

Thames Carehome Limited

Nightingales Care Home

Inspection report

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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 

Overall summary

This was an unannounced inspection on 3rd December 2014. Nightingales Care Home is registered to provide care for up to 17 older people.

The service is provided in a large detached building which is located on a quiet residential street. People have their own bedrooms and shared communal areas are provided. At the time of the inspection there were 14 people living in the home.

The home is managed by a registered manager. 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.

The home had a range of methods to ensure that people were kept as safe as possible. Care workers were trained in and understood how to protect people in their care from harm or abuse. People told us they felt safe and could talk to staff and the manager about any concerns they had.

Summary of findings

Individual and general risks to people were identified and managed appropriately. The home had a robust recruitment process to ensure that the staff they employed were suitable and safe to work there. The service had a stable staff group who communicated well with each other and had built strong relationships with the people living in the home. The staff team had an in-depth knowledge of people and their needs.

There were systems in place to ensure that people were supported and encouraged to look after their health. People were encouraged to be as independent as they could be whilst risks to them or others were supported within a risk management framework.

The service understood the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Appropriate actions were taken in relation to people's

capacity to consent to a range of decisions relevant to the particular individual. Care staff were skilled in communicating with people and in helping them to make as many decisions for themselves as they could.

People were given the opportunity to participate in a variety of activities both individual and with others. People were treated with dignity and respect at all times. They were involved in all aspects of daily life and assisted to meet any spiritual, behavioural or emotional needs.

The house was well kept, clean and comfortable. People's rooms reflected their individual preferences and tastes and this was also evident throughout the communal areas of the home.

Staff told us the home was well managed with an open and positive culture. People and staff told us the registered manager was very approachable and could be relied upon to respond appropriately to requests or concerns.

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. The home made sure that staff knew how to protect people from abuse. Risks were identified and managed to ensure people were kept as safe as possible. People's medicine was given to them at the correct times and in the correct quantities to keep them as healthy as possible.

Good



Is the service effective?

The service was effective. The home supported people to make their own decisions where possible. Staff understood consent, mental capacity and deprivation of liberty issues.

Good



Is the service caring?

The service was caring. Staff treated people with respect and dignity. They used a variety of communication methods which people understood. People were given positive, gentle encouragement to be involved in all aspects of their daily life.

Good



Is the service responsive?

The service was responsive. People were listened to and care was delivered in the way that people chose and preferred. Care was focussed on people having positive daily experiences and maintaining independence.

Good



Is the service well-led?

The service was well led. The home had a range of methods to check that the home was giving good care and was keeping people safe. Changes to make things better for people who live in the home had been made and development was continuing.

Good



Nightingales 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 checked 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 3rd December 2014 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. This is someone who is a member of the public who has had training and has experience of care services either themselves or through a relative. The service had not sent us any notifications and there were no outstanding safeguarding issues. A notification is information about important events which the service is required to tell us about by law

We had contact with various people associated with the service, spoke with staff and reviewed a range of documentation. This included pathway tracking for the two people living in the service. This means we looked at all the information held about the two people and observed the care they were offered during our visit. We spoke with the ten people using the service, two care staff, the cook, the maintenance man and the registered manager. In addition, we spoke to a relative of one person and received information from a local authority funding commissioner and the local authority safeguarding team where the home is situated.

We looked at the two support plans together with associated records such as behaviour management plans and risk assessments. We spent time observing the interactions between staff and people and looked at records relating to the health and safety of the service, quality assurance systems and medication records.

Is the service safe?

Our findings

The people and relative we spoke with told us they thought the home was safe. One person told us “I have no problem with the home and I know my ‘relative’ is safe”. The local authority contracts and commissioning team and the safeguarding team told us that they had no record of concerns about the service.

Staffing levels were determined according to people’s needs. At the time of the inspection there were three care staff covering the morning shift and two covering the afternoon and evening. There was one waking night staff member who had the support of an on call system which included the registered manager. In addition, there was a dedicated cook with a part time assistant cook, a housekeeper and a maintenance man. Staff told us that there were enough staff on duty to safely meet the needs of the current residents.

We looked at two staff files. There was a robust recruitment system to ensure that prospective employees were safe and suitable to work with the people who live in the home. Records contained all the relevant checks required including a full employment history, references, confirmation of identity and criminal record checks

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) we looked at were accurate and showed that people had received the correct amount of medicines at the right times. The MARs were supported by photographs of people and a description of medicines for each person and what they were for. Medicines were kept in a locked cabinet which was bolted to the wall in the dining room. We saw records showed that medicines trolley temperature checks were regularly taken and recorded.

All staff had training in medicines provided by the local pharmacist. Staff new to the home were required to shadow other staff undertaking the administration of medicines and then were supervised until they felt confident. The competency of staff to administer medicines was tested by the manager on a regular basis. A pharmacy review of the medicines arrangements in the home was conducted on 21.2.14 where minor recommendations had been made and actioned. Medicines that were

administered on an as required basis were covered by a protocol which was audited by the GP the last occasion being on 7.1.14. There had been no medicines errors reported by the home in the last year. .

There had been no accidents within the service in the previous year and there were no safeguarding issues outstanding. The training record showed that all staff were trained in safeguarding of vulnerable adults. Staff demonstrated a clear understanding of the principles of safeguarding vulnerable people and knew what action to take if an allegation or suspicion of abuse was raised. Relevant contact numbers for the local authority safeguarding team and the Multi-agency procedures were readily available and accessible to staff.

People, visitors and staff were kept as safe as possible. There were a range of health and safety audits in place designed to ensure that any safety issues were identified and addressed without delay. These included a gas dryer safety certificate. Portable appliance test certificate. An electrical installation check. Legionella checks every six months by an external contractor. An asbestos survey had been undertaken and was satisfactory. There were window restrictors on all windows including downstairs. All radiators were covered in bedrooms and communal areas. The call bells were tested regularly. Mobility equipment was audited annually. A monthly accident audit was in place. This was designed to identify any trends so that appropriate action could be taken to minimise any risks identified. There was a first aid checklist together with a monthly audit.

Fire system checks were undertaken on the audible alarm system, emergency lights and fire- fighting equipment such as extinguishers. A fire blanket had recently been replaced as it was out of date. There was an up to date fire risk assessment in place for the building. We saw that fire drills based upon simulated walk through were undertaken approximately every six weeks.

Environmental risk assessments which addressed issues for individuals such as hot radiators and hot water outlets, had been developed. Other examples included, control of substances hazardous to health (COSHH) risk assessments together with relevant data sheets and appropriate storage. Staff were provided with written cleaning and hand washing guidance. Risk assessments were person centred and there was evidence that they were regularly reviewed

Is the service safe?

and updated according to the changing needs of individuals. Recognised skin condition risk assessments for everyone had been introduced as routine. This was designed to identify anyone at risk of pressure sores.

Is the service effective?

Our findings

Staff told us that the staff team work well together and communication about people was very good. There was a staff supervision and annual appraisal system in place. Staff told us that they had regular six monthly one to one discussions with their line manager and these were helpful and could be arranged more frequently if required. They told us if anyone had any concerns they could raise them with the manager at any time as there was an open and inclusive culture in the service. There were regular staff meetings which were recorded. We observed a daily staff handover where appropriate sharing of information about people occurred.

Staff files included a personal development plan which was designed to capture training undertaken, identified training needs and individual requests for development opportunities. All necessary paperwork regarding training courses attended including where national vocational training (NVQ) two and three had been achieved. One of the newest staff members told us that their induction had been very helpful in getting to know the home and the people living there. We saw a staff training matrix which indicated that all staff had completed training in a range of topics including moving and handling, safeguarding, fire safety and first aid.

Staff they told us that they thought the home provided a very good standard of care. The home operated a key worker system where staff were assigned to oversee the care needs of a particular individual. This method of working ensured continuity of care and that people's needs were met. This was undertaken with the support of another member of staff. Staff fully understood the role and were supported by the team and the registered manager. Staff told us that communication between team members and different shifts was very good. Care plans included a content sheet which was signed as agreed with the involvement of people. We observed positive interactions between people and staff in the home throughout the course of the inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. Training records showed that all staff had received MCA training which included understanding of consent, mental

capacity and DoLS. Staff we spoke with understood the principles of the act and provided examples of how they assessed people's capacity on a daily basis with everyday decisions. We saw that every person's capacity had been more formally assessed in relation to specific individual needs. For example one person wanted to go out unescorted. The deprivation of liberty had been authorised as it was not felt to be in this person's best interest to go out alone. We saw that there was relevant documentation in relation to Court of Protection and Lasting Power of Attorney (LPOA) in place.

Staff told us that the people in the home were very much involved with making decisions about what foods to eat. One person told us that "the food is very nice and plentiful", another said that she "would like more fish". We saw that everyone was provided with drinks throughout the day and these were topped up when required. A meal planning menu was clearly displayed. The food preparation arrangements within the home were subject to a recent food safety inspection which was conducted on 3rd October 2014 where a five star (maximum) rating was awarded. The report recommended an upgrade to the kitchen cupboards. This was being budgeted for and quotes for the work were being sought. The service was able to cater for a range of dietary needs and were accommodating one blended and one diabetic diet. An outside catering provider was being used to supply the main meals of the day which was supported and supplemented by the cook with fresh vegetables, homemade cakes and alternative food choices. Food and drink preferences for individuals were recorded in the kitchen. We saw documentation which recorded the meals that were prepared. We saw that opened food in the fridge was labelled with use by dates. People's weights were recorded and audited on a regular basis. Documentation was accurate and up-to-date.

The home was a large domestic dwelling which was homely in style and met the needs of the current people living there. The house was well maintained, clean and comfortable. We were shown the bedrooms by some of the occupants and we saw that they were personalised with a range of pictures, furniture and equipment and clearly reflected people's interests and hobbies. We saw that the laundry area was well organised and we were made aware that a plan for refurbishment of the facilities was in place. A programme of renewal and replacement was available and quotes for new blinds in the conservatory were being

Is the service effective?

sought. Five bedrooms and the dining room and stair way had recently been decorated. Curtains were washed

regularly. The maintenance man worked 20 hours per week and addressed all issues identified by people and staff. He was also responsible for maintaining the homes twelve wheelchairs.

Is the service caring?

Our findings

People indicated that they liked living in the home. One person told us: "I like my room, its private". People said they were happy and content with the home. One person said "everyone is lovely here. (name) is hardworking and cheerful. A real asset". One person said that she doesn't always understand what the foreign carers are saying because of their accents. The atmosphere in the home was observed as calm and homely with staff attending to people's needs quietly and efficiently.

There were periodic residents meetings where people could discuss issues or suggest changes. The aims of the meeting were to promote enjoyment and to maximise communication and participation. There was a dedicated activity organiser for the home who worked four days per week. Staff told us they were always mindful of activities that people might like to participate in and they understood the importance of promoting independence.

People were encouraged to be as independent as they were able to be. Care plans noted how much people could

do for themselves and were clear about the level of encouragement or support they needed in specific areas of care. We spoke with staff and found they knew people's preferences and needs very well. They told us about what people liked and disliked and this information was reflected in people's individual records.

The service helped people to maintain relationships with family and friends. Relatives and/or advocates were welcomed to the home and there were no restrictions on times or lengths of visits. Staff were very knowledgeable about the needs of people and had developed good relationships with them. Staff interacted positively with people at all times. People were encouraged to voice their opinions and participate in discussions about daily events. Staff treated people with respect and dignity when interacting with them and when referring to them in discussions.

Work had been undertaken to determine preferences in relation to end of life care. Relatives and advocates had been contacted to ascertain their views and a programme to provide the necessary instructions had commenced.

Is the service responsive?

Our findings

Care plans included information relevant to the individual in relation to the environment, food and nutrition, activities and accessing the community and arrangements for personal money management. They contained detailed information and staff said they were extremely useful and were referred to frequently. The plans included a Map of Life which provided information about individual preferences, personal history and hobbies and interests. Staff told us that a fuller life story book was in the process of being completed for people. This was so that the home could respond more effectively to individuals preferences, past interests and life experiences.

Each person had a documented assessment of their needs for daily living and this included information about their preferred routines. The personal care section recorded in detail what individuals preferred in relation to face wash/bath/teeth/cream/watch or whether jewellery was to be removed. People's dietary needs and preferences were responded to. The cook asked everyone each morning what their main meal preference was for the day. Each person could choose to eat at the two dining tables if they wanted to. Some people chose to eat in their preferred chairs whilst a small number of others ate in their rooms. Throughout the course of the inspection people were seen to have their needs and requests for assistance met without undue delay.

People and staff told us that everyone was given a choice about bed times. This was mostly confirmed by people we spoke with. However, one person did say "I don't want to go to bed too early; 8pm would be ok." Staff told us that they have time for chats with people which were

considered an important part of daily life. End of life care had been considered and full involvement of relevant people was being pursued. Staff knew what Do Not Attempt Resuscitation (DNAR) procedures were for and could explain what needed to be done in such an event. We saw that regular reviews of the care plan were undertaken and formal reviews which included relatives and local authority commissioners where appropriate were held at least annually. Daily reports were usually completed at end of shift.

People were supported to receive regular check-ups with GP's, dentists and other health care professionals when needed. Referrals to health professionals were undertaken when appropriate and without delay. Staff told us that the service benefitted from a positive relationship with district nurses. Appointments and the outcomes of consultations were recorded.

The home had an activities co-ordinator who worked four days per week. People were provided with many opportunities to undertake activities both within and outside the home. During the course of the inspection seven people went out to a garden centre to see the plants and visit the cafe.

The local district nursing team were very complementary about the home and the quality of care provided. Nursing staff told us that the care team were skilled and competent at managing people with complex needs and work in partnership with health care professionals extremely well. Other professionals told us that referrals were only made when absolutely necessary and there was a high level of confidence in the managers and staff's ability to meet people's wide ranging needs.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post and there had been no changes to the manager since the service registered with the Care Quality Commission (CQC) in November 2010.

The registered Manager told us that they were well supported by the regional manager. Staff told us that there was an open culture within the home. The registered manager was described as very approachable and really helpful. One staff member said “she is lovely, like a mum and so good with the residents”. The manager told us that they felt well supported by the regional manager who was the proprietor of the home. Staff told that the manager was responsive to queries and concerns both from residents and staff. They said that they had opportunities to say how the service could be improved and/or raise concerns during one to one meetings and at staff meetings. They told us they could raise anything at any time with her and she was always willing to share knowledge and advice.

The registered manager took responsibility for the overall day to day running of the home. This included conducting

periodic management audits. This covered care plans, health and safety, medication procedures, accidents and equipment and was designed to ensure that information was relevant and up to date and that actions from all checks were acted upon. In addition she was responsible for planning the staffing of the home and supervising all staff working at the home. The manager undertook periodic night time spot checks and worked occasional shifts and weekends in order to obtain an overview of how the service ran outside of normal working hours.

The provider visited the home regularly to monitor the quality of care and the general operation of the service. A provider audit had been undertaken and a report was seen dated 25 February 2014. An action plan had been put into place and most of the items had been addressed. The manager had authority for replacing general pieces of equipment such as walking aids and commodes and general redecoration and maintenance. It was noted at the time of the inspection all windows were being cleaned and the garden was being tended to by outside contractors. Larger expenditure such as refurbishment of the kitchen/laundry was authorised by the proprietor.