

Progress Adult Residential Services LLP

Nightingale House

Inspection report

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16 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 October 2018 and was unannounced. We returned on 16 October 2018 announced.

The overall rating for the service awarded at the previous inspection which took place on 12 September 2017 was 'Requires Improvement'. The provider was not meeting one of the regulations that we checked and was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to take action to make improvements to promote people's safety and to improve systems and processes to monitor the quality of the service. The provider submitted an action plan outlining their plan for improvements.

At this inspection we found further improvements were still required. This is the second consecutive time the service has been rated 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

Nightingale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nightingale House accommodates up to 12. The service specialises in caring for children and young adults with complex health needs and acquired brain injury, including learning disabilities or autistic spectrum disorder and sensory impairment. Nightingale House provides eight long term beds and 4 short term beds. At the time of our visit three people were living at Nightingale House. In addition to this one person was at the service for respite. People using the service at the time of the inspection were 19 years of age and above.

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.

We found that safeguarding concerns were not always being reported to the local authority safeguarding team. This did not ensure people were protected from the risk of abuse and avoidable harm. Staff did not always seek medical support where there had been an incident involving a person using the service.

The providers quality monitoring systems required further improvements as they had not identified issues that were found at this inspection. Personal information was not stored securely. Risk assessments were not always updated following incidents.

People were supported in a safe way to take their prescribed medicine. At the time of the inspection visit

there were sufficient staff on shift. However staffing levels needed to be kept under review as the number of people using the service increased including both long term and short stays.

Relatives felt their family members were safe with the support provided by staff.

Recruitment procedures ensured prospective staff were suitable to support people who were using the service.

Staff had received training in infection control and were provided with personal protective equipment to use when carrying out care and support tasks.

People's representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way.

People were supported to receive a balanced diet that met their preferences and assessed needs. People accessed healthcare services received coordinated support to ensure their preferences needs were met.

Relatives told us that staff treated their family members in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

People were supported to maintain their interests and be part of their local community.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. Relatives knew how to make a complaint and felt that following the changes in management appropriate action would be taken to address their concerns.

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We found a continued breach 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 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 not consistently safe.

On one occasion an incident had not been reported to the local authority safeguarding team. Risks to people's health and welfare were not always fully assessed or updated. People were supported to take their medicines, however, 'as required' medicines protocols were not always in place. Recruitment procedures were robust to ensure staff were suitable to work with people. Staffing levels to be kept under review to ensure there are adequate staff number on shift to support people safely. People were protected against the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training and ongoing support to enable them to work effectively. People were supported to maintain their nutrition, health and well-being where required.

Good ●

Is the service caring?

The service was caring.

People were treated as individuals. People's rights to privacy and dignity was respected. People were supported to maintain relationships with people that were important to them.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care and support that was responsive to their needs. People were supported to pursue interests and hobbies which were important to them. Relatives felt able to raise a concern or complaint and were confident it would be acted on.

Good ●

Is the service well-led?

The service was not consistently well led

Requires Improvement ●

The providers quality monitoring systems required further improvements. There was a registered manager in post. People using the service, relatives and staff told us that the current management team were supportive and approachable.

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.

We inspected Nightingale House on 15 October 2018 and the visit was unannounced. The first day of the inspection was carried out by one Inspector and a Specialist Advisor (the Specialist Advisor had experience working and caring for people with complex health needs and learning disabilities). We returned to complete our inspection on 16 October 2018 which was announced, with one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had 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 received feedback from the local authority who commission services from the provider. We used all of this information to plan our inspection.

During the inspection visit we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with two care staff, team leader, deputy manager, registered manager and the regional operations manager.

Following the inspection visit we spoke with two people's relatives via telephone. We contacted two health and social care professionals by e-mail requesting feedback about the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

Records showed there had been an incident whilst a person was using the service. Following the second incident, the person was moved to another room to reduce any further incidents. However we found the incident had not been referred to the local authority safeguarding team and medical advice was not sought at the time the incident. After this had been pointed out by the Inspector, following the inspection visit the registered manager submitted confirmation a referral had been made to the local authority safeguarding team. This issue was discussed with the regional operations manager, who explained that the incident would be looked into. Also at the next staff meeting management will discuss with staff what action to take following an incident or an accident and reinforcing the importance of seeking medical advice.

We found the reviewing and monitoring of accidents and incidents was not always effective in ensuring suitable action was taken as needed. For example, on one occasion following the incident described above appropriate measures had not been put into place to reduce the risk of any similar incidents. We discussed this with the regional operations manager who confirmed that with immediate effect all incidents will be reviewed by the deputy manager and registered manager before being signed off. Following the inspection visit the registered manager provided further confirmation that after any incidents care plans would be updated and reviewed by the management team.

Staff we spoke with understood the support people required to reduce the risk of avoidable harm. They knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had the equipment they needed to assist people. We found one person's risk assessments was not detailed, it contained no detail on what action staff were required to follow if the person was choking or having a seizure. For another person their risk assessment had not been updated following an incident. This demonstrated that the provider did not always ensure they acted effectively to minimise risk.

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. A staff member said, "If there were any safeguarding concerns I would report them to the registered manager. If I felt they were not being addressed I would contact the regional operations manager or social services."

At our previous inspection on 12 September 2017 we found the management of medicines did not always provide assurance that people's medicines were stored safely. Also, not all staff who administered medication had undertaken medication training.

At this inspection we found that improvements had been made, but further improvements were needed. We found the management of medicines provided assurance that people's medicines were stored safely. Medicine administration records were completed correctly and the stock balance of people's medicines were correct. Medicines fridge temperatures and room temperatures were taken daily to ensure medicine were stored at the correct temperature to remain effective.

People at the home were not able to administer their own medicines and all medicines were looked after and administered by staff. Records showed staff responsible for administering medicines had been trained to administer medicines. This was confirmed by staff we spoke with.

We saw the guidance known as PRN protocols was not always available for staff to ensure people had 'as required' medicines when needed. For example, there was no PRN protocol for one person who was prescribed a particular medicine. This information is required to ensure people are given their medicines when they need them and in way that is both safe and consistent.

Relatives told us they felt their family members were safe with the support provided by staff. They also told us there were enough staff to support their family members safely. A relative said, "I think the staff are doing an amazing job, my family member is safe." Another relative said, "Yes there are enough staff. My family member is safe as they receive the one to one support they need to keep them safe."

Staff told us staffing levels were generally sufficient to meet people's needs, but felt more staff were required when people came in for short stays. Comments from staff relating to staffing included, "At the moment all the shifts are being covered by current staff and we have been using regular agency staff", "Staffing levels are mostly okay; however, we could do with more staff if we have someone in for respite" and "There are enough staff, but at the weekend when we have more people in for respite we could do with more staff."

The registered manager told us staffing levels were determined in accordance to people's individual needs, which were set up by the commissioning authorities. The provider had recruited two staff members and were waiting for pre-employment checks to be completed before they could commence employment. In the interim the registered manager explained that they tried to use regular agency staff, to ensure continuity of care. Staffing levels would need to be kept under review as the number of people using the service increases to ensure people's needs can be met safely.

People were protected from the risk of being supported by unsuitable staff. Staff recruitment files we looked at showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us they were unable to start work until all the required checks had been completed.

We saw personal emergency evacuation plans (PEEPs) were in place. PEEPs provide information on the support people would require in the event they needed to leave the premises safely in an emergency. However, PEEPs were not detailed and did not provide information about the level of support people required in an emergency. We discussed this with the registered manager who confirmed that all the PEEPs would be reviewed immediately.

There were systems and procedures in place to protect people from the risk of infections and to maintain the home environment. Nightingale House was clean and tidy. Relatives we spoke with had no concerns about the environment, they confirmed when they visited the home it was clean. Staff undertook relevant training to ensure they kept people safe from the risk of infection. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Staff said that they had undertaken health and safety training. The provider's food hygiene rating by the food standards agency 8 May 2018 was five stars. The food standards agency is responsible for protecting public health in relation to food.

Is the service effective?

Our findings

At the previous inspection in 12 September 2017, we received mixed feedback from staff on the induction and training they had received.

At this inspection visit staff were positive about the training received. Staff were provided with training and support ensuring they had the required skills and knowledge to meet people's needs effectively. One staff member said, "The training I have received here has been very thorough, it's the best training I have had. The training covered various area's such as medication administration and epilepsy." Another staff member said, "I have done a lot of training here, which has been useful in supporting the people at Nightingale House. All the staff we spoke with confirmed the training they received the training they needed to enable them to meet people's diverse needs. Training records showed that some staff had either completed their training, whilst others were currently undertaken training in some area's or were booked onto it. However, one staff member, told us they did not feel confident in using the 'evacuation chair', due to people's complex needs. An evacuation chair is used for the safe removal of people who have limited mobility in an event of an emergency evacuation. We discussed this with the registered manager who confirmed that training in this area will be arranged. Following the inspection visit the registered manager confirmed that fire safety training had been booked for November 2018 which will include practical sessions on the use of the evacuation chairs.

The registered manager confirmed that the training programme had been updated by the providers training department who have agreed that all new and existing staff were to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff we spoke with said they had regular training, supervision and support to carry out their duties. They told us they felt the management were supportive. One staff member said, "I feel very supported by the registered manager, since the manager took over I enjoy working here." Another staff member stated, "The manager is on the ball and very helpful."

People's needs had been assessed before they moved into the service, to ensure their needs could be met. Assessments took into account and reflected people's daily needs and preference. They included information regarding people's physical and social care needs. Information about people's histories, preferences, choices, and likes and dislikes was included, to ensure staff were aware of people's preferences. Staff we spoke with understood the needs of people they supported.

Relatives we spoke with felt staff supported their family members well. A relative said, "I have confidence in the staff, if there are any issues they communicate quite well with me." Feedback from professionals we contacted was that they had seen improvements in the staff group. A health and social care professional said, "Some parents felt their family members did not receive effective care, from the previous staff team. I do feel staff are now doing the best for the clients and communication has improved overall."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that all the people that used the service lacked the capacity to make some decisions. We saw assessments were in place where decisions were taken in people's best interests such as support required whilst accessing the local community. One person was able to make some decisions independently such as what they wished to wear. Staff understood the importance of gaining consent before care and support was provided. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. All the people that used the service had restrictions placed on them as they needed support for their safety.

At the time of our inspection one person had an DoLS authorisation which had been approved. We identified that this person's DoLS authorisation was subject to conditions, which were being met by the provider. A further two DoLS application had been made, which the provider was awaiting a decision from the authorising body.

People were supported to have enough to eat, drink and maintain a balanced diet taking into account individual needs. Peoples care records contained information about their nutritional requirements and their preferences. However, one person's malnutrition universal screening tool (MUST) had not been completed. MUST is used to identify if a person was underweight and at risk of malnutrition. This did not provide assurance that this person's nutritional needs were being monitored effectively.

Staff we spoke with were aware of any specialist diets people required. We noted two people received nutritional intake via percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a patient's stomach when oral intake is not possible. Training records showed that staff who supported people with PEG's had received the relevant training to support people with the administration of their feed and medication. Staff we spoke with confirmed that they had undertaken training in this area.

People were supported with their health care needs. The care records we saw contained information about visits and advice from healthcare professionals. For example, people had been seen by GP and physiotherapists. We saw people were supported to attend regular appointments to get their health checked. Where people were unable to attend appointments, we saw arrangements had been made for home visits to be made. For example, on day one of the inspection visit a person was not feeling very well, staff contacted the GP practice. A nurse practitioner visited the person at the service later in the day.

Hospital passports, where in place so that if a person was admitted to hospital the relevant information about the person was shared. This included information about the person's method of communication and the level of support they required. A person had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in place, which had been signed by the appropriate health care professional. However there

was no reference in the hospital passport about the DNACPR. Following the inspection visit the registered manager confirmed that whilst the DNACPR was not directly referenced in the hospital passport, a printed copy of the DNACPR was kept with the medication administration documents and a copy would accompany the person to hospital.

Accommodation was across two floors, there was a lift to enable people to access other floors. Corridors were wide allowing easy wheelchair access. There was space available if people wanted to spend quiet time or talk privately with their visitors. There was a sensory garden which was accessible for people with limited mobility. We saw that people's bedrooms were personalised.

Is the service caring?

Our findings

We saw staff were kind and caring to people when they were supporting them. Observations and discussions with staff showed that they knew about people's needs and preferences. Staff were polite and respectful when speaking with people. We saw interactions between staff and people were warm and compassionate. A relative stated, "The staff are kind and caring." Another relative said, "I am happy with the care [person] receives, the staff are caring and [person] likes going to Nightingale House and is happy there."

People's methods of communication were recorded in their care plans, this included body language and facial expressions. For example, one person's records showed that they were involved in decision making by their facial expressions and sounds to make small decisions. This includes holding up two options and see which one the person focused on longer. Staff communicated with people effectively and used different ways of enhancing communication. A staff member stated, "If [person] is rubbing their stomach this indicates the person is in pain and they would be given pain relief."

Staff were 'dignity champions'. This was a commitment to treating people with respect and dignity. All the staff we spoke with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this such as closing curtains, approaching people quietly, and covering people when they received personal care. A staff member said, "I always knock on the person's bedroom door before entering and make sure I cover the person with a towel when carrying out personal care." A relative said, "Whenever I have visited the home, staff have been respectful towards people and when supporting [person] with personal care they are supported in their bedroom." Another relative told us, "The staff always encourage [person] to be independent and don't take over." This demonstrated staff respected people's right to privacy.

People were treated as individuals and staff were respectful of people's preferred needs. For example, one person's care plan stated that their preference was to be supported by at least one female carer with personal care. Staff we spoke with confirmed this. Staff supported people with making choices and respecting how people chose to spend their time.

Relatives confirmed they had not experienced any restrictions on visiting hours. Care records we looked at showed that people were supported to maintain relationships which were important to them. For example, one person was supported by staff to video call their relative regularly. Relatives we spoke with confirmed that they were able to visit when they wished. A relative said, "There are no restrictions on visiting. My family member has visited me with the support of staff."

We saw there was information available at the service regarding local advocacy services. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. The registered manager told us they would provide people with information about how to access advocacy services if required. There was one person who was receiving support from an advocate. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Is the service responsive?

Our findings

At the last inspection visit on 12 September 2017 we did not observe people being involved in any daily living tasks. At this inspection we found there had been improvements in this area. People were supported to take part in activities, both within the service and outside. Activity plans were in place showing how people spent their time. People were observed watching a movie with staff in the sensory room. A sensory room is an interactive space with special lighting and sounds, which doubled up as a cinema room. We also saw some people in the kitchen whilst staff were preparing the evening meal. One person went to a sensory interactive session which they attended twice a week. Another person's records showed they attended college three times a week. Staff had access to transport to help enable people to access the local facilities. One person had their own transport which staff used to take the person out or to attend appointments.

Staff we spoke with demonstrated that they understood people's needs. Staff were able to tell us about people's individual needs and preferences. For example, during lunch a person did not want to eat their meal and the staff member was able to tell this due to the person's body language. Health and social care professional's stated, "I feel [person's] needs are being adequately met. They appeared settled and happy within the home environment when I visited" and "Nightingale House are doing well to support and care for their clients."

Relatives told us they were involved in the development of the care plan. A relative said, "I was involved in the care plan process and was also able to visit the home before [person] started using the service."

Staff understood the importance of respecting people's rights and supported them to follow their culturally and religious needs. For example, one person was being supported to attend a place of worship in accordance with their culturally and religious needs. A staff member said, "On a Sunday two staff support [person] to attend a place of worship." Staff had received training in equality and diversity and told us they treated everyone equally.

We checked if the provider was following the Accessible Information Standard (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

Care records we looked at included information about people's communication needs. Staff told us they adapted the way they communicated with people in order to ensure where possible they understood the information. One person had a Picture Exchange Communication System (PECS) in place. PECS allows people with little or no communication abilities to communicate using pictures. The person used the PECS board when they wanted to. The registered manager told us that information would be provided in different formats on an individual basis such as providing information in large print and pictorial format. We saw that a pictorial menu was being developed.

Systems were in place to manage complaints; a complaints procedure was in place. Relatives felt able to

raise any concerns they may have and confirmed they had not concerns since the change in management and staffing. A relative stated, "At the very beginning I had concerns. I felt management listened to me but did not hear me. However, since the change in management I have had no concerns, the home is now running fantastically and the current manager is good."

A health and social care professional told us that in the past relatives had raised concerns about not being listened to, which related to the previous staff group. They now felt that things had improved a lot since the changeover of staff. The health and social care professional also stated that they raised an issue with the registered manager recently about not being notified of appointments by staff, involving people they supported. They felt this has now been improved after discussion with the registered manager. The registered manager confirmed any concerns or complaints were taken seriously and addressed immediately. The provider had received no complaints about the service over the previous 12 months.

At the time of this inspection the provider was not providing end of life care to anyone that used the service.

Is the service well-led?

Our findings

At our previous inspection visit on 12 September 2017 we identified that improvements were needed with the providers management systems to monitor and improve the quality and safety of the service.

At this inspection we found some improvements had been made in some areas we had previously identified as concerns. However, further areas need improving. Risk assessments were not always detailed or updated to ensure any identified risk were managed effectively. The quality assurance systems had not identified that following an incident involving a person using the service, medical input had not been sought by staff.

After the inspection we received confirmation from the local authority that the incident mentioned previously under 'Safe' had been referred to the local authority safeguarding team. This referral was only made by the registered manager after being identified at the inspection visit by the inspection team.

We also found it was not easy to locate information in files as they contained lots of information. Internal care records audits were not always effective as they had not picked up that some documentation was incomplete and that there was no reference of the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in one person's hospital passport.

The provider was not fully aware of their responsibility in keeping personal information confidential. People's confidential records were not kept securely, the cabinet was not locked and the office door was also not locked. We saw that some personal information relating to staff was kept in the staff room in a locker, which had a coded lock. This meant that confidential information was not being stored in compliance with the General Data Protection Regulation which states how personal information should be managed. We discussed this with the registered manager, who confirmed that the provider was in the process of moving across to electronic records. This included having an electronic care planning system, access to the computers would be password protected. However, until this system is implemented the provider must take action to ensure personal information is kept securely.

These were continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit the provider informed us that the cupboard which contained care records now had a new lock and was kept locked and that the provider now has a lockable filing cabinet in the office to store information relating to staff.

At our previous inspection visit we were unable to look at the arrangements in place to monitor the quality of the service, as the management team were unable to access this in the absence of the registered manager. At this inspection we found the provider had measures in place to monitor the quality of the service and drive improvement. Quarterly audits were carried out by the providers quality and compliance officer, these looked at a range of area's such as health and safety and care plans. Where issues were identified actions were put into place. In addition to this an independent consultant on behalf of the

provider carried out monthly audits. In the recent audit September 2018 some areas for improvement were identified for example handover records were not always completed. The action planned was to discuss this at the next staff meeting providing staff with direction given about what needed to be completed on the form.

In addition to this an independent consultant on behalf of the provider carried out monthly audits. In the recent audit September 2018 some areas for improvement were identified for example handover records were not always completed. The action planned was to discuss this at the next staff meeting providing staff with direction given about what needed to be completed on the form.

The registered manager confirmed that questionnaires had recently been sent out to relatives of people using the service, staff and stakeholders. The questionnaires will be returned to the provider's head office by 5 November 2018, who review the feedback. Any improvements identified would be shared with the registered manager to address.

Since our last inspection there was a new registered manager at Nightingale House. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the regional operations manager, deputy manager and care staff. Staff members told us that the registered manager was supportive and approachable. Comments included, "It is a lot better with the new manager who listens, things are more structured" and "Following the changes in management, Nightingale House is 100% a better place to work at."

Relatives we spoke with were complimentary about the management of the service. A relative said, "Since the current manager has been in post, things are running smoothly. Initially I was worried about the changes, however the manager is running the home well. I am happy with the care [person] continues to receive." Another relative said, "The home has changed a lot I would say for the better. It seems like a more calm and happy place." Health and social care professionals felt things had improved following the changes in management.

Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns or escalate their concerns. Whistle blowing is the process for staff to raise concerns about poor practices.

At the last inspection the provider's maintenance arrangements were not adequate. The service now had a contract with a local maintenance company, which ensured any maintenance jobs were completed in a timely manner. Staff we spoke with also commented that maintenance arrangements had improved.

The provider had arrangements in place to monitor the safety of the premises and maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and passenger lift servicing.

The registered manager was committed to improving the service provided at Nightingale House. They had recognised improvements were required in some areas and had implemented an improvement plan.

Following the last inspection visit management from Nightingale House had worked closely with the local authority to drive improvements at the service. The local authority carried out a quality monitoring visit during August and September 2018, overall the feedback was positive.

The registered manager had reported significant events to us, such as incidents, events and any changes in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC

inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided.</p>