

# Nightingale Retirement Care Limited

# Nettlestead Care Home

## Inspection report

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Date of inspection visit:  
29 June 2023

Date of publication:  
14 August 2023

## 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

### About the service

Nettlestead care home, is a care home providing personal care and accommodation for up to 20 older people in one adapted building. At the time of our inspection there were 20 people using the service.

### People's experience of using this service and what we found

People told us they felt safe. Staff understood the types of abuse that could occur and the action to take if they had any concerns. Risks to people were assessed, identified, and safely managed. The home had a system in place to record accidents and incidents and acted on them in a timely manner. Medicines were stored, administered, managed safely and accurate records were maintained. There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices. People were protected from risk of infection as staff followed practices that reduced the risk of infection.

Staff were supported through regular training and supervisions so that they were effectively able to carry out their roles. People's needs were assessed prior to moving into the home to ensure their needs could be met. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

People told us staff were caring, considerate and respected their privacy, dignity, and independence. They said staff involved them in making decisions about their daily care and support requirements.

People's care plans were reflective of their individual care needs and preferences and care plans were reviewed on a regular basis. A variety of activities were on offer and available for people to enjoy and take part in. People were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded, and they were supported to meet their individual needs. Where appropriate people had their end-of-life care wishes recorded in care plans.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular staff and residents' meetings were held, and feedback was also sought from people about the service. Staff were complimentary about the registered manager and the home. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 May 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Nettlestead Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This service was inspected by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Nettlestead care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The service was required to have 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We spoke with 3 members of care staff, the registered manager, and the operations manager. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included 7 people's care records, 7 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# 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 rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "Yes, I feel safe 10 out of 10. The staff are chatty and friendly." Another person said, I am very safe her, if I am in my room, I can use the call point. If I ever press the call point staff come quickly."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure and whom to report to for whistleblowing and said they would use it if they needed to.
- Safeguarding concerns had been raised, and the provider worked effectively with health and social care professionals to address concerns.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager completed risk assessments and risk management plans that included guidance for staff. For example, about how to manage pressure ulcers, mobility, falls, oxygen therapy, emollient creams, eating and drinking, and the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.
- The registered manager monitored them to ensure they remained reflective of people's current needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the premises and the safety of appliances.

Staffing and recruitment

- We saw there were enough staff to support people and to attend appointments when required. One person told us, "There are always enough staff on duty for me." Another person said, "I know the staff very well; I mostly have the same staff every day."
- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on the staff member's qualifications and relevant experience, their employment history, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

#### Using medicines safely

- Medicines were managed safely. One person told us, "Staff give me my medication on time every day. Staff look up things I need to know about my medication. They are very helpful."
- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Medicines were stored safely and securely.
- The registered manager carried out regular checks to ensure people received their prescribed medicines correctly.

#### Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "When I receive personal care the staff always wear personal protective equipment (PPE)."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the registered manager ensured all visitors followed it. Visitors were supported to follow the government's guidance as appropriate.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with 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 rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People's needs were assessed to ensure these could be met. One person told us, "I came here to see the place, to see if I liked it here. After a member of staff came to see me and asked me loads of questions. This is when the assessment of my needs was completed." The assessments looked at people's medical conditions, physical and mental health, allergies, communication, continence, mobility, nutrition, and choices.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected people's needs and staff knew how to support people to make choices.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervisions, appraisals, and training to ensure they had the appropriate knowledge and skills to meet people's needs. One person told us, "All staff are trained well. They meet my needs on a daily basis. I am happy to live here."
- Training records confirmed that staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, nutrition and hydration, dementia care, infection prevention, health and safety, moving and handling, equality and diversity, and mental capacity.
- Staff told us, the training programmes helped them in understanding people's needs and delivering appropriate care.
- Staff told us they received regular supervision and said they could approach the registered manager at any time for support and they were helpful.

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

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink.
- People's dietary needs were met in accordance with their individual needs.
- We saw how staff supported people with making food choices. For example, by showing them a variety of foods and people's choices were respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. One person told us, "Staff arrange all my appointments and accompany me to those appointments." People's care records included evidence of regular contact

with healthcare professionals, for example, health checks, speech and language therapist, the GP, dentist, and district nurse.

- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional.

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

- People's care and support was provided in a safe, well equipped, and well-furnished, environment which met people's needs.
- People could access a variety of shared living spaces which included a lounge with TV, and a garden with sitting furniture.
- People were supported to personalise their rooms with furniture they needed, including the communal areas.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented before staff supported them. We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty.
- Staff training records showed they had received MCA training.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or nonverbal means, and this was well documented.
- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.

# 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 rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received. One person told us, "I choose my meals. I bath once per week and have a shower every other day with the help of staff." Another person said, I choose when to get up and when to go to bed."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

Ensuring people are well treated and supported, respecting equality and diversity. Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was respected. One person told us, "Staff respect me and consider my privacy and dignity. Staff always knock before entering my room."
- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation, or preferred gender.
- People were supported to maintain their independence. One person told us, "I cannot leave the home or my home as I need a walking frame, but otherwise I feel the staff promote my independence." We saw people with various mobility aids mobilising independently and some with staff support. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- Training records confirmed that staff had received training on equality and diversity.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity by knocking on doors and asking for their permission before entering their room, and ensure they were comfortable when providing people with personal care.

# 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 rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. One person told us, "I have a care plan. My [family members] helped write it with me. It is updated every year with their help." Another person said, "Yes, I have a care plan. I attend care plan meetings with my [family member] who helps me make decisions about things." Care plans contained information about people's personal life, social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were kept under regular review to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included a range of activities such as a guest singer, puzzles and quiz, bingo, and physical exercise session.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and this was reflected in care plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. One person told us, "I know how to complain, but I have never complained. There is nothing for me to complain about."
- The registered manager told us, there had not been any complaints since their previous inspection in

2019. Records we saw further confirmed this.

#### End of life care and support

- The provider had an end-of-life care policy in place. The registered manager told us that none of the people currently using the service required support with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support, when it was required.
- People had their choice of funeral plans with input from their family members.

# 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 rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about how the service was run and the support they received from the registered manager and staff. One person told us, "I think this service is very well led because all that is supposed to happen happens." Another person said, "Yes, this service is well-led 9 out of 10. I think this because, things happen when they are supposed to. Meals come on time. Activities come on time."
- Relatives visiting their family member were positive about how the home was managed. For example, the relatives' comment were, "I was very impressed when I visited on Friday, my [family member] was confident and very well supported, and the home setting was amazing", "The home is a credit to you [provider] as good management filters down to staff and what I like the most is that I turn up at all different times of the day, and I always receive the same welcome and see my [family member] feel at peace that they are being cared for how I would care for them."
- Throughout our inspection we observed positive caring and supportive interactions between people and staff.
- Records showed staff encouraged relatives to get involved in care reviews and the best interests' decision-making process, if appropriate.
- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervisions and appraisals.
- Staff were positive about how the service was run and the support they received from the registered manager. For example, 2 staff were nominated and were 2 of 21 finalists in the recent care awards event.
- The registered manager held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service.

Continuous learning and improving care. Working in partnership with others

- The operations manager, registered manager and the staff team demonstrated a willingness to provide good quality care to people. They made immediate improvements about some care records following our inspection feedback.
- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. For example, they partnered with a local primary school and the children interacted with people living in the home. Additionally, 2 speech and language therapy students, and a student from the local college had a placement at the home.

- They worked closely with local authority commissioners and healthcare professionals.
- There were systems in place to ensure the provider sought the views of people using the service through regular reviews of their care and surveys that were conducted. People's feedback from April 2023 survey has been positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- The provider had effective oversight of the service. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, incident and accidents, health and safety, and the premises.
- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- Staff told us they had access to support and advice from the registered manager when needed and at staff meetings. A member of staff said, "Management is really good. I can talk with the manager easily." Another member of staff said, "Yes, support from the manager and staff team, we get on well together."
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and understood the importance of quality monitoring and continuous learning and improvement within the service.