

L&Q Living Limited

# 2, 3 and 4 Nightingale Close

## Inspection report

3 Nightingale Close  
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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

2, 3 and 4 Nightingale Close provides accommodation and personal care for up to 18 people who have a learning disability and may also have mental health needs. On the day of our inspection there were 17 people living in the service. One person was in hospital and there was one vacancy.

When we last visited the service it was rated good.

At this inspection we found the service remained good.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led	<b>Good</b> ●

# 2, 3 and 4 Nightingale Close

## **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 24 July 2017 and was unannounced, and was completed by two inspectors and an expert by experience. An expert by experience is someone who has experience of using this type of service or who has a family member who uses this type of service. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 3 people who used the service, we also observed staff interactions with people. We spoke with 11 staff. We also spoke with the registered manager and the manager of one of the bungalows.

During the inspection we also made telephone calls to relatives for feedback about the service. We reviewed six people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 8 January 2015.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating remains good.

People and their relatives told us they felt the service was a safe place. Comments included, "Yes, the staff look after me" and, "The staff are really on the ball, I think [relative] is safe there and don't have any worries at all."

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire system including emergency lighting were checked regularly. Manual handling equipment was checked and maintained and regular checks of people's wheelchairs had been carried out. People were able to talk to us about the actions they would take in the event of an emergency situation such as a fire. We were confident that people would know what to do in the case of an emergency.

Some people had video links in their room staff told us, "We have these visual monitors now in agreement with family members, and for people with epilepsy it has made a huge difference. Not only do they ensure safety during the night but also we have been able to evidence seizures. This has enabled people's medication to be changed which has been really effective."

People's weights were monitored on a regular basis however, we noted that the weight charts did not have an action column to inform on what action the staff or manager had taken in relation to a sudden gain or loss. However, this was documented elsewhere in the care plan but made it more difficult to see at a glance without having to look through the whole care plan. We discussed our findings with the registered manager who immediately actioned this.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. The service on occasion did use agency staff. However, they tried to use consistent staff. The manager explained that this was important to the people that lived in the service to have people care for them that they had built up relationships with. People, relatives and staff told us there was enough staff to meet people's needs and to keep people safe. One relative told us, "There is always enough staff to keep [relative] safe they are spread thinly at times but I still feel it is definitely safe." There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. This included a Disclosure and Barring Service (DBS) check, to check that staff being recruited were not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

## Is the service effective?

### Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were being supported appropriately, in line with the law and guidance.

We observed people being offered choice and encouraged to make their own decisions by the staff. For example, one person liked to go across to one of the other bungalows to visit and sit in the office he was given the autonomy to do this as the environment was safe for him to walk from one bungalow to another. One person told us, "I chose my own clothes the staff get them out for me."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication and manual handling. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The management team worked alongside staff on shift and were therefore able to observe staff to ensure they were competent in putting any training they had done into practice.

We observed staff supporting one person to transfer from a chair into bed using a hoist. The staff were competent and reassured the person informing them of each step to alleviate their anxieties. We looked in people's care plans for manual handling risk assessments and we noted that although they gave instructions on the type of sling they would benefit from a photograph of the sling being used as this would give clear direction to all of the staff. We discussed this with the registered manager who told us they would put this in place.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. People told us they took part in choosing the menu and we observed staff giving choices of food and drink during the day of the inspection. Meal times, where people ate and what food people ate were all flexible and suited people's individual needs. One person told us, "I like the food I like lasagne and fish and chips but not haddock they know I don't like haddock."

Staff told us they had a good relationship and support from other professionals. One staff member told us, "We have input from the SALT team they come and assess and support us with how we should serve [persons] food" and, "We have one person in hospital and have had close contact with other professional in regards to their discharge and future care."

Each person had a 'health plan' which gave in depth information about people's needs and offered helpful information for hospital staff this also informed the staff about the persons capacity to make decisions such as to accept invasive treatment.

Care records of people we looked at, showed their day to day health needs were being met and they had annual health checks. People had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis. One person told us, "I used to be on a lot more medication but it's down now, that's good isn't it?" Another person told us, "If I am poorly they ring for an ambulance its scary but the staff come with me and help me."

# Is the service caring?

## Our findings

At this inspection we found people were still happy with the service provided to them and the rating remains good. People and their relatives told us staff were caring towards them and always treated them with dignity and respect this was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. One relative told us, "The staff are brilliant they bring [relative] for lunch and then my family and friends get to meet her. They have heard so much about her life."

We observed people being encouraged to have social contact with each other. One staff member was heard to ask someone, "[Person] is watching this programme would you like to come and join us?"

One person was quite upset as they wanted to contact their family to wish them a happy wedding anniversary. All of the staff were aware of how important this was to this person and continuously tried to phone the family and then celebrated the success with the person when they were able to speak to their parents.

The registered manager told us that when a person had needed to go into hospital the staff provided caring support and spent time with them to ensure hospital staff understood their needs and to minimise the person's distress.

People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. For example, occasionally one person went out by themselves into the community. People told us how they had been supported to go on holiday to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted to do them.

Families told us they had regular contact with the service and were able to visit or telephone whenever they wished to.

Staff told us that each person has a keyworker who is responsible for supporting people to maintain contact with their family and friends and this included supporting them to buy presents and cards for special occasions as well as keeping their care plan updated.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection.

We noted that care plans were not consistently well order. Some care plans were very clear and covered risk really well in a person centred way with practical advice to staff, whereas others did not have the information easily assessable this only appeared to be in one of the bungalows. We discussed our findings with the registered manager who immediately put into action a plan to remedy this.

We observed people being asked what they would like to do and they said they would like to go out for lunch and do some shopping. Other people told us, "I am learning to use the computer the staff have helped me so I can email my family. The staff told us this person now has a computer of their own. Another staff member was wearing a riding hat. They told us, "I am trying to encourage [name] to wear this for short periods of time I took them to visit the riding stables and [name] clearly loved it however they will need to wear a riding hat and they don't like it." We observed staff spending time and showing a lot of patience introducing this person to wearing the riding hat.

Support was not static and staff enabled people to set goals which and realistic and achievable outcome. For example, one person has as their goal to spend a day out with their family.

People's relatives confirmed they were invited to meetings and reviews on a regular basis and kept informed of any changes that were being made. The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen profile' document in their support plan which clearly described the person's needs likes and dislikes. Details of things that were important to the person were documented for example, one person never wanted to go out without their sunglasses on their head and this was documented clearly, informing staff that this person did not want to wear them to cover their eyes only on the top of their head.

People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan and the keyworker reviewed the plan on a monthly basis highlighting any changes which was then actioned by management.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. People and relatives confirmed this and told us that they had a good relationship with the provider, manager and staff and could speak to them about any concerns and things were dealt with immediately.

## Is the service well-led?

### Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be good.

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.

One of the bungalows had an additional manager who was responsible for overseeing it on a day to day basis. This manager also managed another service owned by the same provider. The paperwork in this bungalow was not as well ordered as in the other two bungalows we discussed our findings with the manager and the registered manager and immediately the registered manager put plans in place to remedy this.

Staff told us the service was well organised and they enjoyed working there. They said the registered manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem. One member of staff told us, "A lot of us have been here a long time and we are a strong team it's not just a job."

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives as well as other professionals. All of the comments were positive.

There were a few minor issues found during the inspection but the registered manager took on board our comments during the inspection and we had confidence that they would be addressed so the service is rated as Good.