

Cadogan Care Limited

Nightingale Nursing Home

Inspection report

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Littlehampton
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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

Nightingale Nursing Home is a 'care home'. It is registered to provide nursing and personal care and support for up to 35 older persons living with dementia or nursing needs. The service provides long term and respite care. At the time of our inspection there were 16 people living at the service. The service is located in Littlehampton, close to local amenities and the seafront. The home has two communal lounges, a fully assisted bathroom on each floor and an accessible garden.

People's experience of using this service:

We spent time with people during our visits and feedback received from people living in the service was positive. Staff demonstrated empathy and cared for people they supported. People said that the service was of a good standard. People were cared for by kind staff who ensured that people received the care they needed and wanted. People told us that the staff were, "Nice people" and, "Very kind".

The management and staff created a warm and relaxed environment and we observed a caring relationship between people and all grades of staff. The service was safe, with systems and processes which ensured that any concerns were reported to appropriate authorities without delay. There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement. The manager listened to feedback and reflected on how the service could be further improved.

The service was well led. The manager was committed to developing a service where people received person-centred care. This was evident throughout our visit.

Rating at last inspection:

At our last inspection in December 2016 (Report published on 24 January 2017) we rated the service good.

Why we inspected:

We completed a planned inspection based on the previous rating of Good.

Follow up:

We will review the service in line with our methodology for Good services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Nightingale 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector undertook this inspection.

Service and service type:

Nightingale Nursing Home 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. Nightingale Nursing Home is registered to provide nursing and personal care and support for up to 35 older persons living with dementia or nursing needs. The service provides long term and respite care. At the time of our inspection there were 16 people living at the service.

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:

The comprehensive inspection took place on 19 March 2019. The visit was unannounced, which meant the provider and staff were not aware that we were coming.

What we did:

Prior to the inspection the provider completed a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

For example:

- Notifications we received from the service
- Two staff recruitment files
- Training records
- Two people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with 10 people living at the service
- We spoke with the registered manager, the deputy manager, and three staff on duty

After inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

Is the service safe?

Our findings

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

At our last inspection we found that people received a 'safe' service. At this inspection the service continued to be 'Good'.

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were assessed on admission to the service and regularly updated. Where risks had been identified these had been assessed and actions were in place to mitigate them. Staff provided support in a way which minimised risk for people. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Where people were at high risk of pressure damage, staff had access to appropriate nursing equipment to reduce the risk. For example, pressure relieving mattresses were in place. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example, people had their positions changed to prevent pressure damage.
- Records were maintained of accidents and incidents that took place at the service. Such events were audited by senior staff. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.
- The premises and gardens were well maintained and well presented.
- Environmental risk assessments had been completed, which assessed the overall safety of the service.
- Staff were clear about their responsibilities regarding premises and equipment.

Systems and processes to safeguard people from the risk of abuse

- People benefited from a safe service where staff understood their safeguarding responsibilities.
- People told us they felt, "Happy," and, "Safe".
- The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area.
- Staff had attended training in adult safeguarding. This gave staff the knowledge and confidence to identify safeguarding concerns.
- Staff had developed positive and trusting relationships with people that help to keep them safe; staff had the time they need to do so. People told us that the staff were, "Kind," and, "Caring".

Staffing and recruitment

- There were enough staff to provide a regular, consistent service for people. Staff were available to provide assistance and care to people.
- Staff supported people in a relaxed manner and spent time with them. Staff said that they had time to, "Talk to people when they had finished the personal care". People did not long wait when they required assistance.
- Staff told us they were happy with the staffing levels and told us that the staffing was sufficient to meet the needs of people using the service.
- Comments from staff included, "There's plenty of us, we are not too rushed. We have enough time."
- The registered manager was available most days and could be contacted out of hours for telephone advice or support. Although she was not working on the day of the inspection, she chose to attend the service to offer support and assistance.
- Staff were recruited in line with safe practice and we saw staff files that confirmed this.
- Checks were made to ensure staff were of good character and suitable for their role.
- Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use.
- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given.
- The medication records contained a person-centred profile which detailed how people took their medicines, for example, with a cold drink.
- There were clear guidelines for the administration of medicines required as needed (PRN). We were told and records confirmed that people's medicines were regularly reviewed.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- Staff told us that they had received in medicines handling which included observation of practice to ensure their competence. They said that they felt confident administering medicines.

Preventing and controlling infection

- There were arrangements in place to ensure the service was kept clean. People told us, "It's lovely and clean".
- There was an infection control policy and the registered manager or deputy manager carried out infection control audits.
- Staff received suitable training about infection control, and records showed all staff had received this.
- Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw that aprons and gloves were used appropriately throughout the inspection visit.
- Staff understood the importance of food safety, including hygiene, when preparing and handling food.
- Relevant staff had completed food hygiene training.
- The provider had achieved a level five (highest) rating at their last Food Standards Agency check.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that took place at the service. Such events were audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.
- A reflective practice approach was adopted by staff which encouraged discussions when incidents had happened. This enabled the team to learn when things had gone wrong.
- Records showed actions were taken to help reduce any identified risk in the future. For example, one person at risk of falls had a pressure mats in their room to alert staff.

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 our last inspection we found that people received an 'effective' service. At this inspection the service continued to be 'Good'.

Good - 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

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

- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Care plans were kept under review and amended when changes occurred or if new information came to light.
- Staff demonstrated thorough knowledge of people's needs.
- People received effective care and support from staff they knew and who knew how they liked things done.

Staff support: induction, training, skills and experience

- Staff were well trained to make sure they had the skills and knowledge to effectively support people.
- On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction all staff entered onto an ongoing programme of training specific to their job role.
- Staff received regular training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, person-centred care, mental capacity and moving and handling.
- A member of staff told us that they received, "Regular training".
- The service provided training focussed on the needs of the people using the service. For example, training

in the care of people with dementia and non-restrictive practice.

- People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. People told us they, "Felt respected".
- Records were kept detailing what training individual staff members had received and when. Feel respected were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that the, "Training is good".
- The manager told us that they, "Want to make things [Training] different, more interesting, to keep staff engaged". They told us that they had looked at alternative methods of training for staff with literacy problems.
- People were supported by staff who had regular support, supervisions (one to one meetings) with their line manager and observed practice which ensured they were competent to work with people and provide the care people needed, safely.
- Staff told us there was sufficient time within the working day to speak with the manager. During our visit we saw good communication between all staff. Staff told us that they received, "Good support" and that they could discuss any issues or concerns at any time.
- Staff felt that they were inducted, trained and supervised effectively to perform their duties.

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

- People had enough to eat and drink throughout the day.
- Staff were aware of people's individual preferences and patterns of eating and drinking. We saw that staff regularly offered to make people tea and coffee.
- Staff consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs.
- People told us that the food was, "Lovely", "Excellent" and "Nice to eat".
- Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day.
- People's care plans contained comprehensive information about their dietary needs and / or any swallowing difficulties they may have. This information followed current guidelines issued by the International Dysphagia Diet Standardisation Initiative (IDDSI)
- People's weight was recorded to monitor whether people maintained a healthy weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. This was followed in practice by staff. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

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

- The manager said the service had good links with external professionals.
- Staff had received training on the International Dysphagia Diet Standardisation Initiative (IDDSI) from a visiting dietician.
- The service worked with a wide range of professionals such as general practitioners, dietitians and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met.
- People experienced very good healthcare outcomes and were supported by staff to access healthcare services as they needed them.

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

- People's needs were met by the design of the premises. There was wheelchair access throughout.
- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The home was furnished and decorated in a way that people have asked for. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.
- One person told us how they liked their bedroom because, "I like to watch at the window".

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

- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- People's health conditions were well managed and staff supported people to access healthcare services.
- Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made.
- All staff we spoke with had a good working knowledge on DoLS and mental capacity.
- Staff had received appropriate training for MCA and DoLS.
- Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves.
- During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff involved people. For example, staff asked if people wanted, "Music on, any requests?"
- We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.
- Staff maximised people's decision-making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available.

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 our last inspection we found that people received a 'caring' service. At this inspection the service continued to be 'Good'.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The caring ethos of the service was evident. There was a visible person-centred culture. We saw people were treated in a caring way by staff.
- People told us that, "Staff know us well".
- Staff were skilled in talking to people and had a good rapport with people. We saw that staff were motivated and care and support was kind.
- The relationships between staff and people receiving support demonstrated dignity and respect at all times.
- Throughout our visit staff interacted with people in a warm and friendly manner.

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

- Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care.
- People told us that it's a, "Cosy lovely home" and, "It's very caring, there's a nice atmosphere".
- Staff focused their attention on providing support to people. We saw people smiling, chatting and choosing to spend time with the people at the service. People told us that staff are, "Laughing and caring"
- People's care did not appear rushed. This meant staff could spend time with people.
- Staff gave eye contact when communicating with people. They spent time listening to them and responded to them. They explained what they were doing and offered reassurance.
- Staff always made sure people were happy and had everything they needed. For example, we saw a member of staff go and find a person's spectacles so that they could participate in the planned activity.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who appeared to enjoy their company. Staff said that it was a happy place to work and that all the staff were caring and were able to meet the needs of people.
- People were happy. They told us it's a, "Great place, [Staff] lovely people".
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw that staff knocked on people's doors and asked for permission to go in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and

protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion.

- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.
- People told us that they felt, "Respected".

Is the service responsive?

Our findings

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

At our last inspection we found that people received a 'responsive' service. At this inspection the service continued to be 'Good'.

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their individual needs.
- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- Staff were observed being responsive to people's needs and assisting people. Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.
- Staff completed a handover at the start of each shift.
- People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were consistently met.
- People were engaged and occupied during our visit. There was a lively atmosphere.
- We saw that people interacted with each other and staff. Staff told us that they liked the people's company.
- People had a range of activities they could be involved in to allow them to lead as full a life as possible. They said they, "Liked the quiz".
- People were supported to maintain relationships with people that mattered to them and to avoid social isolation. This was based on staff understanding who was important to the person and their cultural background.
- The provider was following the Accessible Information Standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support

they need. The registered manager was fully aware of their responsibilities under the AI standard.

- People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice. For example, we saw that staff checked a person's hearing aid was working and that they were standing the correct side of the person when talking to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.
- People told us they were happy with the service. Comments included, "If you have to be somewhere, then this is the place", "Everything is nice, there is nothing not to like" and, "I'm happy".
- People told us that were confident that any issues raised would be addressed by the registered manager. They said they had, "No need to complain, everything is great".
- Staff told us that if there was a concern it would be investigated quickly.

End of life care and support

- At the time of our visit end of life care was not being provided at the service.
- People's wishes for their end of life care were recorded, including whether it was in their best interests to be resuscitated or not. This meant that people could die with dignity.

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 our last inspection we found that people received a 'well-led' service. At this inspection the service continued to be 'Good'.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work.
- There was a management structure in the service which provided clear lines of responsibility and accountability.
- A senior member of staff told us that they had a, "Really good bunch of staff, all good, very lucky".
- The registered managers ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities.
- People knew who the registered manager was and held them in high regard.
- We saw that the registered manager spent time with people to make sure they were receiving their individual preferences. For example, we heard a person thanking the manager and telling them how much they had enjoyed the mackerel.
- Records confirmed that staff discussed staff practices within supervision and at staff meetings.
- We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the managers company and that they were used to spending time with them. The registered manager knew people and their needs extremely well.
- People appeared at ease with staff and staff told us they enjoyed working at the service. They said, "I'm happy here". Staff demonstrated a strong level of commitment and dedication to the service.
- People were very positive about the service they received that they said they, "Would recommend it to anyone, it's really rather good".

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

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

- Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary and had submitted safeguarding referrals when they felt it was appropriate.
- The registered manager had effective oversight of the service. They were able to provide in-depth information regarding the service without referring to documentation. This demonstrated a thorough knowledge and understanding of the service.
- People and visitors spoke highly of the management and staff at the service.
- People told us, "I like it here," and, "Everything is great".

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

- There were consistent levels of constructive engagement with people and staff.
- The registered manager had an 'open door' approach. Staff came to the office unannounced and senior staff were available to listen to any concerns and to provide solutions to address these.
- People spoke highly of the service and felt that it was well-led. People received a good standard of care, because the ethos of the service was to put people first. People's comments were positive.
- People told us that, "I wouldn't change a thing, everything is marvellous".
- People were encouraged to contribute to improve the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, surveys and meetings.
- People and staff described the management of the service as open and approachable. There were regular meetings, which meant they could share their views about the running of the service.

Continuous learning and improving care

- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.
- Staff told us that any faults in equipment were rectified promptly.

Working in partnership with others

- The registered manager worked well in partnership with external health and social care professionals to improve outcomes for people.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.