

Nightingales Care Limited

# Nightingales Nursing Home

## Inspection report

355a Norbreck Road  
Thornton Cleveleys  
Lancashire  
FY5 1PB

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Date of inspection visit:  
13 August 2019

Date of publication:  
28 August 2019

## 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

### About the service

Nightingales is a care home situated in the residential area of Thornton Cleveleys. The home provides residential and nursing care for 55 people, including people with dementia. The service has two buildings, the main building supports people who require nursing care and people living with dementia. At the time of our inspection there were 50 people who lived at the home.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People told us they felt safe when supported by staff. People were safely supported to receive their medicines as prescribed.

People's needs were assessed, and care and support had been planned proactively and in partnership with them. People were provided with a nutritious and varied diet. Staff had received regular training and supervision to support them to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind, caring, attentive and treated them with respect. They said staff respected their privacy and dignity and supported them to be as independent as possible. The service provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The registered manager managed people's concerns and complaints appropriately and people told us they felt listened to.

The service worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

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

### Rating at last inspection

The last rating for this service was good (published 22 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Nightingales Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Nightingales 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who work with the service and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This helped us to gain a balanced

overview of what people experienced using the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service and ten relatives about their experience of the care provided. We also spoke with 13 staff members including the provider, operations manager, registered manager, two nurses, six care staff, the housekeeper and the cook. We used the 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.

We looked at care records of three people and spoke with staff about their recruitment, training and support they received from management. We also looked at arrangements for meal provision and records relating to the management of the home, and procedures for the administration of medicines. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a very good understanding of what to do to make sure people were protected from harm.
- People told us they received safe care and had no concerns about their safety. One person said, "The staff make me feel safe as they look after me." People visiting the home told us they had no concerns about their relatives safety. One person said, "I have no concerns about [relatives] care. They always have two carers when moving [relative] and they are always patient and very careful."

Assessing risk, safety monitoring and management

- The service managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review by the registered manager and updated where required to ensure staff had access to information to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm. We reviewed the service's records and found staff had taken appropriate action when people had experienced accidents and incidents, including falls.
- We saw personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them. They said they were happy with the support they received. One visiting relative said, "Staffing is not a problem here. There is always plenty of staff on duty when I visit."
- Observations made throughout the inspection visit confirmed staff were visible to the people in their care and provided the support and attention people required.
- Recruitment was safe and well managed. Two recently recruited staff confirmed appropriate checks had been made to ensure they were suitable for the role for which they had been employed.

#### Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records. A log of the medication people were prescribed was kept and updated regularly.
- Room and fridge temperatures had been checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and senior staff held the keys.
- We observed medicines being administered at lunch time and saw good practice was followed. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

#### Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received infection control training and regular audits were undertaken to ensure standards were maintained.

#### Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior staff completed assessments which were comprehensive to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed. Following assessment, the service had provided a holistic approach towards providing person-centred care. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- The registered manager and operations manager regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Discussion with staff and observation of training records confirmed they received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- People told us they felt staff were well trained. One person visiting their relative said, "The staff seem to be well trained and know what they are doing."
- Staff told us they felt well supported and had access to management when they needed them. One staff member said, "I receive regular supervision and appraisal of my work. The manager is very approachable and supportive and I enjoy working for her. She is very visible which I like."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People told us they were happy with the variety and choice of meals provided. One person said, "I like all my meals and eat everything. We always have a choice, get plenty to eat and can ask for more if we want it. They are always coming around with snacks and drinks."
- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. We saw people who required assistance with their meals received this from patient and caring staff.

- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with healthcare professionals to ensure people received a good standard of healthcare care. We saw the service worked closely with health care services including GPs, district nurses, care coordination team, dietitians, parkinson's nurse, speech and language therapists, physio and occupational therapists. This ensured people were supported by healthcare services in a timely manner.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Communal space in both buildings comprised of a lounge and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. People were supported to maintain good health and accompanied to health appointments and access healthcare services when required. One person said, "They have a doctor who comes to the home and reviews the residents care and medication. I find this very reassuring knowing [relatives] health is being monitored."
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people supported by the service were cared for in a holistic manner and their needs were taken care of.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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. There were several authorised DoLS in place and a number of applications had been sent through to the local authority for approval.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf. Staff observed during the inspection

sought consent from people before providing their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff. People told us staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person visiting their relative said, "The staff are very kind, caring and attentive. They are always checking [relative] is alright and if they need anything."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People supported by the service or a family member had been encouraged to express their views about the care required. One person told us, "I am contacted when they are arranging to review [relatives] care plan. They listen to what I have to say and the care is provided as agreed."
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their human rights were respected.
- Staff respected people's wish to remain as independent as possible. One person told us, "I am quite an able person and I can deal with things myself. The staff encourage me to be independent and do as much

for myself as I can. I am slow but I get there."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files were person-centred and individualised documents reflecting each person's assessment of needs. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be met. These included people's personal care needs, nutritional support and social interests. Staff spoken with were able to describe people's individualised needs and how these were met.
- The service provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. One person said, "I am quite independent and make decisions for myself about my daily routine and whether I want to spend time on my own or in the lounge with the other residents. There is no pressure."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's communication needs had been assessed and where support was required this had been met. The registered manager had provided large print information for people with visual impairment and sought guidance and training from healthcare specialist's, so they could support people with their communication needs. We saw staff effectively using communication aids whilst supporting people during the inspection. These included picture card menus enabling people to pick the meal of their choice for lunch.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were empowered to have as much control and independence as possible. Care records we saw highlighted the positive impact this service had on people and the support provided to enable them to pursue activities of their choice.
- We saw a varied range of social activities were organised to keep people entertained and stimulated. These included watching films, playing dominoes, cards, singing and staff sitting with people and reminiscing about past times. People told us they were happy with the activities organised. One person said,

"I like the entertainers, I love to sing along with them."

#### Improving care quality in response to complaints or concerns

- The provider had processes in place to ensure all complaints would be dealt with appropriately. The registered manager told us they used issues, complaints or concerns as a positive experience and learning opportunity to improve the service.
- People told us they were happy with the service they received and had no reason to complain about anything. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with quickly and professionally.

#### End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. Staff spoken with confirmed they had received palliative training to enable them to support people at end of life. We saw people had been supported to remain at the home where possible as they headed towards end of life. This allowed them to remain comfortable in their familiar, homely surroundings, supported by staff known to them. At the time of this inspection the service was not supporting anyone with end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "Well run service. The new manager is making improvements which were needed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their relatives needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were very positive about the quality of service they received.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Discussion with staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The registered manager provided an open culture and encouraged people to provide their views about



how the service was run. The service had sought the views of people they support and family members through care plan reviews and meetings. People told us they felt consulted about the service they received and listened to. One person said, "I know they organised a relatives meeting recently but I was unable to attend. I always to speak to the manager when I visit so feel well informed about the improvements she wants to make."

- Staff told us they could contribute to the way the service was run through team meetings, supervisions and anonymous surveys. They told us they felt consulted and listened to.

#### Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

#### Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and occupational therapists. This ensured the registered manager and staff team provided a multi-disciplinary approach to support care provision for people in their care.