

Knightingale Care Limited

Nightingale House Care Centre

Inspection report

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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

About the service: Nightingale House Care Centre is a care home that accommodates up to 45 people in one adapted building, with a dedicated wing for people living with dementia. It was providing personal care to 35 people at the time of the inspection.

People's experience of using this service: People were protected from harm or injury. Systems for managing incidents, staff and care practices were used to achieve this.

People experienced an effective service. This was because care was delivered in line with guidance and the law, staff were trained and supervised and people were supported with their health and diet. The service was flexible and adaptive in its working arrangements with other organisations.

People received caring and compassionate support that met their needs and was anti-discriminatory. Staff respected people's privacy, dignity, independence and the choices they made.

People experienced responsive and person-centred care. They exercised choice and control of their lives and were involved in the running of the service. They told us complaints and concerns were addressed. People experienced sensitive support with end of life care needs.

People received quality care from a caring provider. They benefitted from a provider that worked well in partnership with other agencies, organisations and the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. (The last report was published 13 September 2016.)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 House Care Centre

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 carried out this inspection.

Service and service type: Nightingale House Care Centre 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.

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 inspection was unannounced.

What we did: Before our inspection, we looked at information we held about the service. We did not request an updated Provider Information Return, but reviewed the most recent one sent by the provider. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring and safeguarding teams before our visit.

During the inspection, we spoke with nine people who used the service and two relatives. We spoke with the registered manager, the operations manager, a senior member of the care team, two care staff, two

activities coordinators and a nutritional assistant. We spoke with one visiting healthcare professional.

We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, medication records, two staff recruitment and induction files, training and supervision information and a selection of records used to monitor the quality and safety of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection the registered manager sent us copies of some policy documents, staffing rotas and menus we requested.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People were protected from abuse. They said, "Of course I feel safe living here. Everyone is well cared for" and "Staff make sure we are all safe."
- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding procedures. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management.

- People were protected from risk and staff monitored their support needs.
- People had risk assessments in place for using equipment, evacuating the building or receiving support to prevent them being harmed. These were reviewed monthly or when required.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
- The premises were safely maintained and documentation supported this.

Staffing and recruitment.

- Staff were screened for suitability and security checks were completed before they worked in the service.
- There were enough staff deployed to support people with their needs.

Using medicines safely.

- There were safe systems for the ordering, storage, recording, administration and disposal of medicines. Medication administration records showed that people had received medicines as prescribed.
- Staff who supported people with medicines received training and checks of their competence.

Preventing and controlling infection.

- Staff received guidance about infection prevention and control. They used personal protective equipment when required, such as disposable gloves and aprons. This helped to prevent the spread of infection.
- The environment was clean. Staff promoted, monitored and audited infection control and prevention.

Learning lessons when things go wrong.

- Accidents and incidents were recorded. Investigations into each incident were fully completed or reviewed by the registered manager in a timely manner. Appropriate and responsive action was taken to reduce the risk of recurrence and this was consistent.
- Opportunities to learn from incidents that occurred were maximised.

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.

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

- The provider assessed people's needs, to ensure they could provide an appropriate service for them. This was in line with legislation and best practice to maintain an effective service. People said, "Staff know me so well and meet my every need" and "It's marvellous here."

Staff support: induction, training, skills and experience.

- People's quality of life was of a good standard and the support they received achieved good outcomes for them. They said, "I get an exceptional service" and "Everything I ever want is brought to me and sorted by the staff. They are so good."
- Staff received an induction and training to prepare them for their role. They were formally supervised and had their performance assessed. Staff confirmed all this took place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Staff assessed people's nutrition and hydration needs and monitored these needs as required. Information about people's dietary requirements and preferences was included in their care plan and was available in the kitchen for catering staff.
- People were offered a choice of meals and the mealtime experience was calm, well organised and seen as a social event. Our observations at lunch time showed people were effectively supported in a respectful way. People's comments included, "The food is very good", "I like almost everything they offer me" and "We get some lovely meals. There is always plenty to eat."
- People had access to health care professionals, and staff sought specialist advice where required.
- A visiting healthcare professional provided positive feedback about the service and told us staff acted on their advice and were knowledgeable about people needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 provider assessed people's capacity to make specific decisions and had made DoLS applications where required. We found conditions on people's DoLS were adhered to.
- People confirmed staff asked their views and sought consent before supporting them and we observed people being asked to give consent and make choices and decisions at lunch time.

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

- People were involved in decisions about the premises and environment.
- The service supported people's independence using technology and equipment, where extensive supervision was needed. Risks in relation to premises and equipment were identified, assessed and well managed.

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.

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; Respecting and promoting people's privacy, dignity and independence.

- We received positive feedback from people about the caring approach of staff. People said, "Today has been a wonderful day, because I don't always feel well when I get up, but staff have been very kind", "I've reached a good old age and feel very happy living here" and "I feel loved."
- We observed staff approach was kind, caring, thoughtful and helpful. Our observations at lunch time showed people were treated respectfully. Conversations interested people and were also used to check people's satisfaction.
- People smiled a lot and were comfortable and confident asking staff for support or speaking with them. They were engaged with the activities taking place and interested in leading busy lives.
- People were encouraged to be independent whenever possible, with daily living needs.
- Staff understood their responsibilities to promote people's difference while maintaining the delivery of a service that was equal for all.
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care.

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

- People confirmed staff respected their wishes and views. We saw staff offered choices and encouraged people to make decisions, such as what they wanted to do or eat and where they wished to spend their time.
- There were resident meetings and a provider newsletter to keep people updated about issues affecting the service.
- Relatives confirmed they had been involved in decisions about people's care.
- Some people had advocates or representatives who supported them with decision-making.

Is the service responsive?

Our findings

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

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's support plans were individually developed with information on different aspects of their care.

These were kept up to date as people's needs changed.

- People told us staff were responsive to their needs and preferences. They said, "I am well looked after and like it here" and "I am always encouraged to pull the call bell if I want some support. Staff respond quickly."

We observed staff were attentive to people's needs and requests.

- We saw evidence people's information and communication needs were assessed, identified and well met. These needs were recorded in support plans. People had large print, audio and other communication aids if they needed them. Staff understood and adhered to the Accessible Information Standard.

- People's needs for activity, occupation and pastimes were met. They had individual activity plans in their bedrooms showing group and personal events to attend.

Improving care quality in response to complaints or concerns.

- The provider effectively managed people's complaints. Systems included a policy, a procedure, records of complaints made to the service and responding to people in writing once an investigation was complete.

- The provider had two difficult on-going complaints they were dealing with from relatives and were being supported in this by the local authority.

- People who used the service told us they knew how to complain if they needed to, but had made none themselves over the last year. They said, "I've no complaints at all" and "I'd just speak with the manager if I was unhappy about anything."

End of life care and support.

- People's end of life care was responsive to their needs. It was sensitive and drew on healthcare professional's support. People's families had sent cards and letters of thanks for the support their relatives had received during end of life care.

- Medicines were in place where required to keep people comfortable. Information about people's requirements and preferences was recorded in their support plans, including their preferred place of care.

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.

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 provider promoted a positive culture and their expected values and behaviours were known and signed-up to by staff. People received person-centred care and support.
- The provider's quality assurance system was consistently operated to identify any shortfalls in service delivery and make improvements to it.

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

- The registered manager in post managed the service well.
- The registered manager and the staff were clear about their roles. Delegation and completion of daily task lists helped with this.
- Quality performance was well-managed. Risks were understood and mitigated.
- The registered manager met the requirements of their own and the provider's registration. They sent CQC notifications of events that happened in the service in a timely manner. They understood the responsibilities of the 'duty of candour' regulation: to act in an open and honest way when providing the service.

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

- People and their relatives were engaged and involved in the running of the service. They completed satisfaction surveys, which covered food provision, activities and premises. People had opportunities to attend meetings to air their views.
- People confirmed they contributed. They said, "I speak my mind about things" and "We are always asked our views."
- Staff told us they were well supported by the registered manager.
- The registered manager and staff gave examples of how people were supported in ways that were anti-discriminatory and considered their equality characteristics. Age was no barrier to people engaging in a fulfilling lifestyle. Religion, culture and race were recognised and encouraged. Disabilities were overcome and disability aids acquired to enable people to lead as normal a life as possible.

Continuous learning and improving care.

- The provider and staff learned to make improvements to the service from information they received about their performance and trying out new ways of supporting people.

- The view among staff was there was always room for improvement. They did not wish to stand still. Some of this was channelled through the activities coordinators who looked for new pastimes and occupation for people. Care staff looked to help make people's lives more comfortable and healthier.

Working in partnership with others.

- The provider worked very effectively in partnership with other organisations and built links in the community. There were good relationships between people and community members.
- Staff worked in partnership with other health and social care professionals.