Korcare Limited

Nightingale House

Inspection report

Landscore Close
Teignmouth
Devon
TQ14 9LD

Tel: 01626774775
Website: www.korcare.co.uk

Date of inspection visit:
26 February 2018
27 February 2018

Date of publication:
24 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 and 27 February 2018 and the first day was unannounced.

Nightingale House has been rated requires improvement at two previous inspections. The registered manager and staff are working hard to better understand and implement the improvements required. In January 2016 improvements were required in all five key questions; in November 2016 improvements were required in four key questions. At this inspection improvements were required in two key questions.

Nightingale House 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 home is registered to provide care and accommodation for up to 27 people who have an alcohol related brain damage such as Korsakoff's and/or mental health needs. The home is registered to provide care for 24 people in the main house and three people in a house adjacent to the home known as The Porch House. At the time of the inspection 21 people were living at the main house and no one was living in The Porch House. Nightingale House provides accommodation on the lower-ground, ground and first floors. The home can accommodate people with limited mobility on the ground floor, but people unable to use the stairs would not be able to use the dining room situated on the lower ground floor.

The home has a registered manager who has managed the home for many years. 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 told us they were safe living at Nightingale House. They described the staff as "pleasant", "nice" and "very accommodating". One person said, "On the whole they [staff] are really very good." Staff were observed to be caring in their interactions with people and they spoke positively about their relationship with people. No-one we spoke with had any complaints about the home.

Staff had been provided with safeguarding training in January and December 2017 and were aware of people's vulnerability due to their circumstances. People's care plans had been rewritten in an easier to access format and these plans included information about risks to people's health, safety and well-being. However, some further detail about how living with Korsakoff's Syndrome and other mental health conditions affected people's day to day lives was required. Staff had received training in supporting people with these specific care needs and knew people well. Where people were unable to consent to receive care and support, best interest decisions had been made on their behalf. Due to people's vulnerability and to ensure their safety, people were restricted from leaving the home without the support of staff or a family member. Authorisation for these restrictions had been applied for. Some people told us they no longer wished to live at Nightingale House. Records showed people's continued residence at the home had been

reviewed annually by each person's commissioning authority to ensure it remained in their best interest to do so.

The home continued to support people with managing their money. Records of money received and spent were recorded for each person. Staff said people had access to their money whenever they needed it but most people required support to budget effectively.

Some people told us they would like more to do during the day. Staff said they encouraged people to be involved in day to day activities, as well as planned events both in and out of the home. Since the home had created the games room, staff said people were engaging more with each other. We asked the home to seek guidance about how to promote people's involvement in meaningful engagement and social activities.

There were sufficient numbers of staff employed at the home and records showed staff had been recruited safely. Staff told us staffing levels were flexible dependent upon planned events both in and out of the home.

People received their medicines safely and as prescribed from staff who had received training in safe medication practices. People saw a number of health care professionals such as GPs, dentists and opticians to support their health and well-being.

People told us they enjoyed the food provided by the home and said they could have drinks and snacks whenever they wished. Staff continued to prepare drinks for people, although people were encouraged to make their own, most people preferred staff to do this for them.

Since the last inspection and their work with the local authority's quality assurance and improvement team, the home had developed a service improvement plan. This plan highlighted the areas the home had identified as requiring improvement and what actions have been taken to ensure these improvements are made. Regular meetings continued where staff and people were invited to share their views about promoting people's independence and improving the home. Questionnaires seeking feedback from people and care professionals in January 2018 provided a positive response.

We have made three recommendations for improvement. Care plans require more detail about how people's mental health care needs affect their day to day lives and how staff should provide support. The home has been asked to seek guidance about providing more person-centred engagement for people and to review the availability of staff.

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.

Risks to people's health, safety and well-being were known and understood by staff.

People were protected from harm by having sufficient numbers of staff on duty who were aware of their safeguarding responsibilities. Staff recruitment practices were safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and saw health professionals when needed.

People were supported by staff who were suitably trained and supervised.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and supportive.

People's privacy, dignity, independence and respect were promoted.

People contributed to decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received support that was responsive to their needs. However, care plans did not provide sufficient information about how people's mental health care needs affected their day to day lives.

Social activities were provided for people both in the home and the community. However, people would benefit from a more person-centred approach to providing meaningful engagement.

People were provided with the information on how to make a complaint. People felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place to support improvements with the safety and quality of the service. However, improvements were required in relation to the details held in people's care plans and a more person-centred approach to promoting people's engagement.

People and staff were consulted about the running of the home and were given the opportunity to feedback on the service.

People benefited from having a stable management and staff team who knew them well. Records required for the running of the service were accessible, organised and well maintained.

Nightingale House

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 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.

This inspection took place on 26 and 27 February 2018 and the first day was unannounced. One adult social care inspector undertook the inspection. Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, information from other agencies and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with 12 people who lived at the home. We spoke with the registered manager and five members of staff. We looked at the care records for three people. We reviewed how the home supported people with their medicines. We also looked at records relating to people's finances, staff recruitment and training and the running of the home.

Good

Is the service safe?

Our findings

At the time of the previous inspection in November 2016, the home had been working with the local authority's quality assessment and improvement team (QAIT) to review the quality and effectiveness of the home's documentation and systems to monitor people's safety and well-being. The process had not been fully completed and not everyone's risk assessments and management plans had been rewritten to better reflect their individual needs. At that time, we also recommended the home explored how to better support people to manage their finances as independently as possible.

At this inspection, we found improvements had been made. The home was nearing completion of rewriting people's care plans. These documents were easier to read and obtain information about people's care needs than the previous format used by the home. The care plans incorporated information about risks to people's health and safety. For example, one person's care plan described their past history of having an eating disorder and their continued risk of not eating or drinking enough to maintain their health. The plan provided staff with information about the person's preferred foods. A nutritional assessment was completed and their weight monitored monthly to identify any weight loss or increased risk to their well-being. Staff had a clear understanding of the risks to people's well-being and were able to describe people's support needs well.

At the previous inspection in November 2016, some people told us they did not have access to their money and others weren't sure where they could obtain money from. At this inspection the registered manager said they were continuing to support some people to manage their own money and staff said they always ensured people had money for personal expenditure. Due to their mental health needs, many of the people living at the home were unable to manage their own finances effectively. Where they did not have a Court of Protection officer appointed or a family member to support them with their finances, the home undertook this responsibility. Individual records were maintained of each person's income and expenditure and receipts were obtained to enable an audit of people's finances. No-one we spoke with had concerns about how they were being supported with their finances. People said they had access to their money when they wished.

People told us they were safe living at Nightingale House. Staff had been provided with safeguarding training in January and December 2017 and were aware of people's vulnerability due to their circumstances. The registered manager said they maintained contact with the local authority's safeguarding training team to ensure staff received regular training updates.

People were protected by safe recruitment practices. We reviewed the recruitment files for the two most recently recruited members of staff. These contained the necessary pre-employment checks, including a disclosure and barring check (police check), proof of identification and references.

There were sufficient numbers of staff employed to meet the needs of the people currently living in the home. Although some people told us they felt there should be more staff available as sometimes they were "difficult to catch". During the inspection we saw staff were visible around the home, sitting in conversation

with people in the lounge room and the games room as well as assisting people to clean and tidy their bedrooms. Staff said staffing levels were flexible dependent upon events happening in and out of the home. The duty rota showed that in addition to the registered manager, there were usually five care staff on duty during the mornings and four in the afternoons. At weekends these numbers reduced to three care staff in the mornings and two in the afternoons. Overnight there were two waking care staff on duty.

We recommend the home ensures there are enough staff on duty and that they monitor their availability and visibility to people.

People continued to receive their medicines as prescribed. We observed some people receive their medicines on the first day of the inspection. This was done safely and medicines were dispensed to one person at a time. All staff with the responsibility to administer medicines had received training in November 2017. Medicine administration records were fully completed with no gaps in the recording. Medicines were stored safely. A medicines audit had been undertaken by a senior member of staff in October 2017 to review the home's practices to ensure these remained safe.

The home was clean, tidy and well maintained. Staff were provided with gloves and aprons to reduce the risk of the spread of infection and we saw staff using these throughout the two days of our inspection. The home's refurbishment work continued, with bedrooms being redecorated and re-carpeted. Equipment such as the fire alarm system was routinely tested and serviced to ensure it was maintained in a safe working order.

Good

Is the service effective?

Our findings

At the previous inspection in November 2016, we recommended the home provided staff with regular and ongoing training in relation to the key principles and requirements of the Mental Capacity Act 2005. At this inspection we found staff had received this training as well as training relating to the specific needs of people living with Korsakoff's Syndrome.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity to consent to receive support with their personal care and other activities of daily living had been assessed. Other capacity assessments in relation to specific decisions such as taking medicines, had also been undertaken and where people were unable to consent to this, best interest decisions had been made on their behalf.

Some people told us they did not wish to live at the home and would like to return to their own homes. They said they were frustrated with the restrictions placed upon them and their lack of freedom. However, people acknowledged they had come to live at the home to ensure their safety. People's care needs in relation to their physical, mental health and social care needs had been assessed and people were encouraged to live an active a lifestyle as they wished while keeping safe and managing their well-being. People's welfare and continued residence at the home was reviewed annually by the local authority responsible for each person's care and we saw evidence of these reviews in the three care files we looked at. For example, a recent review for one person who wished to return to their own home identified it would be unsafe for them to do so.

The registered manager told us all of the people currently living in the home required support to ensure their safety when they left the home, such as that from staff or a relative. The home had keypad locks on all the external doors with the exception of the door to the patio area and garden. This was to ensure people would not be able to leave the home without staff knowing. Applications had been made to the local authority to approve these restrictions. However, not all of these had been approved as the local authority was experiencing delays due to the high volume of applications received. Where authorisation had been granted, we checked the conditions placed upon the home to ensure people's rights were protected were being met. One person's authorisation included a number of recommendations. Staff were aware of these and were putting them into practice.

One person told us their bedroom door was locked which prevented them from going into their room whenever they chose. We checked this person's door and found it to be unlocked. We also reviewed this

person's care records which showed they spent periods of time during the day in their room watching television.

At the previous inspection in November 2016, during the mornings and afternoons, we saw staff preparing hot drinks for people in advance and placing these along with two biscuits on the tables in the dining room. This gave people little choice over what they would like to drink and what biscuits they would like to eat. Staff told us they did this because most people were either unsafe or unwilling to make their own drinks. They said they knew what people liked to drink and where they liked to sit. The registered manager said they would look at changing this practice to ensure people who were able to make drinks for themselves did so. At this inspection, the staff told us a few people were able to make drinks for themselves but often preferred staff to do this for them. We observed people having drinks mid-morning and mid-afternoon. Staff had made the drinks prior to people coming into the dining room, but people were offered the biscuit tin to allow them to take which and how many biscuits they wished. People told us they could have a drink when they wished.

People told us they enjoyed the food and particularly commented on the quality of the food and cakes provided by the cook. One person said, "it's very nice" and another said, "not bad at all": All said the homemade cakes were excellent. Residents meetings included menu planning and people were able to say what meals they would like to see on the menus. The daily menu was displayed on a notice board so people knew what was planned for the day and could make requests for alternatives. Notices in the hallway and games room reminded people drinks and snacks were available at all times. For those people at risk of not eating or drinking enough and for one person who was unable to remember whether they had eaten or not, records were maintained of people's food intake to monitor their well-being. Records showed staff had sought guidance from the local dietician for one person who required nutritional supplements to maintain their health.

The home had implemented a rolling programme of training and a matrix demonstrated the training staff had received over the past year. Training included health and safety topics, such as first aid and food hygiene, as well as care related topics such as dementia and Korsakoff's syndrome. The registered manager provided staff with formal supervisions to discuss their work performance and training and development needs. They also undertook observations of their practice and interaction with people to ensure they demonstrated a person-centred approach that respected and promoted people's dignity and equality.

People told us that they could see health care professionals, such as GPs, dentists, opticians and chiropodists when they needed to. Records showed that regular physical health checks and medications reviews took place. People also had regular contact with the local mental health support teams. Staff told us they knew people well and were observant for changes in their well-being that might indicate they were feeling unwell.

Nightingale House provides accommodation on the lower-ground, ground and first floors. The home can accommodate people with limited mobility on the ground floor, but those people unable to walk up and down stairs were not able to use the dining room situated on the lower ground floor. Alternative arrangements were made for people to take their meals in the lounge room. The home had a large lounge room with an adjacent quiet area and also a games room where people could meet and socialise.

Good

Is the service caring?

Our findings

At the previous inspection in November 2016, we found the home was caring. At this inspection we found the home continued to provide a caring environment for people. People described the staff as "pleasant", "nice" and "very accommodating". One person said, "On the whole they [staff] are really very good." Many of the staff had worked at the home for many years and as such had developed close relationships with people. Staff were observed to be caring in their interactions with people and they spoke positively about their relationship with people.

Staff were observed to be chatting warmly with people throughout the two days of the inspection. There were pleasant and kind interactions with lots of laughter, as people and staff shared jokes. The atmosphere in the home was relaxed and friendly.

The home continued to follow the guidance provided by QAIT to simplify people's care plans. Staff were knowledgeable about people's preferences with how they liked to receive care and support and these were recorded in their care files. Staff encouraged people's independence and their care plans described what people could do for themselves and how they wished staff to support them. Staff told us the care plans had been reviewed with each person, although some people told us they could not remember doing this. We saw some people had signed their care plan to show their agreement with its content. People said they were able to discuss their preferences with staff and felt well supported. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. The home had established links with an advocacy service to provide independent support and advice to people.

We discussed with staff whether there was anyone living at the home who required their care plans and other information to be provided in a different format, such as large print due to having a sensory impairment. Staff confirmed that for the people currently living at the home, no-one required information in a different format, but they would be able to provide care plans in large print should that be required.

People's privacy and dignity was respected. For example, during the morning while people were moving to and from their bedrooms and the bathrooms, the doors to the communal areas where other people were sitting remained closed providing people with more privacy. However, some bedrooms doors had windows fitted with opaque safety glass. Although these windows did not give a clear view into people's rooms they did allow others to see in the person's room. We discussed this with the registered manager and they said they would give consideration to changing these within the home's refurbishment plan.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection in November 2016, we found some improvements were required in relation to how people's care and support needs were described in their care plans, how staff were guided in meeting people's needs and how the home supported people to achieve their goals and aspirations.

At this inspection we saw the registered manager and staff had worked to develop a new care plan format that was easy to read and gave staff clear guidance about people's care needs, preferences and how support should be provided to maintain people's independence. However, some further detail was required within the care plans to describe how people's mental health conditions affected their well-being.

People living at Nightingale House were living with alcohol related brain damage (Korsakoff's Syndrome) or other mental health conditions. As a result the majority of people had impaired memory, which affected their concentration and ability to make decisions, and many lacked insight into their condition. The registered manager told us this meant that some people did not recognise their need to receive 24 hour care and support. A symptom of Korsakoff's Syndrome is poor memory and as a result some people may create fictitious events to fill the gaps in their day to day memory.

Although staff knew people well, how people's brain injury affected them and in particular how this caused distress and anxiety to people, was not described in two of the three care plans we reviewed. For example, one person was known to become anxious about a specific incident in their past. Staff were knowledgeable about this and supported the person appropriately. However, other than describing the person as having "extreme mood swings" there was no reference in their care plan about this anxiety or how to support the person. We discussed this with the registered manager and deputy manager and they said they would review each person's care plan and ensure this important information was recorded.

We recommend the home reviews people's care plans to ensure information about how their brain injury or mental health condition affects their well-being as well as how staff should provide person-centred support is recorded.

At the previous inspection in November 2016, we received mixed views from people about the opportunity to be involved in social events or meaningful activity. Some people told us there was little to do but watch television and they were bored. At this inspection, in February 2018, some people continued to say they would like to more to do during the day. One person said they were "totally bored". However, other people told us they kept themselves occupied with reading, doing crosswords, playing cards, playing pool and watching television. Staff told us they encouraged people to be involved in day to day activities such as cleaning their rooms and doing their laundry. They said that some people used to enjoy cooking in the Porch House as the kitchen was domestic in size. However, they said people had lost interest in this and these cooking sessions had stopped. One person told us they would like to start cooking again and staff agreed they would be able to do so whenever they wished.

Some people told they wished to go out more and others said they were happy to spend their time in the

home. One person said the staff "try really hard" to encourage people to be involved in activities. On the first day of our inspection we saw several people enjoying a game of bingo with staff. On the second day of our inspection people were asked if they would like to go out for lunch and four people said they would.

We asked the three people whose care plans we reviewed what they did during the day. One person was not able to recall the activities they had been involved with. On the second day of the inspection, this person attended a community social group and staff told us they attended this group each week. When they returned the person told us they had enjoyed themselves. Their records showed they enjoyed using the games room and would often play cards after their evening meal. Another person had been out of the home five times in January and February 2018. They had been supported to go out for lunch, to the cinema, to the hairdressers, shopping and to a café after a GP appointment. Staff said the third person, who preferred their own company, had started to socialise more with people since the home had created the games room. They said the person enjoyed playing pool and was now spending less time by themselves.

Twice a week the home arranged for an external activities group to attend the home to provide group activities. These activities varied and included quizzes, exercises and music. Records showed the three people we reviewed had attended the majority of these sessions. Some people told us they enjoyed these sessions while others told us they felt they were repetitive. Staff told us they were reviewing people's involvement and enjoyment with these activities and were giving consideration to changing these sessions.

Staff showed us how they used technology to remind people of the activities and events they had been involved with. Staff took pictures of people's involvement and used these to talk with people about where they had gone and what they had done. We discussed with the staff the use of a tablet computer to make accessing information of interest easier for people. On the second day of the inspection, the staff confirmed they had ordered one.

We recommend the home seeks advice about providing opportunities for people to engage in more person-centred leisure and social activities.

Other than feeling restricted at the home, people told us they had no complaints about the care and support they received. One person said, "I'm very happy" and another person said, "It's OK here". People told us they would speak to staff if they felt unhappy about anything. Each person had a copy of the home's complaints procedure in their room. The home had received one complaint since the last inspection in November 2016 relating to supporting a person to move from the home. The home had worked with the person and their representatives to resolve the matter.

Nightingale House was able to support people through ill health and at the end of their life with the support of the community nursing team. Where people had shared their views about how they wished to receive care at the end of their lives, staff told us this was recorded in their care plans.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in November 2016 we found the home had made progress in reviewing people's care records and how the home monitored the quality and safety of the service. However, improvements were still required in assessing and planning people's care, changing restrictive practices, supporting people to take risks, as well as promoting their independence, choice and engagement.

At this inspection in February 2018, we found the home had continued to improve. Care plans had been rewritten in a format that made it easier to access information about people's care and support needs. Some changes had been made to supporting people to be more independent and to enjoy activities in the community. However, we identified there was still some further improvements necessary with the amount of detail included in people's care plans; with social and leisure activities; with the availability of staff and the suitability of glass windows in some of the bedroom doors. The registered manager and staff team were aware of the need to further improve the service and told us they had been discussing improvements with care plans and social activity planning.

From their work with QAIT, the home had developed a service improvement plan. This plan highlighted the areas the home had identified as requiring improvement and what actions have been taken to ensure these improvements are made. For example, the registered manager had included the necessity to provide mental capacity training for staff and this had been completed.

At the previous inspection the registered manager told us they had consulted with other care providers to discuss and share good practice in relation to supporting people living with alcohol related brain injury and mental health conditions. At this inspection, the registered manager said the relationship with these other providers continued and they remained in contact to share information and seek advice.

Staff told us they enjoyed working at the home. They said they felt well supported by the registered manager, management team and their colleagues. Regular staff and resident meetings continued. We saw topics in these meetings included ensuring information was well recorded, promoting people's independence and inviting people to share their views about how they wished to be supported and what they wished to do. The home used questionnaires to invite people and visiting professionals to share their views about the quality of the support provided. We looked at the results of the most recent of these from January 2018. The comments received from people and social care professionals were positive. For example, the social care professionals said the home was "a good service for residents" and described the staff as "very caring" who knew people well. They said the home maintained their documentation well. One person said the home, "looked after us well when we need care." However the social care professionals and people identified that people would benefit from more stimulation and involvement in activities. This reflected the comments we received from a social care professional prior to the inspection.

The regular quality assurance audits implemented at the previous inspection had continued. These looked at how the home monitored people's well-being, including their nutritional needs and medicines, as well as maintaining a clean and safe environment. The registered manager and deputy manager said they found

these audits useful in supporting their management of the home to ensure people received safe and person-centred support.

The registered manager said they had learnt a great deal from working with QAIT and they were confident in seeking their support and advice. They were aware of their responsibilities to keep CQC up to date with events in the home.