” Another relative told us, “The staff are very kind, very supportive, they listen to [person’s name] and to us.” Most people were happy to leave discussing their care needs to their family members. A relative told us, “We have been involved in

discussing [person’s name] care but they are pretty independent and can look after themselves quite well.” Another relative told us, “All decisions are taken together involving [person’s name]” and we confirmed this with the person.

Information was available in the home about independent advocacy services and the registered manager had made an application for a generic advocate for one person. We spoke with the person who confirmed to us they were waiting for someone to come and help them. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported the person to access advocacy to ensure they could fully express their views

People we spoke with told us their privacy, dignity and independence were respected by staff. One person told us, “The staff do all that is necessary to respect my dignity.” Another person told us, “The staff are always very respectful.” All staff spoken with gave examples of how they would maintain a person’s privacy and dignity. We saw that staff were respectful when talking with people, calling them by their preferred names; and ensured people’s dignity was maintained when supporting people, for example, to move from a wheelchair to lounge chair.

Everyone told us that there were no visiting restrictions. A relative told us, “I visit at different times and there’s never been a problem.” This ensured that the service supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

People and relatives told us they were satisfied with how people's needs were being met. One person told us, "When I pull the call bell cord the staff are there in an instant, the night staff too are very quick," another person told us, "The staff respond quickly to problems, willing to help." We saw that staff responded quickly to alarm activations and to requests made by people when they required support.

Staff were able to tell us about people's individual needs, interests and how they supported people. For example, we saw staff assisting one person in the dining room to eat, however, they also encouraged the person to feed themselves. One person told us they had left, "Explicit instructions," for staff to follow as part of their end of life plan. We saw this information had been clearly set out in their care records and staff were aware of the person's preferences and knew how to respond to the person's needs. One staff member told us, "We take the time to get to know each person, so we know people well to meet their needs." One person told us, "staff always try to give me what I have asked for." Relatives told us communication was good and they were always kept informed of any changes in their relative's needs. Care records showed people's preferences and interests had been identified and were regularly reviewed, so as to reflect any changes in people's needs. A relative told us, "We needed a softer mattress for [person's name] and the manager sorted the matter out straight away, brilliant service."

People told us they could take part group activities if they wanted to. One person told us they attended a day centre twice a week and another person told us they received support to maintain links with the local church. One person told us, "I'm not interested in doing anything. Leave us old girls alone (laughing)" and another person told us, "The exercise man comes in and he is very good." A staff member told us, "I've learnt to knit since working here, I sit and knit

with [person's name]." We saw that people who chose to remain in their rooms were supported to maintain their individual interests. For example one person enjoyed listening to their music, the manager had made special arrangements for additional storage space to accommodate the person's extensive music selection

We asked staff how people with communication difficulties were made aware of the activities and they told us they verbally asked people if they wanted to take part in the scheduled activities. We saw that a list of group activities were displayed at the home. Some people told us staff took them shopping, if requested. Although activities were made available not everyone wanted to take part therefore, people could choose what they wanted to do and their decision respected.

People and relatives told us they knew how and who to complain to. One person told us, "I would always talk to the staff if I had a problem, but I haven't had to." Another person told us, "I'm happy as things are, I can't think of anything I would change." We reviewed the complaints book and saw there had been no formal complaints since 2011. Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. One staff member told us, "I've been here for [X] years and can't remember when someone last made a complaint." Records showed the provider had a complaints policy that contained contact details of relevant external agencies for example, the local authority and CQC. A relative told us they never had to use the complaints process because, "Any matters that arise the manager deals with very quickly and to my satisfaction." This showed that the service responded well to issues at the outset, which reduced the need for the formal process and people were confident that their concerns would be acted upon quickly.

Is the service well-led?

Our findings

People, their relatives, staff and health care professionals were complimentary about the way the home was managed and the quality of the service. Everyone said they knew who the manager was and they could speak with them whenever they wished. One person told us, “The manager pops in for a chat.” Another person told us, “The manager does their fair share, I’ve seen them come in on their day off.” A relative told us, “I think this is a good home, well run, everyone seems happy here there’s no negativity.” One staff member told us, “If I have a concern or worried about something I can always speak to the manager,” another staff member told us, “Management have got better at being approached and listening to concerns of the staff, it’s a really great place to work,” and “I feel valued, it’s like a second home.” This showed that management were approachable and prepared to listen to concerns raised by staff and make improvements.

The manager was visible around the building, they talked with people and visitors and supported people who required assistance. People and relatives we spoke with confirmed this to be a regular occurrence and that they found the manager to be approachable, one person told us, “I always see the manager around, they are very friendly.” Staff said they were very happy with their job and that the manager had a, “Hands on” approach. One staff member told us, “We can contact the manager any time, even when they are off duty, they will always help us.”

Some people and relatives told us they attended resident meetings, although some could not recall them. They also told us if they needed to discuss anything with the manager, they would not hesitate to contact them by telephone or email. Records showed there were resident meetings. We saw that people were encouraged to give feedback through surveys. People and relatives told us they

had been asked to complete surveys, the last survey was conducted in July 2014. Records showed people were very happy with the service and support people received. We saw that no suggestions for improvements had been made on the feedback surveys.

Staff told us they had supervision and we saw that staff had regular meetings where they were able to put ideas forward; one example suggested by staff was the introduction of a, “Takeaway Friday.” We confirmed that this idea was discussed with people living at the home and after they had tried different take away options; people made a choice that they wanted fish and chips.

There was a registered manager in post with no changes of managers, so the management of the service was stable and the provider had a history of meeting legal requirements. The manager had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary to contact CQC or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC. Records showed the provider worked well with the local authority to ensure safeguarding concerns were effectively managed.

The provider had internal quality assurance processes which included an external assessor undertaking an annual audit of the service. Records confirmed that each year the home was visited and audited gaining an external quality award. Regular internal audits were completed by the manager, for example of health and safety, care records, staff training and medicines. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.