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

Date of Inspections: 12 December 2013
11 December 2013

Tel: 02086733495

Date of Publication: February 2014

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

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Safety and suitability of premises: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
### Details about this location

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<th>Nightingale Hammerson</th>
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<td>Registered Manager</td>
<td>Mr. Simon Pedzisi</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Nightingale House provides residential and nursing care for up to 215 older Jewish people, and is divided into five units. Kingsley Unit provides nursing care for people living with dementia. The three units located within the Gerald Lipton Centre (Wine, Sherman and Sampson) provide residential and/or nursing care for older people, some of whom may be living with dementia. The Wohl Wing provides residential care for people living with dementia.</td>
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<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
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| Regulated activities      | Accommodation for persons who require nursing or personal care  
                            Diagnostic and screening procedures  
                            Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 11 December 2013 and 12 December 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with nineteen people using the service, four relatives or friends and eleven staff members during this unannounced visit to Nightingale House.

The majority of comments from people using the service were positive about the care and support provided to them with individuals confirming that they were treated with dignity and respect by care staff. Comments included "they are all nice people", "respectful? remarkably so, very patient" and "they all treat me nicely". One person told us "you feel as though you're safe, you're looked after" and "staff are helpful, it may take time but it gets done".

We saw some very good practice in the way some staff interacted with people using the service however this was not uniform across the home. Now that the project with the University of Bradford was drawing to a close, the commitment to on-going staff development will need to be supported in order to fully embed person centred care across the home.

The planned move of Kingsley unit (previously called Main Building) to a newly renovated floor in a different part of the home will be a positive one for people using the service, their relatives or friends and staff. The current environment of Kingsley unit compared very poorly with the high standard of Wohl Wing which was purpose built for people living with dementia.
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.
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 "it's a very nice place", "they are very keen on keeping everyone happy" and "I'm more than happy". Other individuals told us "I'm comfortable but always a bit concerned they'll lock me up", "I'm having a nice time, yes. I've been here quite a few years. I worked damned hard" and "yes it's nice".

We asked people about the staff who worked at Nightingale House and if they treated them with dignity and respect. Responses included "they are all nice people", "respectful? remarkably so, very patient", "the staff are alright, yes they are polite" and "they all treat me nicely". One person referred to an individual staff member saying "Oh yes, she works very hard. She knows what happens here and she's pleasant and nice. We get quite a few people doing it and they're all very good workers".

Our observations throughout the inspection were that staff spoke to people kindly and respectfully. We saw that staff asked people what they wanted and made sure they were aware of what was about to happen when providing support. Relatives or friends of people using the service spoken with told us that this was their experience when they visited saying "I completely trust the staff, I notice their compassion" and "very caring staff, they always treat people with dignity". The provider may however find it useful to note that a number of instances were noted where staff made comments to us or each other in the presence of people living there saying things like "she always does that" or "she has it in a cup".

Two people using the service invited us to their rooms to talk and showed us the information they had in their room regarding the group of staff who worked as their 'key workers'. Pictures of these staff were displayed and information provided as to what help and support people could expect from them.

The home had staff working as 'person centred care champions' on each unit and a new post of person centred care facilitator had recently been appointed to who would be working across all units. We saw a dignity and safeguarding lead was also in post who
worked on ensuring dignified care across the organisation and led on any safeguarding alerts raised.
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.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

Feedback from people using the service included "It's lovely here", "very good, very imaginative", "it's a very nice place", "they look after me reasonably" and "I like it very much". One person said "yes it's lovely to be here, the two boys that help here are excellent" but went on to state that "all the staff try to be helpful but some walk away without saying anything".

Relatives or friends told us "very caring staff here - excellent", "much more like a relaxed home now, the Bradford work has made them much more flexible" and "more than happy".

We asked people what they did each day. Feedback included "enough to do, yes if you want to take part", "there used to be more going on" and "plenty to do, I'm quite content". One person told us "oh yes, I'm happy here, and as far as activities go, it depends what comes along. I enjoy myself and I get along very well with the carers".

Our observation was that some staff members were very natural and 'person centred' in their approach, connecting with people in a more meaningful way. We observed one carer helping someone to eat and they spent time talking and laughing with the person which then meant they ate their meal. The provider may however find it useful to note that some staff were more task orientated in approach and sometimes missed these opportunities to spend time with people. Senior staff spoken with told us about the planned 'meals matter' project focusing on ensuring that mealtimes were a positive experience for people using the service. Our observation was that care staff may benefit in having support from colleagues working in other roles at Nightingale House in enhancing the mealtime.

We saw that some staff were very good about ensuring that they were speaking to people at eye height however a number of instances were observed where individuals did not do this. Work should continue to support staff in providing care that is relationship centred and focused on meaningful engagements. The life story work that is planned may be important in supporting this approach along with important tools to do this such as reminiscence materials, sensory mats or objects and other visual communication aids.

Staff spoken to were positive about the guidance and training provided by the University of
Bradford in recent years saying "it's really helped here" and "staff are displaying a lot of 
good practice now". The majority of staff spoken to however felt that this 'person centred' 
approach had not fully embedded on all units within the home and more work was needed 
to establish this culture fully at Nightingale House. One staff member commented "there is 
very good practice here but it is not systemic".

We saw separate groups cooking, sewing and knitting, and doing pottery in the large 
central activities area provided for people using the service. We were informed that more 
focus was being put on the provision on each unit with activities co-ordinators working 
alongside care staff sharing their skills. Groups were taking place at the time of our visits 
encouraging staff to share their own particular talents or skills with others to encourage 
this approach of cross team working.

Staff working on Sherman unit spoke about the time taken to undertake duties associated 
with mealtimes saying "we are rushing setting tables when we should be spending time 
with people" and "you do the kitchen, set the tables, it gets too busy". Individual staff 
spoken to felt that their dining room duties took them away from people rather than being 
with them as was the original intention. The managers told us that this issue was being 
addressed.

Care documentation looked at for three people using the service had been regularly 
reviewed and kept up to date. Individual care plans recorded the person's needs and how 
carers would meet these. Assessments were undertaken each month or more often as 
required around important areas such as nutrition and pressure care. The provider may 
find it useful to note that evaluations of one person's communication plan referred to them 
being 'restless' and 'shouting at the top of my voice'. Staff should be careful not to use 
negative labelling language and make sure that care plans focus on strengths - what 
people 'can do'.

Safeguarding people who use services from abuse   Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People using the service told us "I'm not mistreated here", "they treat me very nicely" and "they are all nice people". Relatives or friends commented "we completely trust the staff, you can always come unannounced" and "definitely respectful".

We asked staff about their understanding of Safeguarding procedures and what they would do if they had any concerns about the way someone had been treated. Their responses included "I would immediately speak to the senior or the manager" and "straight way I would go to my manager". Each staff member spoken to said that they felt their line managers were approachable and would listen to them. We saw that the organisational Safeguarding of Vulnerable Adults (SOVA) procedures were available on the units we visited along with the Pan-London local authority procedures.

The induction pack issued to new staff included the organisational SOVA and Whistleblowing procedures. We saw there were named designated staff who could be approached if staff members did not feel able to speak to their own line manager.

The dignity and safeguarding lead for Nightingale House was responsible for liaising with local authority safeguarding teams and leading on any investigations taking place. They also delivered training workshops for staff and ensured new staff were fully aware of their safeguarding responsibilities and duty of care.

The Care Governance Board included a SOVA lead and would review any Safeguarding alerts to ensure any learning would be applied to care practices within the service.
Safety and suitability of premises

| Met this standard |

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Comments from people living at Nightingale House included "my room is very comfortable", "I use the garden and the library here" and "fine". The individuals we spoke to said they were satisfied with the cleanliness of the home.

We saw that Wohl Wing provided comfortable purpose built accommodation for people living with dementia. The environment had been made homely with the design allowing people to move freely throughout the unit with lots of objects provided and points of interest. Each bedroom had a memory box located outside helping people to find their room. A memory garden included an old phone box, a Morris Minor car and water features designed to engage and stimulate the people living there.

The environment of Wohl Wing contrasted with the older accommodation provided to people living with dementia on Kingsley Unit (previously called Main Building). During our last visit to Nightingale House in April 2013 staff working on this unit 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. We were informed during this inspection visit that the decision had been made to move this unit to a floor in the Gerald Lipton Centre that was currently being renovated completely. It was anticipated that this move would take place in the first half of 2014 which we think will be very positive for the people using this service.

45 people were living on Sherman unit when we visited. The unit has a large dining room with smaller lounge and kitchen areas available to people using the service. The design and layout may need to be reviewed as more people living with dementia are accommodated there.

All areas of the home we visited were seen to be kept clean and hygienic.
Assessing and monitoring the quality of service provision ✔ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Comments from people using the service included "I feel able to make my views known", "I don't mind who I approach, yes I feel able to" and "there's always someone here to listen". Individuals spoken with said that they felt able to raise any concerns or complaints with staff.

Relatives meetings were held for each unit and we saw minutes included discussion of activities, communication, staffing levels and forthcoming events. New schedules and formats for these meetings were due to be introduced in 2014.

A 'six questions resident consultation' had also taken place during Summer 2013. This new initiative involved questions being asked of all 172 people using the service at Nightingale House at that time via three approaches, being answered by the person themselves, answered by the person with assistance or answered by the person's relative or friend. Returned questionnaires numbered 52 with feedback captured across all units. The intention was for this exercise to be repeated annually.

The Care Governance Framework for Nightingale House included a Care Governance Board who met quarterly and reported directly to the Trustees. The Board considered care practices, care risks, staff training and development along with user feedback obtained via consultation and regular audits of user engagement. An annual audit programme was seen to include monthly audits of care plans, safeguarding reports, accidents, incidents and complaints. Two monthly and quarterly audits were carried out across areas such as falls, staff supervision, moving and handling and application of the Mental Capacity Act 2005.
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 other services less often. 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.

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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
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</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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:

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<th>Regulation</th>
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<td>Cooperating with other providers - Outcome 6</td>
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<td>Safeguarding people who use services from abuse - Outcome 7</td>
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<td>Cleanliness and infection control - Outcome 8</td>
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**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.