

Thames Carehome Limited

Nightingales Care Home

Inspection report

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27 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- The service is in a residential area of Maidenhead and close to the River Thames.
- The service provides accommodation and personal care to older adults, some of whom have early stages of dementia. The care home can accommodate 17 people in one adapted building.
- This is the only location that the provider operates. The provider is part of small group of care homes.
- At the time of our inspection, 12 people used the service.

People's experience of using this service:

- The provider had made a significant investment in the equipment, building and premises since our last inspection. This had improved the environment for people who used the service.
- Infection control and prevention had improved, to protect people from avoidable harm.
- The service had satisfactorily mitigated the risks associated with the premises.
- People continued to like living at the service.
- There was a homelier atmosphere because the adaptation and the decoration of the service was changed.
- People continued to receive care from friendly, dedicated staff who knew them well.
- Appropriate governance processes were in place to ensure quality care for people.
- The registered manager provided good leadership to the staff and was considered an integral member of the team.
- The service met the characteristics for a rating of "good" in the key questions we inspected. Therefore, the overall rating for the service is now "good".
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement". Our last report was published on 28 September 2018.

Why we inspected:

- This inspection was to follow-up enforcement action we took against the provider after our last inspection. This was because we found continued breaches of the regulations. At this inspection, we checked whether the provider made improvements following our previous enforcement.

Follow up:

- We made a recommendation about the redecoration and provider engagement. We will check the provider's response at our next inspection. We will continue to monitor the service to ensure that people receive safe, compassionate and quality care. Further inspections will be planned for future dates.

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Nightingales Care Home

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by two inspectors.

Service and service type:

- Nightingales Care Home 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 is required to have 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit occurred on 27 November 2018.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Food Standards Agency and the Information Commissioner's Office (ICO).
- We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

- We spoke with two people and observed other people's care.
- We spoke with the registered manager, administrator and three care workers.
- We toured the building and grounds.
- We reviewed two people's care records, a personnel file, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At our last inspection on 19 June 2017, this key question was rated "requires improvement". We found continued evidence of risks from the premises and equipment, and infection prevention was unsatisfactory. We took enforcement action against the provider to ensure they would improve the key question safe to at least "good". At this inspection, we found the service had taken steps to improve the safety of people's care. Therefore, the rating for this key question has increased to "good". Further improvements to ensure people's safety are ongoing.

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

Systems and processes:

- People remained protected from abuse, neglect and discrimination.
- The service made referrals to the local authority if there were alleged risks to people. We saw an example where the service had protected a person by liaising with a social worker.
- People liked living at the service.
- People's interactions with staff was positive. They were attended to promptly when they asked for help.
- We observed that people's needs were attended to in a timely way. Busy periods occurred during mealtimes and the morning, however the registered manager was also available to provide personal care to people.
- During the morning, when staff attended to people's care needs in their bedrooms, the administrator could supervise people who sat in the communal lounge.

Assessing risk, safety monitoring and management:

- The provider had acted on the items we highlighted in our prior enforcement action.
- They had made significant improvements to ensure that people were protected against the risks from the equipment and premises.
- Heaters that were unsafe were removed and replaced by ones that protected people from the risk of burns.
- Lighting was improved so that the risks of slips, trips and falls were further mitigated.
- A mirror that was leaning against a wall was removed. An access hatch and electrical cupboard there were previously easily accessible were secured.
- A chair that impeded access to an emergency exit door was replaced and there was no obstruction to the escape route.

Staffing levels and recruitment:

- Sufficient staff were still deployed.
- A maintenance person was employed on a part-time basis since our last inspection. They had worked additional hours to assist the provider make the necessary improvements to the building and premises.
- We checked the maintenance person's personnel file. It contained all the necessary checks and documents

to ensure fit and proper persons were employed. This included ID checks, a criminal history check, full employment history, checks of conduct (references), health questionnaire and interview notes.

- We checked a personnel file. It contained all the necessary checks and documents to ensure fit and proper persons were employed. This included ID checks, a criminal history check, full employment history, checks of conduct (references), qualifications, health questionnaire and interview notes.

Using medicines safely:

- People continued to safely receive their medicines.
- The service had implemented improvements regarding fluid thickening powders. These powders are used when there is an increased risk of a person choking.
- The registered manager had contacted the clinical commissioning group pharmacist to seek best practice advice and implemented the recommended changes.

Preventing and controlling infection:

- The management of infection prevention and control had significantly improved. This ensured people were safe from avoidable harm.
- Two cleaners remained employed. Staff also continued to assist with regular cleaning.
- A staff member was appointed the infection prevention and control 'champion'. They were responsible for infection control, and reported to the registered manager.
- Areas that were previously difficult to clean were improved. Radiator covers, bathrooms and other walls were repainted to ensure a satisfactory surface for regular cleaning.
- Mops and buckets were removed from inside communal bathrooms. These were moved to a dedicated cleaning storage area. We pointed out to the registered manager that clean mop heads could be stored more effectively. They provided assurance they would on our suggestions.
- The registered manager ensured that the correct coloured mops, buckets and cloths were used for the right surfaces and places. Cleaning equipment coloured yellow was only used where there was an infection. These actions were now in line with the best practice guidelines for cleaning.
- Some people at this service liked 'bed baths'. After our previous inspection, the bowls that were used by staff for soap and water were all replaced.
- All toilet brushes and holders were replaced. The registered manager confirmed these would continue to be replaced on a rolling basis.
- A person's urine drainage bag was replaced with one that better prevented infections from developing.
- Staff had access to personal protective equipment such as disposable gloves and gowns.
- Pedal-operated bins were required in bathrooms and toilets. We explained this to the registered manager and administrator, who agreed and would replace the bins. This would prevent cross-contamination by people and staff touching bin lids.
- Better records of cleaning were in place. The daily and weekly recording of cleaning was sufficient, but could be detailed even further.
- The service was clean. There was some dust in hard to reach places, but the registered manager was already aware of this. Cleaning of these locations was planned.

Learning lessons when things go wrong:

- Any accidents and incidents were recorded. The registered manager notified appropriate agencies of accidents or incidents when required.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection on 19 June 2017, this key question was rated "requires improvement". Appropriate adaptation and redecoration of the premises had not occurred. We took enforcement action against the provider to ensure they would improve the key question effective to at least "good". At this inspection, we found the service had taken steps to improve the decoration of the premises. Therefore, the rating for this key question has increased to "good". Further improvements to the premises are ongoing.

People's outcomes were 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 preferences, likes and dislikes are assessed and recorded.
- Assessments of people's needs were undertaken, expected outcomes were identified and care and support was regularly reviewed.
- Staff mainly applied learning effectively, which led to reasonable outcomes for people.

Staff skills, knowledge and experience:

- Staff were competent, and skilled at practical tasks. Their assessment skills were mainly appropriate, although there were isolated instances where people's changing condition was not always swiftly recognised or acted upon in a timely manner.
- The registered manager and administrator had attended a course to help them understand their infection control responsibilities and ways to set up and maintain robust audit processes around this. Further advanced-level training was set up for the future. The registered manager and administrator had demonstrated to staff by example, the standard to which they require cleaning to be done.
- Staff had completed a comprehensive induction and were provided the opportunity for supervisions and appraisals. One-to-ones were held regularly, and appraisals took place annually.

Supporting people to eat and drink enough with choice in a balanced diet:

- People had access to sufficient food and drink throughout the day. There was an in-house cook, with meal choices. Drinks rounds with choices were undertaken and staff provided further fluids when requested. The service had maintained their 'hydration station' from the prior project they were involved in. This helped ensure people consumed ample fluids to help prevent urinary infections.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs, and professionals were involved where required to support people and staff.
- However, these plans were not entirely robust. We noted one person had apparently substantial weight loss with no weight recording completed for some months; an upper arm circumference had been deemed sufficient. The staff told us this was, "because it is uncomfortable for the person to get into a hoist to be weighed."
- This person had an annual nutrition review, due in January 2019, but appeared to have lost a considerable

amount of weight. The staff told us this person ate large and frequent amounts of food, but they had not recognised the apparent weight loss as being significant.

- The registered manager was receptive of our feedback about the person's weight. After our inspection, they contacted health professionals to review the person's nutrition.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. Where required, thickeners were added to enable fluids to be safely administered in a consistent manner.
- On the day of our inspection, one person asked for a special meal. The registered manager cooked it for them and the person was satisfied.

Staff providing consistent, effective, timely care within and across organisations:

- The service ensured joined up working with other agencies and professionals to ensure people received effective care.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- The premises had sufficient amenities such as bathrooms and internal and external communal areas to ensure people were well-supported.
- The previous strong odour of urine was no longer present. The carpets had been replaced downstairs with carpet tiles. They were laid well, to prevent them lifting and contributing to trips or falls. The flooring upstairs in bedrooms was replaced with heavy duty laminate with a textured surface. This was substantially safer, non-slip and easy to clean.
- Many curtains had been replaced and the home looked cleaner, fresher and more welcoming.
- Chairs in the communal lounge were replaced.
- The old call system was decommissioned and had been completely replaced with a hand-held system, which the staff were able to easily visualise on two display units upstairs and down. This enabled the staff to be increasingly responsive to calls as they could immediately see where assistance was being requested.
- Some bedframes and mattresses had been disposed of and replaced.
- On Tuesdays, a part time care worker was rostered supernumerary. Their role was to check the condition of all mattresses, commodes, skirting boards, walls and curtains. They reported their findings to the administrator and registered manager. Any issues were addressed promptly, which included disposal and replacement of items.
- The maintenance worker was now available on site, daily from Monday to Friday and on-call at weekends. Identified work such as light bulb replacement was completed in a timely manner.
- The roof leak and the broken window frame were repaired. The TV aerial trailing out of a person's bedroom window was removed.
- The large windows and conservatory in the communal lounge provide a beautiful outlook into the well-established gardens. Garden maintenance continued over the autumn and winter, and the grounds were attractive and very well kept.
- We recommend that the provider develops an ongoing capital expenditure programme for investment in the building and premises.

Supporting people to live healthier lives, access healthcare services and support:

- Regular visits to people at the service were undertaken by a GP. The registered manager described effective working relationships with the local GP and community nurses, as well as the local NHS organisations to support people with access to ongoing healthcare advice.
- This ensured people received any required treatment via appointments and consultations.

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 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.

- People we spoke with told us they were always asked for their consent prior to any personal care being undertaken. This was confirmed by staff we spoke with, and by reading the care documentation.
- Documents clearly indicated what people or their representatives consented to and where particular requests were communicated to the service.
- Staff usually ensured that people were involved in decisions about their care and understood the procedures to make sure decisions were taken in people's best interests. Two care workers we spoke with and the registered manager were aware of the MCA and DoLS frameworks, and how they applied to people's care.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. We reviewed the paperwork for one person to whom this applied, and found the paperwork was in order.
- Historic documents were also filed with the DoLS authorisations, to ensure continuity of the expiry and renewal process.
- Although the documentation was correct, we noted one person who was restricted to their room over an ongoing 24-hour period. We asked the registered manager to consider the ongoing implications of this.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Leadership and management assured person-centred, quality care and a fair and open culture.

At our last inspection on 19 June 2017, this key question was rated "requires improvement". The service's quality assurance processes required further changes to make them robust. At this inspection, we found the service had taken steps to ensure good governance. Therefore, the rating for this key question has increased to "good".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The previous inspection ratings poster was clearly displayed in the reception area of the service, and the rating was correctly shown on the provider's website.
- Statutory notifications about important events were sent to us with delay, as required by the regulations. A notification is information which is required to be submitted by law.
- The registered manager was very engaged in the day-to-day operation of the service, but also had a 'hands on' role in people's care.
- The registered manager was approachable and operated in a transparent manner. They were clear about their responsibilities and accountability.
- Staff continued to work in a positive workplace culture. Care workers told us they respected the people who used the service, and enjoyed supporting them.
- Staff were energised and clearly committed to their roles.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The registered manager had developed a leadership strategy and development plan for 2019.
- This showed the organisational structure after some staff changes since our last inspection. The registered manager was directly responsible for to the registered provider.
- Each department in the service had a designated head who was responsible for their own team. Their performance was overseen by the registered manager.
- The strategy set out the priorities for the quality of the service. This included leadership consistency and role modelling. The service had completed their own reflection and realised that quality may not be consistent when the registered manager was not on shift.
- Following our last inspection, the focus of the service was the governance associated with infection prevention and control.
- A range of audits were developed to ensure that the service protected people from infections. These ranged in frequency from daily to three monthly checks. Audits included general cleaning effectiveness, furniture checks, mattress decontamination, waste management, checks of staff hand hygiene.
- The audits were used to assess risks and take drive actions were improvements were required. There was

evidence that the staff acted on the identified issues and ensured the safety of people and others.

- General audits continued to identify what was going well and what could be changed or revised. These audits included, for example, care plans, the environment and personnel files. The environment audit from October 2018 showed additional shelving and baskets were required in the laundry, to ensure cleanliness. The registered manager explained plans were in place to make the changes identified.
- We suggested to the administrator that an audit matrix be developed to serve as an aide memoire of what checks were required and when. They were receptive of this idea and explained they would organise one that set out all the new audits developed.

Engaging and involving people using the service, the public and staff:

- People and relatives continued to be actively involved in the day-to-day operation of the service.
- The registered manager and staff team asked for their opinions, input and feedback.
- The provider also visited the service regularly and spoke with people, visitors and staff.
- We recommend that the provider makes notes of all visits they make to the service, including any areas for improvement and good practices.

Continuous learning and improving care:

- The registered manager and provider acted on the issues we raised at our last inspection. They were keen to ensure the service was compliant with the regulations and aimed to achieve a rating of at least "good" at this inspection.
- The provider had committed capital to make the necessary improvements required to ensure the premises, equipment and infection control were safe.
- The registered manager oversaw the works, and was assisted by the administrator. The administrator was knowledgeable and had created numerous documentation tools to assist with the ongoing improvement.
- The short timeframe for the improvements to be completed after our last inspection was well-managed by the provider and staff team

Working in partnership with others:

- The service continued to work effectively with local community stakeholders. The local authority advised that they were satisfied with the standards of care at the service and had no concerns.