We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

**Nightingale House**

105 Nightingale Lane, Wandsworth Common, London, SW12 8NB

Tel: 02086733495

Date of Inspections: 19 March 2013

Date of Publication: April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Details about this location</td>
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<tr>
<td><strong>Registered Provider</strong></td>
<td>Nightingale Hammerson</td>
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<tr>
<td><strong>Registered Managers</strong></td>
<td>Mr. Soobhug Awatar</td>
</tr>
<tr>
<td></td>
<td>Mrs. Bridget Ann Turner</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Nightingale House (Nightingale Lane) provides residential and nursing care for up to 215 older Jewish people, and is divided into three units. The Main Building provides nursing care for people with dementia. The Gerald Lipton Centre provides residential and nursing care for older people. The Wohl Wing provides residential care for people with dementia.</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 March 2013 and 19 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with 15 people who use the service, four family members or carers and 14 members of staff during our two unannounced visits to Nightingale House. We spent time observing people's experiences on both units located in the Main Building and on two units in the Gerald Lipton Centre.

Comments from people who use the service included: "fantastic", "the people are very nice", "I came because it was recommended", "we were told it was the best", "it lives up to its reputation", "I'm glad I can be here – it's a nice place" and "it's a blessing that I am here". Family members or carers told us "I don't think there's a better care home" and "very pleased, on the whole they are very good".

Staff spoken to said that they had access to good training and support to help them do their job. Feedback included "they look after the staff" and "they really support staff with their skills to ensure the best quality of care".

We noted the positive work taking place at Nightingale in conjunction with the University of Bradford. The project aim is the provision of 'excellent person-centred care' and staff told us "it has really improved care here", "it's been a huge shift" and "we are on a journey".

Further consideration should be given to the service provided to people living with dementia within the two units on Main Building. This is with particular reference to the mealtime experience and the impact of the environment on the provision of high quality person centred care.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People’s privacy, dignity and independence were respected.

Reasons for our judgement

People using the service told us that they were treated with dignity and respect with comments including “they are very decent, gentle and nice” and “kind, caring and helpful”. Family members or carers spoken to said that staff were careful to promote individual privacy and dignity with comments such as “dignity - always, always” and “they treat them with dignity”.

People using the service told us that they got up and went to bed at the times of their choice. One person said they had “breakfast in bed and a leisurely morning” Another individual said the provision of Kosher food was “very important to them”.

Staff members had been nominated as dignity champions for the units we visited and we saw that the information about dignity in care was displayed which described the values and actions that respect people’s dignity. We were informed that a new post was being created for a lead member of staff for dignity and Safeguarding. One staff member told us about a training DVD that they had recently watched around dignity and how their staff team had been encouraged to reflect on their own practice.

Care files seen had assessments which were completed before the person moved into the home. Family members we spoke with confirmed that they had spoken with staff at the home regarding the needs of the person before they moved in. We saw background information about the individual had been obtained including important people and objects, preferred routines and hobbies.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Feedback from people using the service included "the whole thing is very nice", "the way it treats people and the activities offered to keep people occupied gives Nightingale its good name" and "happy to be here".

We saw that work was ongoing at Nightingale House as part of a two year project in conjunction with the University of Bradford to ensure the provision of 'excellent person-centred care' throughout the service. A project manager was in post with support from a consultant from Bradford with work focused on each unit in turn promoting 'culture change'. A number of staff now acted as person centred care champions to help support the changes and act as role models for other staff members. The project involved regular observations using the Dementia Care Mapping (DCM) tool, interviews with people using the service and staff training sessions to promote change within the unit.

Staff members said that they had "seen changes for the better since Bradford with improvements to the care and support provided" and reported that "we have more time to spend with residents". Other comments included "it has really improved care here" and "we are on a journey". Some staff commented that the challenge for the service was to sustain the changes made on each unit commenting 'it needs reinvigorating' and continued management support to ensure person centred care 'is what we do here'.

People using the service were positive about the activities on offer to them. Comments included "I join in with activities" and "there's always a lot going on". Family members and carers said there was always something going on.

We saw people attending music groups during our visits. Individual feedback following these sessions included "lovely", "that was good", "I enjoyed the music", "I like to sing along" and were seen to be very invigorated and chatty after the session. Some people said listening to the music had made them emotional and staff were seen to be available to give individuals support at this time. During other parts of the day, people were observed to be playing cards, talking with staff, spending time in their room, watching television, spending time with their relatives and going for a walk.

We saw that staff generally engaged well with people using the service during our
structured observation on Main Building although some interactions were too brief and therefore did not impact positively on individual wellbeing. One member of staff was however seen to spend a long period of time chatting with one person using the service about their past and places they had lived. The person using the service clearly enjoyed this positive interaction.

Staff working on Main Building spoke about the challenges in working there with the majority of people using the service being more advanced on their journey living with dementia and particularly referenced the buildings physical layout. Feedback included "it's geographically hard - difficult to get people outside", "it's a challenge working over two floors" and "it would be easier on one floor". A family member or carer told us "I'd have preferred it if it was on one level". We saw work had been completed to improve the communal spaces provided for people using the service including a larger dining room on one floor and the provision of a dedicated activities space.

We saw a GP visiting one of the units during one of our visits and they spoke positively about the care provided saying they had 'no concerns'. Records seen for five people using the service documented health appointments and hospital passports had been completed to help ensure continuity of care for the individual concerned. Assessments were completed by the home around important areas such as nutrition, continence, risk of falls and skin integrity.

Care plans were in place for each person addressing their support needs and these were formatted with headings such as 'I need' and 'my carers will' written from the person's viewpoint. We saw some good personalised information was recorded for individuals with detailed guidance about approaches that staff could take in response to different behaviours.

The provider may find it useful to note that the terminology used in some records such as 'needs assistance with feeding', 'received wandering in the unit' and 'found wandering in bedroom' could be made more person centred. The use of language that labels people by staff should also be discouraged. We additionally found that some files were large with records dating back to 2011 and this sometimes made it more difficult to easily find current information about the person.

We saw that the home had achieved Beacon status for the Gold Standards Framework for end of life care in January 2012. This meant staff had completed training and worked with people who use the service, their family members and other health professionals to ensure a high quality of care for individuals in their final years of life. We saw a remembrance board with pictures and information about people who had recently passed away with some thank you letters displayed from family and friends.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration however the mealtime experience for some people using the service could be improved.

Reasons for our judgement

"The food is good", "the food is very good", "it suits me", "nice soup" were some of the comments people made about the meals provided to them. Family members or carers told us "the food is excellent", "on the whole the food is very good" and "the coffeshop is good - not overpriced".

We observed people living in the Gerald Lipton Centre taking their meals and we saw that each was a pleasant social occasion where people could choose to go to the dining room or stay in their room to eat. The menu was displayed on the tables in the dining room and people had a starter, main course and dessert followed by a cup of coffee or tea. We saw that people were provided with appropriate assistance to eat their meals if required. One person was seen to ask for sauce and staff brought it to them before they were served their meal, demonstrating how staff listened and responded to individual requests.

The two mealtimes observed on one unit within Main Building were a more mixed experience for people using the service. We saw that there were not enough care staff present in the dining area to support people effectively although other staff were seen to be available within the unit. Some people had to wait for long periods during the mealtime to receive the help they needed to eat their meal whilst others received unhurried one to one assistance. One person was observed to have to wait until other people had finished before receiving support and they made their feelings known by banging the table and clapping their hands. Another individual had their mealtime constantly interrupted whilst the staff member served other people's meals. Some staff were observed to offer people choice and make sure they knew what they were being supported to eat however this approach was not consistent. An example of this was where one person was helped to eat their pureed meal with no information given as to what they were eating.

The provider told us that they had made changes following our first visit with sittings introduced to ensure people were provided with timely individualised support. People using the service may benefit from the introduction of protected mealtimes within the service and practice such as staff (including those in non care roles) joining people for meals could be encouraged. Staff teams should look critically at the mealtime experience they provide as part of the culture change taking place within the service.
Management of medicines  
Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at medication administration on two units of the home and saw that overall medicines were being safely administered to people using the service. We observed people being given their prescribed medicines after lunchtime and saw that they were given in a safe way.

We saw that medicines were kept safely both in medication trolleys and in newly fitted secure cabinets in people's rooms. We observed staff administering medication to one person at a time and they ensured the individual had taken the medication before signing the administration record. We looked at the medication administration records and observed no omissions in the recording of administration.

The provider may find it useful to note that we carried out some audits of boxed medicines to check the accuracy of the records and to see if medicines were being given as prescribed. The majority of medications checked were consistent with the records however discrepancies were found in two instances. We asked the service to look into these to ensure people were receiving their medication as directed by the prescriber.

Staff handling medicines received training to make sure they had the competency and skills needed. The provider had clear policies and procedures for medicines handling and administration.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

✓ Met this standard

Our judgement

The provider was meeting this standard.

Overall there were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People using the service were positive about the staff working at Nightingale House. Their comments included "staff are good", "they do a very good job", "she's good" (said while pointing to one care staff), "they help", "they listen", "they work hard" and "they're lovely". One person told us that "staff are overworked but I think there are enough".

Family members or carers told us "wonderful but overworked", "the nurses are very good", "I am always made to feel welcome" and "they keep me informed about any changes or concerns they have".

People we spoke with said that they thought there were generally enough staff to give them the help and support they needed. Family members or carers spoken to were mixed in their feedback commenting that "staff are overworked" and "they could do with more".

Staff said there were usually enough staff on duty saying "occasionally when someone phones in sick the shift is not covered, but that does not happen every week" and "we have enough staff, if there are problems we call the staff bank". As previously reported staff working on main building talked about the challenges in providing to care to people living with dementia within the current layout of the two units.

We were informed that the home used a Royal College of Nursing staffing establishment tool in 2012 to review staffing levels based on the dependency levels of people who use the service. The impact of this was an increase of staff in some areas such as Main Building.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

A family member or carer commented "they are training the staff here all the time, they tell me that one's being trained again when I ask where they are".

Staff spoken with confirmed that they were up to date with their mandatory training which included fire safety, food hygiene, manual handling and Safeguarding. Comments from staff included "lots of training, almost too much at times", "they are very thorough with the training" and "fantastic".

A training outline was in place for 2013 including a 12 week induction for new staff, an annual programme of mandatory training and additional ad-hoc courses as required. Revised Person Centred Care (PCC) training was being rolled out across the whole organisation delivered by the PCC staff champions. Records seen confirmed that staff were up to date with their mandatory training.

We saw that an effective system was in place for staff supervision with all the staff spoken to confirming that they received regular one to one support with their line manager. Comments included "the manager is very approachable" and "it's a supportive team here".
Complaints  

Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

"Not experienced any issues", "nothing to worry about" and "nothing to complain about" were some of the comments people made. People we spoke with said they had not needed to make any complaints saying "there is nothing to complain about" and "I haven't needed to raise any issues with staff".

Family members or carers told us that they felt able to raise any concerns or complaints. One person told us 'I would speak to the nurse in charge' and said that the service 'took on board' any comments they had.

We saw the service user guide provided to people using the service included the procedure for complaints, comments and suggestions. The provider may find it useful to note that the Care Quality Commission and the Jewish Ombudsman were referenced as part of stage three of the complaints procedure but not the Local Government Ombudsman who can consider complaints about all types of care services for adults in England. We also saw that the complaints procedures displayed on units could be made more user friendly through the use of larger print and photographs of key people referenced in the process.

Concerns or complaints made on each unit are logged and an email sent to the responsible senior managers within the service. A key performance indicator is for each unit to ensure that accurate records maintained with a focus on making sure that each is taken seriously.

A Care Governance Board is in place which meets six times a year and all complaints received are reported on to ensure that each one has been resolved. Any identified trends can be looked into via this framework and policies or procedures modified as necessary.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✅ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

❌ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

❌ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

#### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

#### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

#### Responsive inspection

This is carried out at any time in relation to identified concerns.

#### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

#### Themed inspection

This is targeted to look at specific standards, sectors or types of care.