

MAPS Properties Limited

Nightingale Care Home

Inspection report

Church Lane
Welborne
Dereham
Norfolk
NR20 3LQ

Date of inspection visit:
16 March 2017

Date of publication:
28 April 2017

Tel: 01362850329

Website: www.norfolkcarehomes.co.uk

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

This inspection took place on 16 March 2017 and was unannounced. Nightingale Care Home is a care home providing personal care for up to 47 people, some of whom live with dementia. On the day of our visit 34 people were living at the home.

The home has had the current registered manager in post since September 2014. 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 on 5 and 6 April 2016, we asked the provider to take action to make improvements to how they managed risks to people, how they deployed staff around the home and to their assessing and monitoring systems in the home. This action has been taken.

Staff assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

There were enough staff available to meet people's needs and the registered manager took action to make sure there were staff available throughout the home at all times.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

Staff were aware of how to safeguard people from the risk of abuse and they knew how to report concerns to the relevant agencies. People felt safe living at the home and staff supported them in a way that they preferred.

Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely.

Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of

Liberty Safeguards (DoLS) and to report on what we find. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff were making these for them in their best interests.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy living at the home and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

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.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff members received enough training to provide people with the care they required.

Mental capacity assessments and best interests decisions had been completed for decisions that people could not make for themselves. Staff had complied with the requirements of the Deprivation of Liberty Safeguards.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to maintain people's hydration.

Is the service caring?

Good ●

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Good ●

Is the service well-led?

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

Good ●

Nightingale 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 checked 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 was a routine comprehensive inspection. This inspection took place on 16 March 2017 and was unannounced. The inspection visit was carried out by two inspectors.

Before this inspection we reviewed information available to us about the service, such as the notifications they sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with four people using the service and with five visitors. We also spoke with the registered manager, the deputy manager and three care staff during our visit.

We spent time observing the interaction between staff and people living at the home. 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 the care records for four people, and we also looked at the medicine management process. We reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Is the service safe?

Our findings

At our last inspection in April 2016 we found that there were breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff not taking the action that had been identified for the risk of developing pressure ulcers and of choking, and of not assessing the risk associated with people not drinking enough. For Regulation 18 this was in relation to the deployment of staff, which meant that people had to wait for assistance.

During this visit we found that there had been an improvement in both these areas. People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they knew the risks to individual people and the action required to reduce these risks. We saw that staff took the appropriate action to reduce risks to people.

The equipment people used was well maintained. Staff made sure that this was serviced to ensure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services with regard to the support people required in the event of an emergency, such as a fire. We concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

We found that there had been an improvement in the deployment of staff around the home, which meant that people did not have to wait for help. One person told us that they were, "Never left waiting." A visitor told us that staff members came quickly when the call bell was used in their relative's room.

Staff members told us about the different arrangements that had been made so that people who were up earlier received their breakfast from a member of the kitchen staff. This allowed care staff to concentrate on providing people's care and the staff member told us that it had worked well. They went on to tell us that housekeeping and kitchen staff were available at weekends, which also allowed care staff to spend more time providing care. We saw that there were staff in all areas of the home at all times. One staff member worked on the first floor to make sure that people in their own rooms in this area were seen as soon as they used their call bell to request assistance. We did see however, that for a few people there was still a wait of up to 20 minutes in the dining room at lunchtime before they received their meal. However, there were plenty of staff available to assist them and we saw that this reduced the anxiety of having to wait.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. One staff member told us that the registered manager had asked for supporting documents and checks before they had started working at the home. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff

members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

One person told us, "I feel very safe, everyone's so helpful." Visitors told us that they felt their relatives were safe living at the home. One visitor said that this was because staff provided the care that the person needed.

The provider had taken appropriate steps to reduce the risk of people experiencing abuse. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We observed that staff approached people quickly if they needed to and this reduced situations where people became upset. Care records showed that there was information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice.

People were provided with the support they needed to take their medicines as required. One person told us that, "They (staff) always stay with you and make sure it's all finished." Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that medicines were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found clear and detailed guidance for staff on the circumstances these medicines were to be used.

Is the service effective?

Our findings

We found that people's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. Although one staff member told us that they had not received any training since starting work at the home, they had received training with their previous employer. A senior staff member had carried out an assessment of the staff member's knowledge and they had worked with the senior staff member until they had the experience to work alone. Other staff members told us that they had received training and were able to provide explanations about this.

The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that all staff had received training and that most staff kept up to date with training, which provided them with appropriate knowledge and opportunities to develop their skills. The registered manager provided explanations about why some staff had not kept up to date with training, such as maternity leave or long term sick leave.

Staff members told us that they received support from the registered manager in a range of meetings, either individually or in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

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.

We checked whether the service was working within the principles of the MCA. We found that staff completed mental capacity assessments where they had concerns that people may not be able to make their own decisions. These were only for decisions where staff had concerns and they recognised that they should support people to continue making their own decisions for as long as possible. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements of the DoLS. These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for people living at the home, where this was required.

We saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision. We saw that staff members told people what they were

going to do before carrying out any tasks. We observed staff transferring a person using a hoist. They explained what they were going to do and made sure the person was happy with this and wished to continue. This gave the person the opportunity to agree or decline the help.

One person told us that the food they received was very nice and that they got enough to drink. All of the visitors we spoke with said that their relatives liked the meals provided and ate well. One visitor told us, "The food looks lovely, presented well even when mashed." One visitor said that there was a choice of meal or an alternative if the person did not like either of the options. Another visitor echoed this and told us how staff had supported their relative with their very limited choice of what to eat when they were unwell. This visitor also told us that when their relative had gone to live at the home staff had spent time finding out what they liked and did not like to eat.

We saw that the midday meal was a social time, and people sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged them to eat well. People were shown the meals available and were then able to choose which they preferred. They were also offered a variety of drinks and encouraged to choose more than one if they wished. Staff members helped people to eat when this was necessary by sitting with people to help them. We saw that staff helped people who ate in their own rooms and gave them the same support and time to eat and drink.

Staff weighed people regularly to monitor them for any unplanned change in their weight. The staff took any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as soft or pureed food, received this and where necessary they had fortified meals with extra calories added.

We saw that staff had enough information to make sure people drank enough each day. They kept records close to where people spent their day and recorded immediately when people had a drink. This meant that records were accurate and staff were able to continually assess if people had had enough to drink. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

A visitor described how staff had worked with district nurses to heal a pressure ulcer that their relative had developed. We spoke with two health care professionals visiting the home who both told us that staff referred people to them quickly and followed the advice they were given to improve people's health. One health care professional told us that staff were very quick to recognise when people's health was deteriorating and to obtain the appropriate advice and treatment. The other health care professional told us that they worked very well with staff and rarely needed to visit as staff were good at preventing issues, such as the development of pressure ulcers.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from a variety of professionals including their GP, district nurses, specialist nurses, community mental health nurses, and speech and language therapists. We concluded that staff helped people to access the advice and treatment of health care professionals.

Is the service caring?

Our findings

One person told us that the staff were very nice and said, "They're always good, they always ask how I am." Visitors told us that staff were caring and were very complimentary about staff. One visitor said staff were, "Really lovely, very kind." Another visitor told us, "Best staff ever, really marvellous, couldn't find better." Yet another visitor said that staff, "Are lovely, really great."

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to them with affection and respect, and knew people's names. The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way; they were alert, looked at the staff member and smiled if they were not able to have a conversation.

One person told us that staff always listened to them and asked if there was anything else that the person needed. They explained that staff always asked them first before doing anything and also asked if this was alright. The person said, "They always say, 'We're going to have ... today, is that alright?'" Two visitors told us that they felt involved in their relatives' care and that they were kept up to date with events and things that happened in the person's life at the home. We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions.

We saw that staff offered people choices and showed them these if the person had difficulty with spoken requests or too many choices. We saw during lunch that people were able to sit where they wanted and they could spend time in any part of the home. One person did not want to sit in the main lounge area with other people and we saw a staff member discuss with them other seating options that would allow the person to see what was going on, but without being with too many people.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging this. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had. We observed that staff members explained to people what they were going to do. We also saw that staff watched for clues in the people's body language that might indicate when the person was not happy.

One person told us, "They (staff) always knock on the door and announce themselves. I know who they are." They went on to explain that staff always closed the door when they were in the room helping the person and respected their dignity. Staff members provided appropriate explanations of how they would maintain people's privacy. We saw that this happened in practice. We saw that most staff knocked on people's doors before entering rooms. During our visit we saw that personal care was given behind closed doors, people were dressed in clothing that was appropriate for the weather and staff were discrete when talking about personal subjects

There were unrestricted visiting hours and we saw that people could have visitors when they wanted. Other than when people had asked for their information to be shared, staff members maintained people's confidentiality by not discussing personal information, such as medical details, in public areas or with other people. People's care records and personal information was stored securely in a lockable room.

Is the service responsive?

Our findings

Visitors told us that staff provided the care that their relatives needed and two visitors said that they were very happy with the care their relatives received. Another visitor told us, "Staff are always there if you need anything."

We spoke with staff members about several people and their care needs. Their descriptions showed that they had a good understanding of people's individual care needs and their preferences. They explained about people's physical care and mental health needs, how these affected people and what they would do if people became unwell. Two staff members told us that they thought the care plans were helpful and contained enough information to guide them in caring for people.

We saw that people's care needs were assessed before they went to live at the home. This was completed in enough detail to ensure that staff had the skills and experience to meet people's care needs. People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Staff told us that care plans were in the process of being updated and rewritten. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was generally enough detail to provide this. This meant that staff members had enough guidance to care for people properly.

We spent time observing how staff cared for people and found that staff anticipated people's needs and were aware when people needed their attention more urgently. We saw that staff interacted with people in a positive way. Staff frequently walked around the home to make sure people had their care needs met in a timely way.

One person told us that staff let them do anything they liked. They said, "I've never been bored." We spent time observing how people spent their day. We saw that there were a number of communal areas where people could sit. Some of these were quieter and people were able to have conversations, while one large lounge area was used to provide activities and entertainment. A staff member worked to arrange activities and spend time with people and we saw an example of how they did this during our visit. They were enthusiastic and really engaged people in the activity, encouraging lively discussion and involvement.

People were encouraged to continue their previous hobbies and pastimes. We saw a staff member discuss with one person about a book they had and when they were able to staff sat and chatted with people. Staff also took the opportunity to encourage people when two of them spontaneously started to teach others to dance.

The person we spoke with and visitors told us they would be able to speak with someone if they were not happy with something. The person said, "I have no complaints. I'd just ask one of the [staff] and they'd sort it out." They would approach the registered manager and they were confident that their concerns would be listened to. However, they all said that they did not have any complaints about the home or the care they received.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that there had been no formal complaints and the registered manager had acknowledged and responded to one verbal concern. They took appropriate action in response to the complaints to improve the quality of care provided.

Is the service well-led?

Our findings

At our last inspection in April 2016 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to inadequate systems to assess, monitor and improve the quality of the care provided and to reduce risks to people's safety.

Following our last inspection the provider had obtained the advice of another organisation on the running of the home. This had resulted in a positive effect and we found at this visit that there had been improvements in how the home was run. The registered manager completed monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system.

We also found that the provider's report identified whether checks and audits had been completed and identified an action plan if there were shortfalls. We found that when issues had been identified, actions had been taken to address them. For example, the training matrix had been updated and new furniture bought for the first floor. We saw a medicines audit that had identified a medicine error and recommended that this should be referred to the local authority safeguarding team.

Following audits by an infection control team from the local authority we could see that most of the actions identified had been completed. This showed that the advice of external professionals had been taken into account in regard to the running of the home.

The registered manager completed an analysis of any incidents and accidents that had occurred. This identified patterns and trends in statistical data such as how often each person fell, where this occurred, the time of day and whether there were any injuries. Action was then taken to investigate where patterns were identified.

One person we spoke with told us that, "It's very nice here, wouldn't want to go anywhere else." Two visitors told us that they used to attend 'relatives meetings' but these had not been held for over a year. However, they also told us, "[Manager] is very approachable, she listens and sorts things out." Another visitor told us that the, "Manager is good, always friendly and helpful."

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. We saw the minutes for the most recent staff meeting, which echoed what staff told us and showed that they were involved in the running of the home. A whistle blowing policy was available and copies were available so that staff were able to look at it in private if this was required.

We received many positive comments from visitors to the home about the care their relatives received and how the registered manager ran the home. They told us that care was provided quickly, staff were friendly and kind and that they were listened to when there were any issues. Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people

well. One staff member told us that they would have no hesitation in going to any staff member and they were all approachable and would all offer advice or help the staff member.

The registered manager has been registered with the Care Quality Commission since September 2014. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home.