Cadogan Care Limited

Nightingale Nursing Home

Inspection report

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Littlehampton
West Sussex
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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

The inspection took place on 5 and 7 December 2016 and was unannounced.

Nightingale Nursing Home provides care and nursing care for up to 35 older residents, including those living with dementia. The home is located in Littlehampton, close to local amenities and the seafront. At the time of our visit there were 20 people living at the home, one of whom was on a respite stay. The home has two communal lounges, a fully assisted bathroom on each floor and an accessible garden.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the home. Risks to people's safety were assessed and reviewed. Staff understood local safeguarding procedures. They explained the action they would take if they were concerned that someone was at risk of abuse. People received their medicines safely.

People had developed good relationships with staff and had confidence in their skills and abilities. They told us that staff were kind and that they treated them respectfully. There was an established team of staff at the home, which offered continuity of care for people. The registered manager ensured that there were sufficient staff on duty at all times to meet people's needs. Staff had received training and were supported by the management through supervision and appraisal.

People were involved in planning their care and in making suggestions on how the service was run. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed home-cooked food and were able to make suggestions for dishes they would enjoy. Staff monitored people's food and fluid intake to ensure that they were receiving enough. Where concerns were identified, action had been taken.

Care plans provided detailed information about people and guidance for staff on how to support them. Staff responded quickly to changes in people's needs and adapted care and support to suit them. Where appropriate, referrals were made to healthcare professionals, such as the GP or community psychiatric nurse (CPN), and their advice was followed.

There was strong leadership within the home. The registered manager and deputy monitored the delivery of care and had a system to check and review the quality of the service. There was also a plan in place setting out future improvements to the home, including increasing activity provision, additional support for families and changes to the physical environment. Suggestions on improvements to the service were welcomed and

people's feedback encouraged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who cared and who knew them well.

People were involved in making decisions relating to their care and were supported to be as independent as they were able.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information about people's care needs and guidance for staff on how people should be supported.

Staff understood how to support people and responded quickly to any changes in their health.

People enjoyed a variety of activities.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

People and staff spoke highly of the registered manager and leadership team. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager used a series of audits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Nightingale Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 7 December 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed two previous inspection reports and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We looked at care records for four people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at five staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with eight people using the service, three relatives, the registered manager, the deputy manager, a registered nurse, four care assistants, the activities coordinator and the chef. We also met with a physiotherapist who was visiting the service and asked them for their views. Following the inspection, we received feedback from a GP and a healthcare professional who had involvement with the service. They consented to share their views in this report.

Nightingale Nursing Home was last inspected in February 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe. One relative had written to staff saying, 'Our Mum could not have been in safer, more sympathetic hands whilst with you. You gave her such physical and emotional comfort'. Staff had attended training in safeguarding adults at risk. They told us about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. One care assistant said, "I would raise any problem straight away". Staff told us they felt able to approach the registered manager if they had concerns. The registered manager had recently attended training on safeguarding procedures with the local authority and was clear on her responsibilities. Information about safeguarding and how to raise a concern was displayed on a notice board in the home.

Before a person moved to the home, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling, pressure areas or from medical needs such as oxygen therapy or the use of a urinary catheter, these had been assessed. For each risk identified, guidelines were in place to describe how to minimise the risk and the support people required from staff. For example, people at risk of pressure injury used specialised equipment which was checked daily by staff to ensure the setting was correct. Staff also assisted people to change their position on a regular basis and monitored their nutritional and fluid intake.

Where accidents or incidents occurred, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury. Staff had been proactive in seeking to minimise the risk to people. One person who had sustained a number of falls and was at high risk of falling had moved to a downstairs room. Others at risk of falling whilst in bed used bed rails or had their beds in a low position with a mattress alongside to minimise the risk of injury if they rolled out. Another person's care plan had been updated to show that they needed assistance with hot drinks to minimise the risk of spillage and scalds. The registered manager was also looking at specialised cups to promote the person's independence whilst keeping them safe.

There were enough staff to keep people safe. One person told us, "They come quickly if I push the bell". Staff told us they had time to provide good care and to spend time with people. One care assistant said, "I feel I can give the care I want to. In the afternoons we can sit and chat". During the day there was one registered nurse and three care staff on duty; at night the registered nurse was supported by one care assistant. Rotas confirmed that these levels had been maintained. In addition, the provider employed activity, domestic and kitchen staff which enabled care staff to focus on providing support to people. Staff told us that the registered manager adapted the staffing level to meet changes in people's needs. The registered manager said, "It (the staffing assessment) is done day to day, it's about knowing the residents. I had a calculation tool but it read that we had too many staff".

The registered manager had a bank of staff who could be called upon to cover shifts. This helped to minimise the use of agency staff and to promote continuity of care for people. At the time of our inspection, there was a vacancy for one registered nurse and a part-time care assistant. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment

history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. For nurses, their registration with their professional body was checked to ensure they were fit to practice. These measures helped to ensure that new staff were safe to work with adults at risk.

Medicines were managed safely. Medication Administration Records (MAR) demonstrated that people had received their medicines as prescribed. Where people were prescribed medicines on an 'as required' (PRN) basis these were offered and clear protocols were in place to give guidance to staff. Medicines were stored safely, in locked trolleys or in a locked room. Medicines that needed to be kept cool were stored in a fridge and the temperature was recorded daily. Creams and ointments had been dated on opening. This helped to ensure that they remained within date and were effective. Medicines for disposal were recorded and returned to the pharmacy.

Good

Is the service effective?

Our findings

People were very satisfied with the care they received. One person told us, "Everything is marvellous here". Another said, "The Staff are very good, they do all that is needed in order to look after me, I have to rely on them totally". In a card to the staff, a relative had written, 'She was with you for a few years and the standard of care was always excellent. We could not have asked for better. We'd never hesitate to recommend Nightingale'.

Staff received training to enable them to provide effective care and support to people. New staff attended a period of induction. This comprised training courses and shadowing of experienced staff. The registered manager had introduced the Care Certificate, which is a nationally recognised qualification for staff working in health and social care.

Staff spoke positively about the training they received. One care assistant said, "The training is good. There are courses available". Another told us, "There is very good support for further training". The majority of training was delivered by the registered manager and deputy, using course material on DVD. Moving and handling practical training was delivered by the provider, who was qualified to instruct on this. Other courses were arranged externally, such as via the local authority, fire and rescue service, hospice or hospital. Courses made mandatory by the provider included moving and handling, infection control, safeguarding, first aid, fire, dementia care and health and safety. Registered nurses had attended additional courses in wound care and end of life care.

Staff received regular supervision. Supervision meetings gave staff an opportunity to discuss their achievements, training needs and any concerns. The registered manager also held group supervisions on particular topics, such as the medication policy or on oxygen therapy. Staff performance was reviewed annually during an appraisal meeting.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, 10 applications had been made to deprive people of their liberty and three had been authorised by the local authority.

We checked whether the service was working within the principles of the MCA. Care records included examples of where people had refused treatment such as routine observations of blood pressure or the flu jab offered by the community nurse. There was information regarding each person's capacity to make day to day decisions and guidance for staff on how to involve them in their care. The records demonstrated that staff had considered people's capacity and supported them to retain their independence and rights. Where

necessary, staff had involved relatives and professionals to make a best interest decision on behalf of the person. Information on advocacy services was displayed in the home and details of any advance decisions (such as to refuse treatment) or if people had appointed a Lasting Power of Attorney (LPA) to be their representative were clearly recorded, along with a copy of the decision.

Staff understood the requirements of the MCA and put this into practice. We observed that staff involved people in decisions relating to their care and respected their wishes. Although staff demonstrated a clear understanding of how to apply the legislation, we found that records relating to capacity assessments and involvement were not always clear. For example, the records did not always show how people were supported during the capacity assessments or if anyone else was involved in the process. We discussed with the registered manager, how clearer recording would help to demonstrate that people's rights were consistently respected. The registered manager told us that they intended to revise the forms and include the updates as part of staff supervision.

People told us they enjoyed the meals at the service. One person said, "I think the food is very good and if I don't like something they make me something else". People explained that staff asked them each morning which option from the menu they would prefer. We observed people were able to choose where they ate and were offered support during the mealtime if needed.

Staff understood people's dietary needs and knew their preferences. The initial assessment when a person moved to the home recorded their particular likes and dislikes. Special requests were accommodated. One person told us, "You can ask for something you fancy". A staff member said, "One lady has requested prawns one day a week and she has them". Some people had the texture of their meals modified to aid their swallow and reduce the risk of choking, others managed better with finger food. Staff monitored people's intake of food and fluid and took action if any concerns, for example weight loss, were identified. Foods, such as porridge, were fortified by adding cream so as to boost the calorific value and some people received dietary supplements prescribed by the GP or dietician. Drinks were offered throughout the day and were within easy reach of people who had chosen to spend time in their rooms.

People had access to healthcare professionals and the service worked collaboratively to ensure that people's needs were met. Care records included consultations with the GP, chiropodist and community psychiatric nurse (CPN). A physiotherapist told us, "The staff do make time to follow advice". A GP told us that the home was well managed and offered a high standard of clinical care.

Good

Is the service caring?

Our findings

People spoke highly of the staff. One person told us, "The staff do come in and chat. All the staff are very pleasant and caring people". Another said, "The staff are kind, they take an interest in you and if you have any problems nothing is too much trouble". In a card to staff, one relative had written, 'A massive thank you for the hard work and compassion you showed to my mother during her stay with you. You kept her smiling right up until her final hours. It makes such a difference when people care. You also supported me during her stay with you'. Another relative told us, "The staff here are so caring it's unbelievable, when I was poorly they insisted I came here for a few days to stay so they could look after me".

People told us that they appreciated seeing regular staff. One person said, "They very wisely keep the same staff. You know your staff and they know what you like". Each person had a named nurse and keyworker who were responsible for coordinating their care and ensuring that they had everything they needed. People, often with the assistance of their families, completed information about their lives, interests and achievements. This helped staff to get to know people individually and to engage with them on topics that were of interest. One care assistant said, "I love the interaction with the residents. We have time to have a chat and a laugh, to ask how they are".

People felt involved in planning their care. They told us that they were offered choices and that staff respected their decisions. Where people were unable to express their wishes directly, relatives were usually involved. One relative said, "I am pleased with how they treat my wife, they keep me updated on what is happening with her care". People's wishes and preferences were recorded with regard to their future care wishes and end of life care. One person showed us their room and said, "I've got all sorts of nice things here that came from my house". We observed staff involving people in day to day decisions. For example, when one person in the lounge said they would prefer the television to the Christmas music, the staff member checked with each of the others before turning on the television. Another person who was staying at the home for a short time was supported by staff to understand why they were there and when they would be returning home. Staff had also given the person a small notebook and recorded when family and friends had been to visit, as a way of prompting the person's memory.

Staff supported people to be as independent as they were able. We met one person as they returned to the home after popping to the local shops. Another person said, "I look after myself in terms of bathing and getting dressed, but I do need help getting in and out of the bath, that's not really bad for (stated their age) is it?". One care assistant said, "If they can do it for themselves, we encourage that". Other staff gave examples such as offering a varying level of support with meals, depending on the person's ability on any given day, or in dialling a telephone number for a person who was then able to manage the conversation independently.

People told us that staff treated them respectfully. We observed that staff called people by their preferred names and always engaged with them before providing any care. When people were in their bedrooms, staff knocked and waited for a response before entering. One person told us, "The staff are very kind and caring, they treat me with respect and dignity, especially when it's a difficult situation for me and I have to allow them to look after my personal needs. I suppose they are used to it but for me it can be embarrassing, they

put me at ease". Another said, "I am able to look after myself really but they know I like my own space and they're respectful of that, they knock on my door before coming in". A third told us, "The staff are kind and caring; my visitors can visit when they like and are made to feel welcome". On a review website, one relative had written, 'My mother spent six weeks in the home and sadly died whilst there. The staff could not have been more attentive, caring and considerate of her needs whilst in their care. They treated her with respect and dignity throughout. She was always given the utmost attention. Their concern for her as an individual person was holistic. Despite losing our dear mum we know she was in the best hands, so thank you Nightingale!'

Good

Is the service responsive?

Our findings

People had been asked how they would wish to be cared for and about what was important to them. This information was included in a care plan which provided information to staff about the person and their support needs. The care plans were personalised and demonstrated that staff had taken time to get to know people and understand their wishes. The chef told us, "(Registered manager) will move heaven and earth to make sure it (their wish) is done for them". A care assistant said, "She (registered manager) picks up on little things for individuals, it's nice".

People's care needs were clearly documented. Each person's care plan contained an assessment of their needs and detail for staff on how to support them. There were sections including communication, physical and emotional needs, mobilising and hobbies. Each care plan described the area of need and guidance to staff on how they should assist the person. For example, how many staff were needed to support them to transfer safely and which equipment was required. Staff told us that they found the care plans useful and that they were updated to reflect changes in people's needs.

Monitoring records were in place to ensure that care had been delivered in accordance with the care plan. These records included repositioning records, wound care, checks on equipment such as pressure-relieving mattresses and records of topical creams administered by care staff. Handover meetings held between shifts enabled staff to discuss people's care needs and ensure people were cared for in a responsive way. We noted examples of how staff had responded to changes in people's needs. One person had been referred to the GP for a medicines review as it was possible their tablets were causing nausea, another person had red eyes which following treatment were noted two days later as 'much improved'. The deputy manager told us, "We know people, we know what they like and dislike. You learn because you monitor. On a good day you chat and you learn more. You see them happy and that's all that matters".

A range of activities were available to people, provided by the activity coordinator, external entertainers and a visiting Pets as Therapy (PAT) dog. In-house activities included Bingo, bowling, crafts and gentle exercise. One to one activities included a foot spa, gardening during summer months, chats or support to read a book or the paper. When we visited, people were involved in decorating the home for Christmas. One person visited a local day centre on a regular basis. People told us that they had a choice in how they spent their time. One person said, "It's being amongst people I know and enjoy that makes me particularly happy. There are enough people to chat to and if I wanted, there is lots more I could do (referring to the activities available)". One person told us that they would welcome more company. We discussed this with the registered manager who told us that they would be doubling the activity staff hours from 12 to 24 each week starting in the New Year. She told us that this would allow for more one to one activity, as many people opted to stay in their rooms rather than join group activities.

People felt able to raise concerns or suggestions with staff. One person told us, "You can ask for what you need or want; they listen". The registered manager was available to people and visitors. She told us, "You see people so much, we're always available". In addition, twice yearly resident/family meetings were arranged. In the minutes we saw that activities and changes at the home had been discussed.

The complaints procedure was displayed in the home. This explained how to make a complaint and the anticipated timescales for response. One person told us about their experience of making a complaint. They said, "It was sorted out immediately and I have had no bother since". The registered manager had recorded the concern, taken prompt action and ensured that all parties were satisfied with the response.

Good

Is the service well-led?

Our findings

The home had an open and positive culture. People were respected as individuals and staff felt supported in their work. The home's philosophy was described as, 'To create a safe, secure, relaxed, happy and homely atmosphere for our residents to live in and for the staff to work in'. People appeared relaxed in the company of staff. One person told us, "It's as near home as you could possibly get". A relative had written in a card, 'The warmth and care he received and the little jokes you shared with him made him feel at home'. Another relative told us, "We are able to visit whenever we like, we don't have to call, we just turn up. The staff make us feel welcome and offer us drinks". A staff member said, "It has a nice family feel. I don't feel like I'm at work when I come to work". There were two cats in residence who were greatly appreciated by people. The home also welcomed people with pets and was registered with The Cinnamon Trust, a charity that works to preserve the relationship between owners and their pets.

The registered manager had recently started a relatives' support meeting, with a second planned for the New Year. An information session under the 'Dementia Friends' initiative was also scheduled, to help raise awareness about living with dementia and the support available to family and carers. Staff told us relatives would often visit the home after their loved one had passed away, and they continued to be involved in the life of the home. A card from one relative read, 'You helped not only him but us by providing Dad with the most caring, dignifying and professional care. He was supposed to have passed within a few weeks of hospital discharge but he just kept going because of you all. Every extra day was a gift. You always managed to get the best out of him. We are so thankful his last days were in such a warm and loving environment and we always had our privacy with him. You provided comfort, reassurance and built up his trust in you'.

There was a well-established management team at the home. The registered manager and deputy had worked at the home for many years and were registered nurses. A representative of the provider visited weekly. The registered manager told us that the provider was supportive and quick to respond to requests for assistance or new equipment. One person told us, "There are two managers here. We can always go to one or the other. They sort things out on the spot". Staff felt supported. One care assistant told us, "They encourage you to do the job to the best of your abilities. It makes a huge difference (good management)". Another said, "Anything I want to say, I say it to the manager". A third stated, "(Registered manager) is brilliant. She is hands-on, she sorts things out".

The registered manager and deputy were available and willing to offer help and support to people. As part of their quality assurance and to keep in touch with people and staff, both managers worked shifts as nurses and care assistants. The registered manager told us, "We are able to offer advice and guidance". A care assistant said, "Working as a nurse she (registered manager) sees more and can pick up on it". A physiotherapist who visited the home told us, "I've no concerns about the home. They're always on the ball and try to do things as quickly as they can". One person told us, "It's very nice, I couldn't have a nicer place".

Staff meetings were held to share information and to provide a formal opportunity for staff to share their views. In the minutes of meetings we saw that there had been discussion on training opportunities, guidance about hot weather precautions and an opportunity for staff to raise any concerns. One care

assistant said, "(Registered manager) will listen to any of us. She manages the home well".

The registered manager used a series of audits to monitor the delivery and quality of the service. This included monthly audits of medicines and care plans and a twice yearly audit of infection control measures. Records shows that the audits had been effective in identifying gaps or concerns and in monitoring that these had been addressed. The provider completed monthly checks at the home which included staffing, cleanliness and the follow up of actions from external audits, such as by the local authority, fire and rescue service or the Commission. Records of actions were maintained, including ordering of a new hoist, professional carpet cleaning and replacing curtains.

The provider used feedback to improve the service. Questionnaires had been given to people, their relatives and to professionals who visited the home. In addition, people who had recently moved to the service were asked to complete a feedback form regarding their experience of the admission process. Feedback was positive. Comments included, 'Despite his reluctance in many areas, they never lost patience in trying to coax him', 'Friendly, reliable, clean and welcoming - would recommend' and, 'This is a good nursing home, I would be happy for a relative of mine to reside there'. The registered manager had analysed the responses and improvements including hanging baskets, repainting the front door and introducing gentle exercise classes; all of which had been made in response to feedback.

The registered manager had further plans to improve the service. A 'dementia development plan' was in place setting out the service's current strengths, ideas they wished to try and where they would like to be in 12 months' time. This plan had been reviewed to monitor progress and included actions such as extending dementia care training, increasing activity hours and adapting the interior of the home to make it more dementia-friendly. The registered manager had also requested support from the Care Home In-Reach Team (CHIRT). The 'in-reach' team from the local NHS Trust aims to support care homes to deliver high standards of care. They work alongside staff to deliver a package of training, drawing also on the knowledge of community professionals.