Nightingales Nursing Home Limited

Nightingales Nursing 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 Nursing Home on 16 and 18 January 2018. The first day of our visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Nightingales Nursing Home provides accommodation and nursing care for up to 38 older people. The service specialises in caring for older people and those who require palliative and end of life care. All accommodation and communal areas are on the ground floor with the majority of bedrooms having ensuite facilities. There is an enclosed courtyard garden for people to use. On the day of our inspection there were 34 people living at the service.

At the last inspection in December 2015, the service was rated Good. At this inspection we found the service remained 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe living at Nightingales Nursing Home. Relatives we spoke with agreed they were safe living there.

The staff team had received training on the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm and abuse. The registered manager and the nursing team were aware of their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

The risks associated with people's care and support had been assessed and reviewed.

There were suitable numbers of staff deployed to meet the current care and support needs of the people using the service and to keep them safe. People we spoke with felt there were currently enough members of staff on duty each day because their care and support needs were being met.

People received support from a staff team that had the necessary skills and knowledge. New members of staff had received an induction into the service when they were first employed and training relevant to their role had been provided.

People were supported with their medicines in a safe way. We recommended the registered manager look into the suitability of the fridge used to store medicines to ensure they were being stored in line with manufacturer's guidelines.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own. The staff team had received training in the prevention and control of infection and the necessary protective personal equipment was available.

People's needs had been assessed prior to them moving into the service to make sure they could be met by the staff team.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Liberty Protection Safeguards (LPS) ensuring people's human rights were protected. Where people lacked the capacity to make their own decisions, we saw decisions had been made for them in their best interest. Where people required additional support to make decisions, advocacy support was available to them.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well were up to date.

People were supported to maintain good health. They had access to relevant healthcare services and they received on-going healthcare support.

People told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this.

People had care plans in place, the majority of which were up to date and accurate. Those that were not, were updated during our visit. The staff team were aware of people's care and support needs.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and this was displayed. People were confident that any concerns they had would be taken seriously and acted upon. Complaints received by the registered manager had been appropriately managed and resolved.

Staff members felt supported by the registered manager and the nursing team and told us there was always someone available to talk with should they need guidance or support.

The views of the people using the service and their relatives and friends were sought. This was through informal chats and the use of surveys.

Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and they and their relatives were involved in developing their care plan.

People knew how to raise a complaint and were confident that any concern would be dealt with appropriately.

The staff team had received training on end of life/palliative care and people were properly supported when coming to the end of their life.

Is the service well-led?

Good

The service remains well led.

Nightingales Nursing 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.

This inspection took place on 16 and 18 January 2018. The first day of our visit was unannounced. The inspection was carried out by one inspector, a specialist nurse advisor 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. Their area of expertise was people with dementia.

Prior to our inspection, the provider had completed a Provider Information Return [PIR]. This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR before our visit and took this into account when we made judgements in this report. We also reviewed other information we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care from Nightingales Nursing Home to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were 34 people living at the service. We were able to speak with eight people living there and eight relatives of other people living there. We also spoke with the registered manager (known at the service as 'matron'), a director of the service, two registered nurses, four support workers, two cooks and the maintenance worker.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included seven people's care plans. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People told us they felt safe living at Nightingales Nursing Home and felt safe with the staff team who supported them. When we asked one person what feeling safe meant to them, they told us, "I am bed bound, I can't go out on my own, I am safe here." Another person explained, "I was very lonely in my house, people are around me here and I feel safe." Visitors agreed their relatives were safe living there. One told us, "I do feel [name] is safe, that is the main thing, that [name] is safe and secure."

There was a safeguarding protocol for the staff team to follow and support workers were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They had received training in the safeguarding of adults and knew the procedure they needed to follow when concerns about people's safety had been identified. This included reporting any concern to the registered manager or nurse in charge. One support worker told us, "I know them [people using the service] and I would know if there was anything untoward. I would tell the nurse in charge or matron, they would act."

Both the registered manager and the nurses we spoke with were aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the Care Quality Commission (CQC). Appropriate referring of safeguarding concerns made sure people using the service were protected from harm or improper treatment.

Risks associated with people's care and support had been assessed when they had first moved into the service. Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration and the risks of falls. This meant that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team. A relative explained, "Staff understand [name] individual risks and take appropriate action to minimise them."

Checks had been carried out on both the environment and on the equipment used to maintain people's safety. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place for the people using the service. These showed how each individual must be assisted in the event of an incident.

A business continuity plan was in place in case of foreseeable emergencies. This provided the management team with a plan to follow to enable them to continue to deliver a consistent service should such instances ever occur.

Appropriate recruitment processes had been followed. Previous employment had been identified, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service. A check with the Nursing and Midwifery Council (NMC) had also been carried out to make sure the nurses working at the service had an up to date professional registration. Nurses can only practice as nurses if they are registered with the NMC.

Staff rotas were planned in advance and demonstrated there were enough nursing and care staff allocated on each shift to provide the care and support people needed. People felt there were enough staff members available to meet their needs. One person told us, "People can get up when they want to and if people want to shower or bathe, they have time to assist them." A staff member explained, "We have enough time and there are always carers around. I've never worked in a home with so many carers."

People received their medicines safely. We observed the nurse on duty give out the midday medicines. They checked that the correct dose was given to each person and the medicines had not expired. We checked the medicines for three people who were on controlled medicines, they were in date and the stock balance was correct. There were no gaps recorded on the medicine records. Specific PRN protocols were in place for people on end of life medicines such as for pain relief and sickness, giving clear instructions about when and why the medicines were being given.

We checked the fridge used for medicines that needed to be refrigerated such as antibiotic syrups. We found the recording of fridge temperature was not always recorded and the temperatures varied. This indicated medicines were not stored within the safe temperature range to remain effective. On one occasion the temperature was recorded as 0.5 degrees which would have frozen medicines. The nurse on duty explained the temperature varied a lot as it was a very small fridge. We discussed this with the registered manager as a possible safety issue as the nurse on duty stated the temperature changed every time the fridge was opened.

We recommended the registered manager looked into the suitability of the fridge to ensure medicines were stored in line with manufacturer's guidelines.

People were protected from the risks of infection. Staff had received training in infection control and control procedures were being followed. The service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good hygiene standards.

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management. Evidence was seen of lessons being learned when things went wrong. This included the staff team's use of mobile phones whilst at work. The registered manager introduced a social media and use of mobile phone policy and the staff team were required to read and sign the policy to confirm they adhered to it.

Good

Is the service effective?

Our findings

People using the service had their care and support needs assessed. The registered manager explained that whenever possible, people's care and support needs would be assessed prior to them moving into the service. The exception to this would be when someone was admitted as an emergency admission. In these instances as much information about the person as possible would be obtained prior to their arrival. This enabled the registered manager to satisfy themselves that the person's needs could be met by the staff team. Paperwork we looked at confirmed this. A relative explained, "They did an assessment to find out what needed to be done."

Evidence based guidelines were in place. For example, guidance was available with regards to dealing with urinary tract infections and identifying sepsis (sepsis is the body's response to infection). This enabled the staff team to support people effectively and in line with best practice.

We were told the staff team were appropriately trained to meet people's care and support needs. A relative told us, "My relative's needs are met because they are supported and cared for when and how they need it." Another explained, "The staff are well trained, the care and support [relative] has received has been exceptional."

The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in health and safety, the moving and handling of people and fire safety. One staff member explained, "I have done all my training and my NVQ2 (a recognised qualification in health and social care)." The registered manager was in the process of arranging for an external trainer to provide training for the coming year. The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "We have supervisions and evaluations every so often. They watch us and check we are doing as we should and they sit down with you and see that you are happy and if there is anything we can improve on." Nurses working at the service received the relevant training and support to maintain their professional registration.

People were supported to maintain a healthy balanced diet and they told us the meals served at the service were good. One person told us, "I like a big breakfast and look forward to supper. I prefer a light lunch such as sandwiches, etc and staff respect that." A relative told us, "I always have lunch here with my relative, I am fully satisfied with the quality of the food and it is very varied." Where people had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided.

Mealtimes were quiet and relaxed. Staff members were seen assisting people in a polite manner and supporting them to eat as much as they wanted. People who needed prompting and assistance to eat were supported by a member of the staff team who offered words of encouragement. Staff promoted people's independence at meal times.

The staff team were observant to changes in people's health and when concerns had been raised, input

from relevant healthcare professionals had been sought in a timely manner. A relative told us, "Staff noticed something had appeared on [my relative] nose, they called the doctor and at the same time informed the family."

People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or simply to be alone.

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes are called the Liberty Protection Safeguards (LPS). The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and LPS and they understood their responsibilities around this.

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to attend a social activity and what to eat and drink. A relative told us, "My relative's decisions are respected by staff and they don't feel obliged to receive support if they do not want it."

Good

Is the service caring?

Our findings

People using the service told us the staff team were kind and caring and they looked after them well. One person told us, "Staff are kind, helpful and friendly, just what you would want." Another person explained, "I can't do much, but the girls [support workers] are lovely, very caring." Relatives we spoke with were happy and pleased with how the staff team cared for their family member. One relative explained, "The care my relative received was absolutely marvellous. Not just for them but for the whole family." Another explained, "We find the staff very caring and helpful, they have done wonders with my relative. The staff seem dedicated and compassionate in their work."

The staff team were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called. We did note that whilst this information was known to the staff team, it was not always recorded in their plan of care. The registered manager informed us following our visit that this had been addressed. A relative told us, "Over the year I have noticed staff get to know my relatives likes, dislikes and preferences well. My family are very happy with our relatives care here at this home." A support worker told us one of the people using the service had a poor appetite but liked drinking coffee. Whilst we were with this person another support worker came in and offered them a cup of coffee which they accepted.

People were encouraged to maintain relationships that were important to them. Staff had received training in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. For example people were helped to maintain relationships with family members no matter their age, race or sexuality. The staff team supported relatives to continue to be involved in their family members care. One explained, "I visit every day to support [relative] at lunch time." Another told us, "They have gone out of their way to make sure [relatives] can be with each other."

Relatives felt their family members were treated with dignity and respect. One explained, "They [staff team] respect residents privacy and dignity during their personal care and they also make sure to close the curtains." Another told us, "Staff are very friendly but they are also very courteous to everyone."

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "When I go in, I turn the green light on for dignity, that tells people not to come in. (A light above the bedroom door showing when on, personal care is being provided). I close the curtains and talk through what we are going to do."

We observed support being provided throughout our visit. Interactions were kind, patient and sensitive. People told us the support workers were polite, respectful and protected their privacy. One person told us, "The staff always knock on my door and ask if they can come in, even if the door is left open." People using the service and their relatives were relaxed and comfortable in the company of the staff team.

Advocacy services were made available to people who were unable to make decisions regarding their care

and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy. People using the service were confident that information about them was kept confidential. A relative told us. "I have never heard anyone breaking confidentiality."

Good

Is the service responsive?

Our findings

At our visit in December 2015 we found that care plans did not always detail the support people needed. At this visit we found that improvements had been made to the documentation held.

People using the service had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. A relative told us, "They did an assessment and discussed what help my relative needed."

Care plans checked were on the whole, up to date. They covered areas such as, nutrition, mobility, and personal care. They had been reviewed in the main, on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting the speech and language therapist when concerns had been raised regarding their swallowing. This showed us people's health and welfare were taken seriously.

Whilst the majority of care plans were accurate, one person's was not. Their care plan for their pressure relieving treatment stated they should have an electric pressure relieving mattress; however, the mattress in their room was an ordinary foam based mattress. When we questioned this the registered manager explained the person kept switching the electric motor on the bed off. Therefore a decision had been made to go back to using an ordinary mattress as their pressure ulcer was improving, they were mobile and so not always in bed. The plan of care was immediately updated to reflect this change. We also noted there was no up to date photograph of how the pressure ulcer was healing, which is normal practice, with the last dated photograph being August 2017. Whilst there was no up to date photograph we did find the staff team were recording the measurements of the ulcer in the evaluation record and these demonstrated it had decreased considerably in size.

Staff members told us they had read people's care plans and were aware of the support people preferred. One staff member explained, "I read the care plans and get to know them that way." Another told us, "We call them [people using the service] by their preferred name, it is written in the care plan."

Books were kept showing the care and support people received on a daily basis. For example the staff team recorded when they had assisted someone to adjust their position, when they had had a drink and any other assistance given. A relative told us, "When I come in, I read the book to see what care my relative has had, how much he's had to drink and when he was last moved. It is very reassuring."

Three of the six plans of care we looked at included people's life history and their likes and dislikes, the remaining three did not. Whilst this information was sometimes missing, it was evident the staff team knew the needs of the people they were supporting well. One staff member explained, "We get to know them [people using the service] and we talk to their families to find out their life history." Another told us, "We talk to them and their families, we get to know them that way." We discussed our findings with the registered manager. They acknowledged this shortfall and we were informed following our visit that work had been

carried out to improve the detail within the care plans regarding people's personal histories.

An activities leader worked two afternoons a week. They supported people who were able to enjoy games and activities of their choice. The days they didn't work, activities were provided by the staff team on duty. On the days of our visit we observed people enjoying nail manicures and a game of dominoes. For people who were unwell and unable to participate in activities, one to one time was provided in their rooms. One person told us, "There aren't many activities I can engage with, sometimes a lady comes and plays dominoes though. I am satisfied to stay in my room to watch TV. Staff pass by to make sure I am ok and ask if I need anything."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were always supported by a member of staff when the GP visited. This was so they could be given information in a way they understood and information about the service was available in large print.

A formal complaints process was in place. A copy of which was displayed in the services reception area for people's information. People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "There is nothing to complain about but I am quite confident to discuss any issues or concerns I may have direct with matron." When a complaint had been received, this had been handled and investigated appropriately.

People's preferences and choices at end of life where explored. The staff team had received training on end of life care and a policy was in place. For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes. One staff member explained, "We spend time with them, talk to them and make sure their mouth care is completed. We make sure the family are supported as well." A relative told us, "The staff understand the importance of supporting people to have a good end of life.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People told us the service was well managed and the registered manager was welcoming, open and approachable. One person told us, "I know who the manager is and feel I could approach them with any problems I had." Another explained, "They are very compassionate, we are always made welcome and we are told we can come any time."

Staff members felt supported and valued by the management team. They told us there was always someone available they could talk to if needed. One explained, "We work well together, it is more like a family. [Registered manager] is very approachable and she supports you with both the job and family life." Another explained, "I feel supported by everyone. We are all treated equally and are respectful toward each other.

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, though these were not on a regular basis, during handover time and through daily conversations with the registered manager. A staff member explained, "We have staff meetings where we can talk and share our concerns." Another explained, "We can make suggestions if we think it will help."

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through informal chats and the use of surveys. A number of surveys were used covering people's experience of the service, whether people felt safe and whether they felt listened too. Surveys were also sent to professionals involved with the service. This included GP's and ambulance crews. Surveys seen included positive feedback.

The registered manager explained they regularly monitored the quality of the service provided. Monthly checks had been carried out on the paperwork held including people's care plans, medicine records, falls and pressure ulcers. We did note the monitoring systems had not picked up the issues regarding the medicine fridge and when a person's plan of care had not been updated. This was immediately addressed by the registered manager, with the necessary documentation being reviewed and updated.

Regular audits to monitor the environment and on the equipment used to maintain people's safety had been carried out. This made sure people were provided with a safe place in which to live.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

On day one of our inspection, we noted that the CQC rating awarded to the service from the previous inspection was not displayed. This was rectified by day two of our inspection and the rating from the previous inspection was displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.