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Nightingale House 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

Summary of findings

Overall summary

We inspected Nightingale House Care Home on 13 June 2016 and the inspection was unannounced.

Nightingale House Care Home is a care home without nursing providing accommodation and personal care for up to 21 older people, including people with dementia. The premises are in the form of a large residential home with ordinary domestic facilities. At the time of inspection there were 18 people living in the home.

The home was managed by a manager who had applied to the Care Quality Commission (CQC) to be registered. 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.

At the last inspection, carried out on 2 March 2015 we found that people were not adequately protected against receiving care or treatment that was inappropriate or unsafe because their needs and preferences had not been taken into account. We also found that the registered manager had not put in place safe moving and handling training for staff and did not have adequate systems to monitor and assess the quality of the service or to have regard to the views of people living in the home.

We asked the provider to submit an action plan detailing the improvements to be made. These actions have been completed and on this inspection we found that the relevant requirements were being met.

People's feedback about the safety of the service described it as good and that they felt safe. People were safe because the service had provided training to staff and had systems in place to protect them from bullying, harassment, avoidable harm and potential abuse.

Staff protected people's dignity and rights through their interaction with people and by following the policies and procedures of the service Feedback from people was that staff were caring in their attitude and responsive to people's needs. A caring attitude was observed during the inspection and personalised care, dignity and respect formed part of staff training.

There was a structure and system in place for regular staff supervision and each member of staff had a training record which was relevant to their role.

The service managed the control and prevention of infection well. Staff followed correct policies and procedures and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. Medicines were well managed, with staff displaying a sound understanding of the medicines administration systems, recording and auditing systems.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were

understood by the manager and acted on appropriately.

People at risk of poor nutrition and dehydration were sufficiently monitored and encouraged to eat and drink. The quality of the food was good, with people getting the support they needed and the choice that they liked.

Care, treatment and support plans were seen as fundamental to providing good person centred care. Care planning was focussed upon the person's whole life, including their goals, skills, abilities and support needs.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service or in the community and encouraged them to maintain hobbies and interests. This was supported by policies and procedures which emphasised the rights of people which enabled staff to work in a person-centred way.

People and relatives described the responsiveness of the service as good. People received personalised care, treatment and support and were involved in identifying their needs, choices and preferences and how they are met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

Improvements had been made to quality assurance systems to ensure that people's views were sought and that quality audits take account of the experience of people living at the home. Records and personal information were kept in a secure and confidential manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. Staff had received appropriate training in safeguarding people and were knowledgeable about how to report any concerns.

Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.

The service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs, with planned staff rotas and clear descriptions of staff duties each day.

People's medicines were managed so that they received them safely. Staff were trained in the handling, management and administration of medicines.

Is the service effective?

Good

The service was effective. People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received support and training which enabled them to care and support people effectively.

People's consent to care and treatment was always sought in line with legislation and guidance. Decisions made on behalf of people that did not have the capacity to consent were made in their best interests. Staff showed a good understanding of the Mental capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough and maintain a balanced diet. People's individual support needs were taken into account and their preferences were respected and menus planned in advance.

People were supported to maintain good health, have access to

healthcare services and receive ongoing healthcare support, which was provided by both community and specialist services, where required.

Is the service caring?

Good

The service was caring. People were supported by staff who had developed positive caring relationships with them and who supported them maintain their connections with families.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. This was achieved through the use of information contained in care plans and assessments and through staff using their knowledge of individual people's communication styles.

People's privacy and dignity were respected and promoted through staff ensuring that people had personal space, their rooms were personalised and their belongings looked after securely.

Is the service responsive?

Good

The service was responsive. People received personalised care which was responsive to their needs. People were supported to have care plans that reflected how they would like to receive their care, treatment and support. These included their personal history and individual preferences.

People had control over their lives and were supported to follow a range of interests according to their preference. The service used a variety of approaches to listen and learn from people's experiences, concerns and complaints using feedback collected through external assessors and through information shared at staff handover sessions.

Concerns were followed up promptly and outcomes recorded.

Is the service well-led?

Good

The service was well-led. The registered provider and registered manager were visible on a daily basis at the home and were actively involved in ensuring that the home was led by example and regularly monitored.

The registered manager had developed a culture which promoted openness and transparency for staff and a person-centred and inclusive environment for people who lived in the home.

The provider had improved on the use of quality audits, both internal and external, and through seeking regular feedback from people and relatives. Records were held in a secure and confidential manner.	

Nightingale House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 June 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection, the provider 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 reviewed the information we had on the service, including past reports. We also looked at notifications and correspondence received from or about the service.

During the inspection we spoke with six people living at Nightingale House Care Home, five visitors, three care staff, the manager and director. We also spoke with a local community nurse who was visiting one person using the service.

We looked at five care plans, five staff files, policies and procedures of the home, staff training records and medicines records. We observed the interaction between people and staff and looked at how people spent their day. We tracked the care provided to people through their care records and other documents which specified care or activities that people were engaged in.

Good

Is the service safe?

Our findings

At the previous inspection in March 2015 we had found that some people did not feel safe when staff were moving or lifting them using hoists and records in the home did not make explicit reference to hoist training. We had asked the provider to send us an action plan setting out the improvements that would be made.

The action plan outlined an improved staff training programme which included the use of hoists. During the inspection of 13 June 2016 we saw evidence that this had been implemented and was working and that the standard was met. The registered provider had ensured that staff knew how to use the hoists in the home. This had a positive impact on people, as they were able to feel safe and secure during times they were being moved.

People told us they felt safe in the home. One person said, "The staff are very good. They treat you kindly and make you feel reassured." A relative told us, "I have never had any cause to feel worried about [my relative]."

Staff training records showed that staff had received training in People Handling and Health and Safety. Care plans described how each person preferred to be assisted.

During our visit we saw that staff observed safe working practices with regard to moving and handling, ensuring there were no hazards in the home and in administering medicines. Staff told us, and training records confirmed, that they had received safeguarding training as well as other training which kept people safe, such as moving and handling, food hygiene and infection control. In the past 12 months there had been one safeguarding concern which had been resolved with the local authority.

We looked at the home's policies and procedures regarding safety and found that safeguarding policies were in place. Staff had also received training in Equality and Diversity which raised awareness of different cultures and faiths and emphasised people's dignity.

Risks to people's safety were managed well so that people were protected and their freedom supported and respected. Staff had received training on how to assess risks and we saw that people's care plans included risk assessments. These included risks associated with falls, nutrition, weight loss and behaviour. Other risk assessments included continence, social and
psychological care.

Accidents and incidents were recorded and appropriately signed by the manager or senior staff on duty in accordance with the procedures. The Care Quality Commission (CQC) had received notifications of accidents and incidents in the home, in accordance with the requirements of regulations. There had been two notifications made in the previous 12 months.

There were no unnecessary restrictions on people's freedom to come and go or to move around the home as they pleased, although the nature of many people's conditions meant that they relied on staff to assist

them.

The staffing levels in the home were sufficient to meet the needs of people and ensure their safety. There were three care staff on duty at each shift, with the manager, domestic and catering staff as additional support. At night there were one waking and one sleeping-in staff.

Staff files all showed evidence of criminal checks through the Disclosure and Barring Service (DBS), photo ID, application form and previous employment history. References had been followed up. There were policies and procedures in place relating to staff and their work and conduct.

We checked the medicines trolleys and the medicines administration record (MAR) charts. All blister packs were aligned as per the MAR charts. Staff had a good knowledge of the safety issues behind medicines and they were able to explain procedures confidently and expertly.

The service managed the control and prevention of infection appropriately. Staff followed policies and procedures and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

Good

Is the service effective?

Our findings

People were cared for by staff who knew and understood their needs. One person told us, "The staff understand what I need and try to help." A relative said, "the care staff got to know [my relative] quite quickly and helped them settle in."

The policies, procedures and ethos of the home all expressed the aim of supporting people to live the life they chose and to be as independent as they wished. The home had a statement of purpose which emphasised people's rights.

Care plans contained details of people's support needs and preferences which had been identified through assessment. Assessments included people's abilities such as mobility and communication and identified which other care services people may need, for example, community nursing, dentist or pressure ulcer care. People's care plans were monitored monthly and any changes to people's support needs were logged and discussed with staff.

A community nurse was present in the home during the inspection and confirmed that there was a positive working relationship with the home with good communication between services. They said, "I am able to monitor people's health, including pressure sores and the home alerts us if they have any concerns."

People's assessed needs were being met by staff with the necessary skills and knowledge. We talked to staff and looked at staff records which confirmed that induction training took place for new starters, and this training included becoming familiar with people's history and support needs as well as the policies and procedures of the home.

In addition to induction training, staff received training in basic mandatory areas of care, including safeguarding, people handling, the Mental Capacity Act (MCA), health and safety, food hygiene, infection control, equality and diversity, dementia awareness, nutrition and end-of-life care support. We were able to see a training plan covering these topics spread over a 12 month period.

This was further supported by a programme of individual staff supervision and appraisal. Staff told us they felt supported. One staff member told us, "The new manager has got to know everyone very well and I feel I could go to her for help." Staff said that they had received supervision meetings and records we looked at contained supervision and appraisal meetings with staff.

Consent to care and treatment was always sought in line with legislation and guidance. The manager and staff confirmed that they had an understanding of the Mental Capacity Act.

The Mental Capacity Act 2005 (MCA) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and

knew how it applied to people in their care. People who lacked capacity to make decisions were protected by staff who were aware of the requirements of the MCA and who were able to explain how they supported people to make their own decisions or otherwise act in their best interests.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. We saw that five applications had been made by the home and appropriate documentation was held in people's records.

There was a balanced diet and choice of food at mealtimes and we observed the lunchtime routine and talked with people during lunch. People told us that the food was good. One person said, "The meals are always good and plenty of it." A relative told us that the home had checked whether their relative had any dietary needs because of religious or cultural reasons. We saw that people were offered the choice of eating in their rooms or in the main dining area.

Staff supported people to maintain good health. People were registered with a GP and were offered annual health checks. Staff supported people to attend appointments with their GP, hospital consultants, dentists, skin care specialists or other healthcare professionals.

People told us they felt able to see a doctor whenever they wanted and we saw that the home kept records of other professionals' visits to people.

Good

Is the service caring?

Our findings

People told us staff were kind. One person told us, "The staff are lovely." Another said, "They are always trying to get you involved in doing something. Whether it's singing, or bingo, or going on a trip. They always try to cheer you up."

Relatives spoke positively about the attitude of the staff. One relative said, "I turn up at various times of the week, or different times of the day. No matter when I turn up they make you feel welcome."

We saw that the staff had received training in person-centred care and that the home's policies and procedures placed importance on dignity and respect. Care plans and other records which referred to people used language that was clear, respectful and person centred. Care plans were up to date and reflected the person's current needs and preferences. Each document addressed important areas such as health, mobility, independent living skills and social needs. Recent events including incidents, accidents, hospital admissions and health appointments were documented and we saw appropriate referrals to other healthcare professionals were being made as people's needs changed.

People had their privacy respected, for example when they wished to remain in their room. However, staff were aware of people's support needs and were able to ensure that people were sensitively monitored by carrying out regular checks on rooms.

People were supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. This meant that people felt listened to and could feel in control of their decisions.

Good

Is the service responsive?

Our findings

Staff understood people's needs and how they preferred to be supported. People received personalised care, treatment and support and their care, treatment and support were set out in a written plan that described what staff needed to do to make sure personalised care was provided.

Care plans contained sufficient detail on individual needs which included details of physical and health care needs, social interests, spiritual and cultural preferences. Staff were confident that they understood people's needs and could explain individual requirements and behaviour when asked.

People were able to describe the various hobbies and activities they took part in and spoke positively about the activities and choices in the home. One person told us how their relatives visited regularly. Other people told us how they were able to go out with staff.

People were supported to live in the home as independently as possible, according to their preferences and their views were taken into account with regard to decision making and choices. This was achieved through involvement in assessment and care planning, monthly resident meetings, menu planning and involvement in day to day activities throughout the home.

During the inspection we found that staff were responsive to people's needs. For example, throughout the course of the inspection visit some people became distressed or disorientated. Staff responded quickly and cheerfully, adapted what they were doing to reassure the person.

All residents we spoke with told us they had sufficient opportunity to take part in activities around the home or to go on occasional trips. There was a broad weekly programme of scheduled activities as well as outings from the home to places of interest.

The complaints procedure we looked at differentiated between verbal and written complaints. The stated aim was that complaints were seen as a learning opportunity for staff and hopefully could be resolved at the informal, verbal stage. However, there were clear procedures describing how to make a written complaint if that was what people wished to do.

Informal complaints or concerns were logged in handover notes or daily logs. None of the people we spoke with could recall the detail of making a formal complaint. However, people and visitors told us they felt able to complain and express views if they wanted to. One relative of a person who had recently moved to the home told us, "I haven't had a reason to make any complaint about the home, but if I did I would be happy to talk to the manager and I'm sure she would sort it out."

There were no complaints received within the last 12 months.

Visitors told us that the staff and manager always promoted positive relationships, interacted positively with people and provided hospitality. One relative said, "They are quite hospitable and always arrange for us to

be able to sit in a nice area to chat."

Good

Is the service well-led?

Our findings

At the previous inspection in March 2015 we found that the registered provider needed to put in place adequate systems to monitor and assess the quality of the service or to have regard to the views of people living in the home. We asked the provider to submit an action plan detailing the improvements to be made.

We received an action plan which outlined a programme of improvements with timescales. During the inspection of 13 June 2016 we saw evidence that this had been implemented and was working and that the standard was met. This included monthly audits of the home, monthly residents meetings and renewed participation by the providers in good practice forums such as those provided by the local authority.

There were also six-monthly meetings with relatives and a questionnaire designed to allow people to share their views and experiences.

In addition the provider had arranged for an annual external audit to be carried out, looking at quality in the home, This audit, carried out in January 2016 provided an objective and critical appraisal of the service as a whole, using the CQC standards as a framework. It set out the standard required, described evidence of where the standard was being met or required development and suggested appropriate remedial actions for the service to improve. Topics and issues which were covered included improvements in person centred care planning, staff supervision, complaints procedures, improved management oversight and scrutiny of accidents, health and safety and the provider responsibility under a duty of candour.

The service, in turn, had developed a comprehensive action plan based on this external audit, many areas of which had already been completed while other areas were still being actioned.

People and visitors spoke positively about the new manager, telling us that she was approachable and friendly. They were also able to confirm that the provider visited regularly and several people knew the provider by her first name. A recent survey for relatives had been completed January 2016 and feedback from relatives was positive.

The day to day management and quality assurance approach in the home was based on direct contact with the manager and clear lines of accountability within the staff team. Staff knew their roles and responsibilities within the structure. They also knew how to communicate concerns and had a good understanding of the service's policies and procedures.

The staff of the home also had monthly opportunities to meet as a team. Senior care staff and manager had weekly briefings. The manager was able to demonstrate a good awareness of her responsibilities including the responsibility to register with the Care Quality Commission and to notify them of incidents and accidents. An application to be registered had already been made.

We looked at records kept in the home and found these were well maintained and up to date. The home kept policies and procedures relevant to the service, staff records, medicines records, logs of checks made

to equipment such as radiators in rooms and staff rotas.