

# Black Swan International Limited

# Nightingale Lodge

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Nightingale Lodge is a residential care home providing accommodation and personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 29 people in one adapted and modernised building.

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

Nightingale Lodge continued to provide an outstanding service, delivered by a highly skilled, motivated and very caring workforce, led by an exceptional registered manager. People and their relatives shared the highest praise in describing how they were supported, for example, "The care of my [family member] has been exemplary". One person said, "The staff are extremely kind and accommodating. Nothing is too much trouble."

The registered manager fostered at the heart of Nightingale Lodge a very strong ethos of individualised care. This was the cornerstone of their practice and was the continued inspiration for the staff and service.

Support of the staff team was paramount to the registered manager, particularly during the COVID-19 pandemic when they had been asked to put themselves at risk. She said she, "Can only praise the whole team – they are exceptional." The registered manager and management team had gone over and above in the support they had shown staff with examples given which had led to staff developing an unfaltering loyalty and dedication. The staff team worked as one to provide high quality, personalised care to the people living in the service, supporting each other to attain the best possible results.

People received exceptionally individualised care from staff who were thoughtful, caring and accepting. The loving and warm culture of the service promoted an especially open and mutually supportive nature that built strong relationships. People were involved, engaged and consulted on a regular basis. Relatives and people, we spoke to felt confident from previous experience, if they had any concerns the registered manager took them seriously and did whatever was required to improve the situation.

People's wellbeing was enhanced by person-centred activity planning, both by group and individual sessions tailored to the interests and hobbies of the people living at the service. The service looked at creative ways to keep people in contact with their families during COVID-19, including photos of people giving a 'virtual hug', sending poems, as well as consulting with people and their families to find out suitable ways when there were communication difficulties

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 Outstanding (published 21 November 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Nightingale Lodge

## 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 Care Act 2014.

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 inspection was carried out by two inspectors.

#### Service and service type

Nightingale Lodge 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.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, activities staff, chef and the maintenance staff. We observed care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records. We had contact with a further four carers, nine relatives and three professionals who regularly had contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager had safeguarding policies in place. Staff had received training and were aware of how to raise any concerns they had.
- People who lived at the service told us they felt safe and relatives confirmed this.
- The registered manager was aware of their responsibility to report concerns and when safeguarding incidents occurred these were reported to agencies as required, including the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures were put in place to mitigate risks. Staff were familiar with the associated risk management plans for such things as health conditions, mobility, nutrition and accessing the community (during COVID-19).
- The service had a maintenance person who monitored the building and ensured all safety checks of equipment with actions implemented, when needed, to keep people who lived at the service safe. Relatives said he was very helpful when work was needed in people's rooms, for example, "He [maintenance person] has shown admirable willingness and courtesy", when carrying out tasks.
- Robust procedures were in place for responding to emergencies such as fire, which staff were aware of. People had personal emergency evacuation plans (PEEP) so staff knew how to assist people in an emergency evacuation.

Staffing and recruitment

- The provider ensured there was sufficient staffing to meet the needs of people who lived at the service. This was confirmed by our observations and people we spoke to. One relative told us, "There seems to be plenty of staff, and I have got to know the names of most of them ... and notice that they are the same staff each time."
- Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.
- Recruitment and retention levels were high at the service. The registered manager and provider worked hard to ensure staff were retained by ensuring they were well supported and felt valued. This meant people received support from a consistent and familiar team.

Using medicines safely

- The registered manager had medication policies and procedures to advise and guide staff. Staff had received training and their competence assessed to ensure they knew how to handle medicines safely.

- Medicines were stored securely and regularly audited by the registered manager to ensure they were being managed safely.
- People told us they were supported to have their medicines at the right times.
- Detailed protocols were in place for people who may require as and when medicines for pain relief or symptom management of a health conditions.
- There were profiles which detailed how people would like to take their medication, for example, "I like a clean pot and I like them with my cup of tea."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to identify any trends or patterns to reduce the likelihood of these events reoccurring, and learning lessons.
- Lessons learnt were shared with the staff team and taken to meetings of people who lived in the service, if appropriate, for discussion.
- There was an open culture in which staff felt they could raise any safety concerns, and this feedback was highly valued and led to learning and improvement.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 fully assessed, and their beliefs, wishes and preferences were incorporated into people's care and support plans.
- The provider ensured staff were kept fully updated through a variety of means including linking into forums and meetings where best practice was shared, by email updates from sources including the Care Quality Commission (CQC), Local Authority and monthly calls with a specialist law firm.
- Staff followed nationally recognised best practice, and government guidelines to ensure care was delivered consistently and in line with expected standards.

Staff support: induction, training, skills and experience

- Staff told us the training they received was comprehensive and high quality. They said they were encouraged by the management team to further their knowledge through multiple opportunities including NVQ qualifications and additional training.
- Staff who had just joined the service said their induction was very detailed and equipped them well for starting the role of carer, even if they were new to the role.
- Staff felt very well supported through regular supervisions, and the 'open door' policy of the management team, which meant they could discuss any concerns, suggestions or ideas they had with registered manager, deputy managers or regional manager, and felt they would be listened to and be involved in the outcome.
- Staff had been appointed as champions for continence, medication, nutrition, malnutrition universal screening tool (MUST), twilight (end of life care), IPC, activities, and dementia. These staff received specialist training, updates in best practice and helped ensure high standards of care were upheld.

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

- People had a healthy, balanced diet which took into account their preferences and any special dietary needs.
- We observed people enjoying mealtimes and most were complimentary about the food. People were able to enjoy an alcoholic beverage if they wished. Themed events had taken place to encourage people to eat, with the favourites being fish and chips beside the seaside and afternoon teas with finger sandwiches and individual cakes.
- If people were at risk of poor nutrition or hydration appropriate referrals were made to professionals to seek advice to help support them. Creative ways to encourage people to eat using their favourite foods were regularly used. Relatives were also encouraged to spend mealtimes to support people eating. One relative said of supporting with mealtime, "It is the most special time for us all."
- People discussed menu choices at their meetings, held each quarter. It was also included in the regular

questionnaires which were sent to people and their relatives. This has led to changes to main dishes, including different types of meat being used. Relatives said, "[Chef] is clearly dedicated to her job and shows willingness to listen to any slight changes in taste or diet."

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

- People and their relatives said they saw healthcare professionals when they needed.
- Health care professionals we spoke to said staff were always helpful and reactive if a person was unwell. They were good at following instructions which led to good outcomes for the person with their illness resolved. If not, they would feedback so alternatives could be looked at. Another said the staff knew their residents well and helped them with the answers to their questions.
- A health care professional said, "I find this home an example of good care for residents and also good interactions with us."
- Relatives and professionals told us staff knew people very well and provided individualised support. One relative said, "They are the same staff each time. This means they actually know [family member] and their ways." One professional said the staff in the service were, "...Very accommodating and supportive." They said staff go with them to see the person and they know the answers to all their questions. The professional said, "They know everything about their residents."
- Staff had received additional training on wound dressings from the district nurses, who installed a box of dressings in the service. The district nurses reviewed when staff used the dressings to see if there was any further action needed. This worked well especially during times when the district nurses could not, or were limited, on visiting, to ensure people received prompt care and better outcomes.
- There was an emphasis within the service to keep people active and healthy. The activities staff carried out regular sessions involving mobility and quizzes, individualised to the audience or person, including one to one sessions, with people being looked after in their rooms so they did not feel so isolated.

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

- People lived in a comfortable, safe environment. There were plans in place for a refurbishment of the quiet lounge, interior and exterior decoration and floor tile replacement. People were consulted on what they would like from the refurbishment and had chosen the tiles for the floor.
- People had their own bedrooms which they had personalised according to their own taste and preferences.
- Around the home there were displays of photos from events within the service that people had been involved in and outings. There was a board entitled, 'stroll down memory lane' and 'gone but not forgotten', for people to reminisce and remember. This gave a homely, welcoming feeling to the service.

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.

- Mental capacity assessments were carried out when needed to establish if people making decisions affecting their lives had capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interests process.
- We observed staff asking for people's consent before providing support to them. People were offered choices and encouraged to express their views.

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was an extremely person-centred culture at the heart of the service. People and relatives told us they felt staff cared for them deeply and knew people very well. For example, whilst on inspection at lunchtime a person had a boiled onion with her meal. They said, "It's a boiled onion, I love them, the cook does one for me every day." Another person reached a milestone birthday during COVID-19. The person and their family were consulted on how they would like to celebrate, taking special care and attention to incorporate their wishes, they had garden visits for family and friends in the morning, followed by entertainment most of the day. The family bought in photos of the person when they were young which were displayed on the memory board. There was cake and buffet food. After everyone had gone staff asked what they thought of the day, they asked, "Why have they all gone home and why has the music stopped?" So, staff put on some more music and encouraged them to have another dance and sing song until they were ready for bed.
- People and relatives without exception described staff as exceptionally kind, caring, responsive, respectful, compassionate, with a friendly approach. We were told, "The staff are extremely kind and accommodating, nothing is too much trouble. It is the closest thing I can think of to living at home." The person said this was because of the registered manager and the team. They said they could walk into the manager's office any time for a chat, the cooks went out of their way to give them the food they particularly enjoyed, and nothing was too much trouble. When they first arrived at the home, they had said their room was bland, so they discussed what they would like. From this all the home's furniture was removed and the family visited and assessed what furniture would fit and now the room was full of their own furniture including bed, sofa and curtains. One person said, "You are all so good to me, we are like one big family."
- A relative said staff's constant care and attention had helped put back routine in their family member's life, "...Have all played a part in REVIVING their interest in life, their mental health and agility, improving their nutrition and hygiene. .... A massive difference and adds hugely to [family member's] health and wellbeing."
- COVID-19 had a massive impact on people living in the service not being able to have face-to-face contact with their families. Although measures were put in place for contact with families, some people really struggled. Staff were concerned one person was becoming low in mood. They discussed with the registered manager, using their in-depth knowledge of the person, ways in which they could cheer the person up and make them feel better. The plan was put in place after discussing with the person to organise for them to be involved in planting in the home's garden, which was one of their previous hobbies. Plants were ordered and they spent a couple of days gardening. They were overjoyed, and although they ached afterwards, they said it was worth it and their spirit was lifted.

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

- The managers and staff knew the importance for people and their relatives to be involved in decisions about their care to ensure it meet their preferences, wishes and choices. Relatives appreciated their views being sought and felt listened to. A relative said, "...Every single suggestion or request I have made has been listened to, discussed and carried out in a professional and business-like manner." They said this was not only regarding medication and health concerns but moving recliner chairs from bedroom to lounge more than once, to allow the person space and time to relax in afternoons. This was so important to the person to explore and try different ways, so they felt settled. The relative said, "They made it all bearable for the most private person you could imagine." The relative said, "Staff were so helpful too ...So many things where we needed extra consultation time over the past three years, and still, we are warmly welcomed and greeted ... wonderful, and very grateful thanks to all managers and staff."
- Staff understood and strongly promoted the importance of working with people. This has led to positive outcomes for people in the service. One relative told us, "The care plan instigated for my [family member] and the implementation of it, tweaking it as required, has led to improvements in [family member's] hygiene, cognition and mental health that I would never have expected, increasing their chances of longevity in a very comfortable, small, efficient environment."
- When people do not have supportive families and were unable to express their own views the manager ensured advocates were involved. One person came to the home who had complex needs. The manager involved an advocate to work with them to help understand what they needed and to understand their behaviour. Staff built an effective working relationship with the advocate and person, which lead to finding out what they liked to do, they could speak several languages, so staff encouraged them to regain this skill. They also found out about a distant relative. The manager contacted the relative who wrote to the person and later visited and took them out for afternoon tea. This led to the person becoming content and happy with their life at the home.
- As another means to capture people's wishes, preferences and dreams the home had a 'wish tree' where people could write down what they would like to do. During COVID-19 it was harder to grant the wishes, however, these were now starting to happen again including a person who attended church where they were once in the choir, another person always wanted to visit a local tank exhibition, somebody who used to love swimming each week wanted to start again and people wanting to visit theatres for shows and meals out.

Respecting and promoting people's privacy, dignity and independence

- People were treated as the heart of the service and staff worked with them to deliver outstanding person-centred care. Staff were extremely sensitive to the impact COVID-19 had on people's well-being and mental health. They went over and above in facilitating people to remain in contact and in touch with their pre-pandemic routines as much as possible. For example, one relative said their family member was, "Becoming increasingly unhappy and depressed", following not being allowed out of the care home due to COVID-19 lockdown. The manager worked with them to plan and risk assess an outing which, "...Proved very successful for [family member] and ourselves, it was a joy for them to see the countryside and the sea after so long."
- Without exception, staff demonstrated respect, caring and integrity. The registered manager had instilled in their staff an ability to provide incredibly thoughtful, respectful and empathetic care. This has been achieved through mutual respect and an investment in the wellbeing of staff, resulting in dedicated, individualised care that put people at the heart of the service.
- The manager and staff went over and above to promote people's independence and improve their confidence to achieve the best they could. A person was admitted who had not lived on their own before and found it difficult to cope. Over a long period of time staff encouraged them to take small steps to go out, initially with staff to post a letter, then expanding gradually until they went shopping on her own and

with other people and really enjoyed it. They sent cards to the staff saying, "Thank you always for kind help." The manager said, "It was teaching someone how to live again." From the wish tree a person said they would like to look after their own medication to give them more independence. The registered manager recognising the importance to the dignity of the person to help support them to become more independent in their own care, spent time with them to ensure they knew their medication, had capacity, understood the risk assessment. They said they were very happy to have some independence back.

- Another person's relative visited regularly and each time liked to bring items of their favourite food and sweets for them to eat. However, due to the person's changing needs they could no longer bring in food. As the relative was upset and still wanted to bring something in, staff, from learning about the person, encouraged the relative to bring in flowers as the person used to be a florist and they then arranged them together, spending quality time doing something they both enjoyed.

- Relatives commented on the staff's strong ethos of independence and the outcomes it achieved. One relative said, "In the early days [family member] was given their freedom and independence which always seemed uppermost in the care from the staff, even as their health gradually reduced and so limiting that ability. ...the care changed to providing comfort, ease of discomfort ..."

- We saw people's plans of care had a strong emphasis on a person's history, interests and what they loved doing. One record said, "Loves to have staff read to her or just chat. Because of her condition we always make time." On inspection we saw staff spending time sitting chatting with this person who was cared for in bed and staff spoke with enthusiasm about the person's hobbies, creating quizzes, and reading articles with them. Sessions in the communal lounge they could not attend were replicated for them in their room, such as flower arranging, as this was a favourite of theirs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- A person-centred culture was deeply embedded within the service. The registered manager had put in place an initiative called STAR (six things about residents) aimed at ensuring the care provided was informed by person centred knowledge of the person. The aim behind the initiative was to empower staff to spend regular quality time with each person using the service and find out six new things about the person.
- Staff we spoke with were enthusiastic about what they found out about people's lives, what they have done in their past and interests and how this could impact on the care they delivered. For example, who their heroes were, jobs they did and world events they were interested in and encouraged the person to rekindle their interests. This then sparked staff into finding books, articles and developing quizzes to enhance the time they spent together, leading to people not feeling so isolated if they were cared for in their rooms, or encouraging them to take up old interests again. For example, one person, who was cared for in bed, hero was Horatio Nelson, so staff not only found articles and books, which they read with them, but developed quizzes for them which they did on one to one basis. They used to be a florist so during the monthly flower arranging sessions, staff took flowers to their room so they can partake in the session.
- Staff were empowered to continuously learn. This has helped develop exceptional team performance, which in turn has benefitted the people in the service by having highly skilled staff who were encouraged to use their own initiative for people's benefit. Staff said, "[Registered manager] has inspired me to achieve excellence which although has been challenging and stretching it has also been highly rewarding . . . In terms of developing my training I am encouraged by the management team to further my knowledge. There are multiple opportunities to do so."
- The service won the Hunstanton Mayor Award for Care 2021. This award was, "In recognition of the care they had provided especially during a difficult period. The team kept their residents safe whilst ensuring all families were kept informed on the welfare of their family member. The team organised various events to uphold the resident's spirits with entertainment and activities throughout, whilst also managing to remain COVID free". They were also shortlisted to the final three for the Norfolk Care Awards for Excellent Person-Centred care 2020. This award was, "For organisations that were committed to excellent person-centred care and that individuals receiving care and support could direct the care given to them and determine the outcomes that they would like to receive from this."
- Care plans were detailed, and person centred so staff knew people well. As well as written details of extended life history, employment, family, holidays and hobbies they held photos of life events, holidays and weddings. A calendar held dates of special occasions and events so staff could be there for people to help them to remember key dates in their lives to either be celebrated or support them through difficult memories in an empathetic, caring way. This helped staff to provide person centred care and areas of

interest to engage with people.

#### End of life care and support

- The service provided an exceptional level of care and support for people who were at the end of their lives. People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well. Their ethos was, "How you leave this world is just as important as how you enter into it, with dignity and respect."
- The service had developed a comfort box for when families visited a person who was receiving end of life care. The boxes were made up with items such things as fluffy socks, scented cushion, bottle of water, dried fruit, cereal bar, hand sanitisers and items individual to the person, for example, if they always liked particular sweets, photos, favourite music, books/magazines and teddy. These items were to help the family share memories.
- To support the family and make a fitting tribute to the life of a person the home organised wakes for people when they died. Relatives acknowledged how much this meant to them at such a difficult time, saying, "We can't begin to tell you how much we appreciated the magnificent send-off you gave our [relative]. The tea was a fine feast and the balloon tribute at the end was a great thought (Although it brought on more tears!)."
- Staff supported people and their families to thoughtfully and sensitively think about what support they would like at the end of their life. The service had introduced detailed 'thinking ahead' discussions that contained personal preferences to support staff in making sure people felt thought about and cared for when they were near to death. For example, discussions were had on what flowers a person might like in their room, as well as their spiritual needs, with priests and friends from the service visiting. Staff went over and above in ensuring people had the support they required. For example, organising for the members of one person's family to stay at the home so they could spend as much time as possible with their loved one and be there at the time of their death. For another person who had no family and was frightened of being on their own, staff ensured they had someone with them right to the end.

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

- Detailed knowledge of people and their interests was gained and used to enhance people's well-being and quality of life. For example, following the death of a close family member staff found the person became withdrawn and had stopped eating. Staff worked with the person's dietician to put in place a specific menu for the person using the foods they knew they liked to encourage them to eat again. Through spending one to one time with the person staff identified a previous hobby the person used to engage in. Staff said they purchased items and gradually with time, kindness and patience encouraged them to pick the hobby up again. This gave the person something to focus on and helped them regain a purpose and enjoyment for life, putting on weight and joining in the community of the home.
- People were encouraged to keep their faith with priests visiting the home. For other denominations staff spent time with people to learn what their religious beliefs meant to them and ensured from their preference, regular communications were established and sustained between them and their church, including writing and receiving letters which staff supported them to read. This gave the person continuous knowledge and comfort their faith was being followed.
- One person wanted to visit their church they used to sing in the choir at. With restrictions lifting this was organised with a friend taking them. Staff said the person had thoroughly enjoyed the service and her face was one of pure pleasure on returning to the home. The person said, "It means the world to me, being able to follow my faith."
- There was a designated activities staff member who spent time on a regular one to one basis getting to know people's individual backgrounds and hobbies. This information was captured in a journal which

supported staff to ensure the care was person centred and activities delivered that met people's individual needs. For example, one person liked to do quizzes but wished to remain in their room, so quizzes were individual made on their favourite topics and staff spent time with them doing them. For another couple their love of dancing was discovered, and, before COVID-19, staff took them to a local dance club where they developed friendships.

- The sessions activities staff organised were extremely popular and highly important during COVID-19 to ensure people were entertained, motivated, kept mobile and for their wellbeing. Such things as quizzes, poetry, bowls, flower arranging, whiteboard games, balloons, singing, especially hymns were popular with people and they were tailored to the individual or group with varying levels of difficulty. Technology was used to continue the regular yoga sessions on video call. The manager said this developed into a much-loved activity. One person said, "This is relaxing and good for the soul.", another said, "I should have been doing this years ago, I might still be able to walk without my frame."
- The local priest was attending the home and conducting services during COVID-19 when restrictions allowed and this continued, which helped give emotional support and comfort to people. Church visits had started again. There was an initiative started prior to COVID-19 where families with young children came into the home, to build relationships between the younger and older generations. There were plans to restart these visits.
- Throughout COVID-19 the registered manager contacted families by telephone each week. She answered questions, ensured any actions were taken and gave the opportunity to speak to their family member. Relatives said this was such an enormous comfort especially when there was no visiting. This was also a wellbeing check for the family. Relatives said, "Her updates on [family member's] progress were very reassuring." Another relative said, "Communications throughout the pandemic have been very good and we've always been kept up to date about my [family member's] welfare."
- The staff were concerned about the impact on people and their relatives with the loss of connectivity during COVID-19. They discussed what they could do and came up with the idea of taking photos including ones of the person holding their arms out in a virtual hug and helping people pick a poem which was sent to their families, to give them something to keep and hold dear. The deputy manager said, "The response was marvellous from relatives, which then had a wonderful impact on the people and staff, being very uplifting and creating treasured memories".
- Relatives and friends were encouraged to visit as the restrictions allowed due to the importance of any contact on people's wellbeing and mental state. During COVID-19 the registered manager allowed a person's friends to visit twice per week for window visits and each time they would dress up or wear funny face masks. This was a highlight not only for the person, whose friend they were, but to others and staff as well. The person said, "They make my day."
- The inclusive culture and atmosphere meant activities were driven and chosen by people and staff responded and supported these. For example, inspired by Captain Tom a person started walking round the garden. Other people wanted to join in so with support from staff they walked around the gardens or outside of the home, motivating each other. Everyone was given the opportunity to take part with wheelchairs being used if they could not walk. In one month, they were proud to say they had covered in excess of 30 miles. From this they created a walking club to encourage people to go out for walks every day as well as going into the garden.

#### 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.

- Staff recognised people had individual communication needs and spent time supporting these in very

person-centred ways. For example, during COVID-19 one person could not verbalise so staff helped them write messages on cards and they held these up during video calls with their relatives so they could communicate. Staff supported other people to write to their families which could be posted or organised video calls to keep people connected during this time.

- Another person was unable to communicate with their family over the phone during COVID-19 and became distressed. Staff discussed this with the person and their family with the idea of the family writing letters and sending photos decided upon. Staff spent individual time reading the letters and showing the photos with the person and writing a response. This made a real difference to the person, who staff said was thrilled, their mood lifted, and they felt less isolated
- People's records gave details of their communication needs, including how to support around more complex conversations and decisions and the use of alternative methods such as cards or writing things down. Staff also spoke about communicating with people who were hard of hearing by using verbal and non-verbal cues such as facial expressions and body language to find out what they were interested in and liked to do.

Improving care quality in response to complaints or concerns

- The management had not received any formal complaints since the last inspection. People and their relatives told us they felt able to raise any concerns with the registered manager and felt assured they would be dealt with. One relative said, "If I or the family have had any concerns a quick call to [registered manager] has resulted in matters being sorted as soon as possible, and her updates on [family member's] progress were very reassuring."
- We heard of examples where management had spent time with people and their families to help with difficult decision making, to listen and support them to ensure the outcome was positive and the best for the person involved.
- We observed during our inspection that managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have.

# 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 the last inspection this key question was rated as good. At this inspection this key question had improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- At the heart of Nightingale Lodge was a very strong ethos of individualised care. The registered manager had this as a cornerstone of their practice and was the continued inspiration for the service. People who lived in the service spoke very highly of the registered manager, and their relatives said the service was exceptionally well led. One relative said, "Her dedication to duty has been infallible." Another said, "The manager pays attention to ever-changing circumstances and details of the environment and of each resident. I cannot commend her enough. The care of my [family member] has been exemplary."
- The driving force behind the vision for the service was providing excellent person-centred care. Examples of this in practice included the comfort box to help for the difficult time for families when their relative was receiving end of life care, the STAR initiative to find out more about people's lives and the activities journal to enhance people's care records and, therefore, care provided.
- The registered manager had worked at the service for a number of years, during which the home had consistently provided good outcomes for people, with its rating being outstanding at the last inspection in 2019. They continually strived and challenged themselves to improve the service, empower and develop staff to ensure there was a high level of engagement leading to excellent care for people living in the service.
- The service worked with healthcare professionals, families and the staff team to improve people's lives. We heard examples where people were admitted to the home and either did not have many possessions, and/or had not been looking after themselves. On each occasion the management team and staff worked with healthcare professionals on health matters, with the person and the family to ensure they had all the possessions they needed and with a lot of empathy, care and attention learnt about the person, their life, likes and dislikes, encouraged them to become interested in life again. This led to positive outcomes for the person each time.
- Relatives spoke of the high standard of care and how this was responsive to the needs of the person to ensure it enhanced their life. This was especially important as people's health started to deteriorate, and their care needs increased. One relative said, "The care [family member] received is excellent. I am very grateful to the home's remarkable manager for her sensitive understanding and efficient response to my [family member]'s increasing needs and I have nothing but admiration for her excellent team of staff and carers who are doing such a superb job."
- Staff were clearly proud and motivated to work at the service. One carer described the team as, "The best group of people I have ever had the privilege to work with. The kindness and compassion they all have for their jobs and fellow employee is something I have never had the privilege of being involved with."
- Health care professional's overall impression was very good. One told us, "They are always helpful,

reactive if residents are unwell." They said they found staff, "very accommodating, very supportive". Another said, "The service took patient's wishes into consideration in their management and listens to them and communicates this with me."

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

- The service was led by a strongly motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The registered manager was seen by staff as an inspiration and a role model to achieve excellence.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement. This was monitored by the provider who also undertook regular quality assurance visits to the service and carried out audits. These were reviewed by provider's senior managers and the registered manager with actions being taken in a timely manner.
- The registered manager had a 'firm but fair' approach to managing staff. She was clear about what she expected from staff, managed unacceptable behaviour and rewarded and positively supervised excellence. The registered manager awarded an employee of the month to staff who went over and beyond in the care they provide to people. Examples for the award included staff going to local charity shops in their own time, to buy clothes as a person had no family and could not go themselves, another came in on their day off to put plants in the gardens with people assisting and one came in when off duty to spend time with a person who was receiving palliative care and whose family lived away so they had company.
- Staff all spoke of their high regard and respect for the registered manager. Staff said the registered manager would go over and beyond for her staff. We spoke to staff who the registered manager had supported both in their personal and private lives, without whom they said they would not have got through. One member of staff said, "They saved me and my sanity."
- We spoke to other staff whose physical disabilities caused by poor health prevented them returning to their job. The managers recognised there was a strong need for continued inclusion, fair treatment and opportunity so created a new role. The impact was huge with people receiving dedicated one to one time to do lovely things they wanted, such as the simple pleasure of visiting a pub whilst watching passers-by or one-to-one time with a person who was cared for in their bed. The staff said regarding the impact of the new role, "I am no longer depressed, I have a purpose, I am no longer bored, I love my job and you have brought me back to my family." They said, "We are a family. We work as a tight knit home." This meant staff cared for each other and the people they worked with. They were united in ensuring people received more than just care but enhanced quality to their lives that they deserved and supported each other in achieving this.

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

- Relatives spoken with said how good communication was, between themselves and the home. This had given reassurance to relatives especially when they could not visit due to COVID-19. A relative said, "Communications throughout the pandemic have been very good and we've always been kept up to date with my [family member's] welfare."
- Staff talked about how good the communication was, from staff handovers to staff meetings and day to day working. This helped staff feel empowered and work well as a team due to knowing what was expected of them, what tasks needed completing, so they helped each other achieve them. A number of staff spoke about the open-door policy of the managers which meant they felt able to speak about any queries, questions or concerns they had knowing they would be answered and supported if needed.

- The service saw itself as an important part of its community and was keen to develop these links. Before COVID-19 people used to attend local clubs, for example, dance, for the visually impaired and to attend church. A project through local schools for families with young children to visit people in the home had to be put on hold and this developed into 'Plant a Seed with a Friend in Deed' where 'little visitors' and people who lived in the service grew plants from seed, with view of teaching the 'little visitors' the life-cycle of plants.
- Managers were keen to promote involvement and empower people to voice their opinions in developing the service and high standards. People were involved in recruiting staff, after the initial successful interview with the registered manager, the candidates were interviewed by six people who lived in the service. The registered manager said between the people and herself she was able to choose the right staff. A person involved in interviewing said, "I love talking to people and have a good listening ear. I'm pleased to be able to help." Of the registered manager they said, "[Registered manager] always values my opinion, we've had some good conversations." A couple of people who lived at the service, before COVID-19, showed prospective people around as it was their home.
- The regional manager held regular meetings of people where they were asked for their feedback on how the service was run, given results from questionnaires, asked their opinions on improvements needed including refurbishments, with any actions identified being completed. For example, people's requirements for the refurbishment of the quiet lounge, change of use of rooms, and a person suggested individual laundry bags as some small items of laundry had gone missing. Everyone now has the option to have their own laundry bag.
- During COVID-19 these were held virtually with the regional manager, speaking to people on a one to one basis, with minutes being produced and displayed for all to read.

#### Continuous learning and improving care

- The registered manager's vision and values of continuous improvement were clear for staff and people to see. There was an annual development plan which included areas highlighted by people who lived in the service to improve such as a 'changing rooms' style project for the quiet lounge.
- Regular meetings were held with the registered managers from the provider's other homes, to share best practice, discuss changes in requirements and ensure lessons learnt from incidents, accidents and complaints were actioned, including any training needs. For example, when oral health care became a focus a new risk assessment was created, and all the managers were trained on how to use it.
- Learning from concerns, complaints and incidents were taken to meetings of people and staff. The management felt the views of people using the service were at the core of quality monitoring and assurance, so their views were regularly sought. For example, with regards to complaints the quality of meat for the meals was raised. This was discussed at a meeting and following discussion with the meat supplier other cuts and types of meat were tried by people and their feedback and views sought and the meals improved to everyone's satisfaction.
- The management realised not all staff learn in the same way, so to ensure no person was disadvantaged by the learning style, training was offered in different formats, for example electronically, paper based, face to face training, depending on subject.
- Staff said the care provided was exceptional and distinctive. A member of staff said, "Each concern that is raised, or a new idea that is presented to the management team, is dealt with in a very inclusive manner. Whereby the staff are included within the solution which also leads to the employees feeling empowered and proud to work for such an exceptional organisation." They said their experience was, "I often approach the manager with new ideas or adjustments that could improve the care home. I am always included in the process from beginning to end and I am also praised for doing so."

