Korcare Limited

Nightingale House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 14 and 29 November 2016 and the first day was unannounced. Nightingale House 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 3 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 two of these people were living in The Porch House.

The home had a registered manager in post. 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.

The home was previously inspected in January 2016 and was rated requires improvement in all five key questions. We identified the home was in breach of a number of regulations of the Health and Social Care Act 2008 Regulated Activity Regulations 2014. Improvements were necessary in a number of areas: how the home documented and managed people's care needs and risks to their health and safety; gaining people's consent to their care and not depriving people of their liberty without proper authorisation, as well as maintaining the cleanliness of the home and reducing the risk of cross infection. We issued the home with two warning notices relating to the improvements required.

Following that inspection, the registered manager sent us information about how the home was going to make improvements. They have also been working closely with Devon County Council's quality assessment and improvement team (QAIT) and had consulted with another provider of a similar service to discuss and share good practice.

At this inspection we found improvements had been made to meet the requirements of the warning notices. However, some further improvements in documentation relating to risk assessment and care planning; staff training as well as supporting people's independence and involvement with their hobbies and interests were still required. We made a number of recommendations in relation to these issues.

The home had been working with QAIT to review how risks to people's health and well-being were assessed and how people's care and support needs were recorded. However, this process had not yet been completed and not everyone's assessments, management plans and care plans had been rewritten to better reflect their individual needs. Care plans required further information about how staff supported people at times when they became distressed and anxious as well as how to encourage and support people with their independence and personal goals. We found documentation to be lengthy and cumbersome to use. The registered manager agreed staff would benefit from more easily accessible information and confirmed the assessments and care plan documents would be further reviewed and simplified.

While we recognise the manager had made progress to ensure that changes needed were taking place, improvements in the way the home supported people to take risks and promote their independence and choice were not yet fully established and some people still felt overly restricted. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we found people were not being routinely assessed in respect of their mental capacity. Also some people told us they wished to live more independently rather than in a group care home. Following that inspection everyone living at the home had had their capacity to make decisions about their care and support assessed. For those people whose liberty was restricted to maintain their safety, applications for legal authorisation had been submitted to the local authority. People had also been assessed by their commissioning authority to review whether continuing to live at Nightingale House was in their best interest: all of the assessments concluded that remaining at the home was in people's best interests.

Although the registered manager told us staff had received training in supporting people with mental health conditions and in particular alcohol related brain damage, we heard staff use language to describe people's mental health needs in a way that was not always respectful. For example, we heard staff refer to people as "kicking off" and "playing up" when talking about people's well-being, and care records referred to one person as being "nasty, snappy and difficult". There was also a description of one person "choosing" to self-neglect, rather than this being a consequence of their mental health needs. The registered manager said they would address this with staff.

People told us they felt safe and were well supported by staff. One person said, "I'm treated like a human being, the staff are nice" and another person said, "Everything is fine." We observed staff to be caring in their interactions with people and people spoke positively about the staff. They described the staff as "nice" and "respectful". On the first day of the inspection, it was a person's birthday and a staff member had made a cake and everyone sang 'Happy Birthday' to them and shared the cake. Staff were observed to be chatting warmly with people. There were pleasant and kind interactions with lots of laughter. The atmosphere in the home was relaxed and friendly.

At the previous inspection people told us there was not enough to do during the day and people were seen to be left in the lounge for long periods with little stimulation or interaction. At this inspection 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. Other people told us there were regular planned activities and they could be as involved as they wished. The home had previously implemented overly restrictive practices such as people not being allowed to use the kitchen, or locking some people's bedroom doors, rather than individualised risk management strategies. At this inspection, and immediately following the inspection, changes were implemented to reduce these restrictive practices and move towards support that was more reflective of people's individual abilities and level of risk.

The home had increased the number of staff on duty during the day and early evening since the previous inspection. Staff had been safely recruited to ensure they were safe to work with people who were vulnerable due to their mental health needs and their reliance upon staff.

Many of the people living at the home were unable to manage their own finances. 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. Although some people were supported to manage their own money others told us they didn't know how to obtain money. We discussed this with the staff and the registered manager as the system in use meant some people had to ask for money rather than be supported to manage their

own money independently. Individual records were maintained of each person's income and expenditure. Receipts were obtained to enable an audit of people's finances.

The home managed people's medicines safely and people received their medicines as prescribed.

Since the previous inspection the home had improved its monitoring of the cleanliness of the environment. We found the home to be clean, tidy and free from offensive odours. Cleaning audits and room checks were made to ensure all areas of the home remained clean and staff had received training in infection control.

QAIT had also supported the home with introducing quality monitoring systems to enable them to review care practices, evidence the support provided to staff and monitor the quality of the service. The registered manager was recording observations of staff interaction with people and was undertaking formal supervisions with staff. We saw from records and heard from staff, that the registered manager had invited staff to reflect upon how people were being supported and had discussed further changes to the home's practices.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe.

Risks to people's health and well-being were not individualised or fully documented. Management plans were not always sufficiently detailed to provide guidance for 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.

The environment was clean.

Is the service effective?

Requires Improvement

Some aspects of the service were not always effective.

Staff did not always demonstrate a respectful understanding of people's mental health needs.

Some support practices restricted people's freedom, choice and independence.

People's legal rights were protected as mental capacity assessments and best interest's decisions had been completed in line with legal requirements.

People were supported with their physical and mental health care needs and had access to health professionals including GP's and the mental health support team.

Is the service caring?

Good

The service was caring.

People's preferences with how they liked to receive care and support were known and respected to staff.

Care records didn't fully guide staff with information about how

to promote people's independence.

People's right to privacy and dignity was respected.

Is the service responsive?

Requires Improvement

Some aspects of the home were not always responsive.

People received support that was responsive to their needs. However, not all care plans were personalised or guided staff to support people with goal planning.

Social activities were provided for people both in the home and the community. However, people's involvement with these and the support provided for them to continue with their hobbies and interests was not well documented.

People felt able to raise concerns.

Is the service well-led?

Requires Improvement

Some aspects of the home were not always well-led.

The registered manager was keen to demonstrate an improving service, however, some of the changes initiated and not yet been fully implemented.

The registered manger was working with others to promote good practice within the home.

Quality assurance systems were in place to support improvements with the care and support provided to people.

People and staff were consulted about the running of the home.

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 14 and 29 November 2016 and the first day was unannounced.

The inspection was undertaken by one adult social care inspector and a Specialist Advisor, who was a registered mental health nurse. 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 14 people who lived at the home. We spoke with the registered manager and five members of staff. We looked at the care records for four people and sampled the records of a fifth person in relation to their specific care needs. 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.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in January 2016 we found risk assessments were not always in place as necessary. Those that were in place were not always reflective of people's individual needs and had not been updated or reviewed. We also found infection control procedures did not always ensure people were protected from the possibility of cross infection. These were breaches of Regulation 13 and 12 respectively of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in November 2016, we found improvements had been made, however with regard to identifying risk and supporting risk taking, some improvements were still required.

People living at Nightingale House were living with alcohol related brain damage 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 manger told us this meant that some people did not recognise their need to receive 24hour care and support. The care staff told us some people often created fictitious events to fill the gaps in their memory, (this is a recognised symptom of Korsakoff's Syndrome). This meant that at times people created memories to fill the gaps in their day to day memory. Because of this they were unable to fully share with us how they found living in the home. We spent time talking with people about living in the home and we observed how staff interacted with people throughout the inspection. Some people told us they did not enjoy living in the home and would rather be living in their own home. Others said they liked living there and felt supported by the staff. However, all the people we spoke with said they felt safe living at Nightingale House.

The home had been working with the local authority's quality assessment and improvement team (QAIT) to review people's risk assessments. However, this process had not yet been completed and not everyone's assessments and management plans had been rewritten to better reflect their individual needs. Prior to this inspection, QAIT told us people were receiving safe care and support and the home had a better understanding of how to assess and record people's needs.

Staff had a clear understanding of the risks to people's well-being. For example, they told us some people were at risk of self-neglect and some from not eating and drinking enough to maintain their health. Others were at risk of drinking excessive amounts of fluids which could also lead to health problems. Some people were at risk of falls due to their poor mobility and the majority of people were at risk if they left the home without support from staff or family. Staff told us they managed these risks by prompting and encouraging people to attend to their personal hygiene needs, ensured people ate and drank enough to maintain their health and that people had access to equipment they needed to support their mobility needs. We saw people talking with staff about their care needs and people with mobility needs were assisted safely. While staff were aware of people's needs, care records did not provide clear information about why people were at risk or how their mental health needs contributed to risk. The plans did not describe personalised guidance for mitigating risks and how support people in the least restrictive way while promoting their independence.

The registered manager told us that since the previous inspection they had discussed with staff about reviewing risks to people's health and safety and how they managed and responded to these. We saw reference to this in the staff meeting minutes. For example, at the time of the previous inspection no one at the home was allowed to use the kitchen to make themselves a drink. This restriction was in place for everyone living in the home and was not reflective of people's individual abilities and level of risk. This had now changed. The registered manager and QAIT told us that those people who wished to were now making their own drinks and were being encouraged to make drinks for other people.

Assessments of risks to people's health, safety and well-being had been undertaken when they moved to the home and had been reviewed annually. The assessment documentation I use at the time of the previous inspection was lengthy and cumbersome to use and was a checklist from which staff chose an appropriate answer. It did not provide an individual description of people's needs and where risks had been identified management plans were not always sufficiently detailed to provide guidance for staff about how to mitigate risks.

Since the previous inspection, further risk assessment documents had been introduced to make risk management more individualised and which highlighted risks in various aspects of people's care and support. Several documents were used for each person and it was necessary for staff to review all of these to gain a full picture of people's needs and any associated risks. Although the information held in the assessment records was not easily accessible, we found this had no detrimental effect upon the people living at Nightingale House. We discussed this with the registered manager and they agreed staff would benefit from a simplified system. They said they would consult with the staff and continue to work with QAIT to review the assessment and planning documentation.

Many of the people living at the home were unable to manage their own finances. 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. The registered manager said they were supporting some people to manage their own money, for example, with budgeting and understanding their financial records, while for others they kept their money for safe keeping. Staff said people were able to ask for money when they required it. Some people told us they did not have access to their money and others weren't sure where they could obtain money from. We discussed this with the staff and the registered manager as the system in use meant people had to ask for money rather than be supported to manage their own money independently. The registered manager said they would review with people how they were supported with this. Individual records were maintained of each person's income and expenditure and receipts were obtained to enable an audit of people's finances.

We recommend the home seeks advice and continues to review its documentation regarding how it identifies risks to people's health and safety and records the support plans to mitigate these risks. We also recommend the home explores how to better support people to manage their finances as independently as possible.

At the previous inspection we found ineffective infection control measures were in place. For example, there was no infection control risk assessment or audits in place, no soap was available in some of the toilets and bedrooms and a mattress was saturated with urine. At this inspection we found improvements had been made. Cleaning audits and room checks were made to ensure all areas of the home were clean. Records showed staff had received training in infection control and we saw staff wearing gloves and aprons when necessary. We found the home to be clean, tidy and odour free. The communal areas and some bedrooms had been redecorated and refurbished since the previous inspection and the staff told us there was refurbishment plan for the remainder of the rooms to be redecorated.

People were protected by safe recruitment practices. We reviewed the recruitment files for three care staff. These contained the necessary pre-employment checks, including a disclosure and barring check (police check), proof of identification and references. At the previous inspection we were told the staff rota was not always an accurate reflection of the staff working and it was not possible to ascertain from the record what staff were on duty at any one time. At this inspection we found the duty rotas contained more detail about which members of staff were on duty each day. The staff explained that in addition to the registered manager, there were usually three care staff on duty during the day and early evening. This had been increased from two care staff during the day at the time of the previous inspection. Two waking night staff were on duty in the main house and one sleeping–in member of staff was available in The Porch House overnight. A cook was on duty each day of the week. Staff and people told us this was sufficient to meet people's needs.

The registered manager said that staffing was flexible dependent on events within the home and whether anyone was going out for appointments or social events. At the time of this inspection the care staff were undertaking laundry and cleaning duties. The registered manager recognised this took them away from spending time with people and they said they were planning to employ a cleaner to undertake these tasks. Following the inspection the registered manger confirmed that a cleaner and additional care staff had been employed. This would allow for greater flexibility and better support for people.

Staff had received training in safeguarding adults who were vulnerable to abuse from others due to their health needs. Staff said they were confident if they raised any concerns about people's welfare the registered manager would take these seriously and alert the appropriate authorities. Staff also knew of the home's whistleblowing policy as well as how to raise concerns directly with the authorities should they need to do so, for example, in the registered manager's absence. The registered manager confirmed further training for staff, including more advanced training for senior staff, had been arranged for January 2017.

The home managed people's medicines safely and people received their medicines as prescribed. Staff told us they had received training in how to give medicines safely from the local pharmacist and certificates were held in staff files. Medicines administration records were clearly completed and there were no gaps in the recordings. A record was maintained of medicines ordered and received into the home and all medicines were stored securely. Some people had medicines prescribed 'as and when needed' to manage their anxiety. We saw these had been infrequently used which indicated the home did not rely on medicines to relieve people's anxiety, but offered support and advice before resorting to medicines. An audit of medicine practices had recently been undertaken with the support from QAIT. As a result, documentation had been amended and the home was planning to seek confirmation from the GP regarding which homely remedies, such as pain relief and cold medicines, would be safe for people to take if needed.

Each person had a personal emergency evacuation plan (PEEP) in place which detailed their specific needs in relation to mobility and equipment they might require. For example, one person required the use of a wheelchair to walk more than few paces. Staff received fire safety training and regular fire drills took place. Equipment was regularly serviced to ensure it was maintained in a safe working order.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection we found people were not being routinely assessed in respect of their mental capacity. There were no capacity assessments in place to ensure people's right to consent was being respected in line with the Mental Capacity Act 2005 (MCA). People were having their liberty restricted without legal authorisation to do so. Staff had a limited understanding about the principles of the MCA and had an assumption that people did not have mental capacity. Staff had not undertaken training in the Mental Capacity Act. This was a breach of Regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At this inspection we found sufficient action had been taken to meet the regulations. The registered manager had consulted with other care providers to discuss and share good practice in relation to supporting people living with mental health conditions. People's capacity to consent to receiving care and support and to make decisions about their care had been undertaken. Where people had been able to consent this was recorded and for those people who lacked capacity, best interest decisions had been made. For example, best interest decisions had been made for some people regarding continuing to take medicines and whether to receive dental treatment. Care plans were also in the process of being reviewed to provide a more detailed description of people's mental health needs and how this might affect their ability to make decisions. Although staff had not undertaken formal mental capacity training they had received information from the registered manager and QAIT and demonstrated a better understating of the principles of the MCA. The registered manager confirmed that training had been arranged for January 2017.

We recommend the home provides staff with regular and ongoing training in relation to the key principles and requirements of the Mental Capacity Act.

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 procedure 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. The staff explained to us that the people living at Nightingale House would be unsafe to leave the home without staff support or that of their family. 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. This meant people were under constant supervision and their free movement was being restricted. These restrictions required legal authorisation and we saw that applications to the local authority for the deprivation of people's liberty had been made. However, due to the number of applications received by the authority, these were still waiting approval.

At the previous inspection two people told us they were locked out of their bedrooms during the day and at this inspection we were told the same. When we went with these people to their rooms we found the doors were unlocked. We spoke with the registered manager about this and they confirmed that at certain times of the day, some people's bedrooms doors were locked. They explained this was part of behavioural management support to people who were at risk of social isolation and self-neglect. However immediately following this inspection, they told us they had stopped this practice and had provided staff with better guidance about how to encourage and promote people's involvement with their care.

In January 2016 some people told us they did not want to be living at Nightingale House. Records showed these people had been moved in to the home in their best interests, but that a review of whether this remained so had not been undertaken for some time. We asked the registered manager to arrange with people's funding authorities to undertake a reassessment of whether it remained in their best interests to live at Nightingale House. Following that inspection, assessments had been undertaken for all but two people, whose assessments had been postponed and had now been planned for after this inspection. The outcomes of the assessments confirmed that remaining at Nightingale House was in people's best interests.

At the previous inspection, and at this inspection, people told us that drinks were only available at set times. Staff confirmed that hot drinks were provided at set times during the day to ensure people who were at risk of not drinking enough to maintain their health were provided with sufficient amounts to drink. They also said that having open access to tea and coffee would provide a health hazard for some people who drank excessively. They said that people could request drinks at any time and these would be provided. However, the people we spoke with said they did not feel able to ask for a hot drink at other times. One person told us that hot drinks weren't available and that if they wanted water they had to get this from their bedroom. We spoke with the registered manager and two senior care staff about this. They said they repeatedly reminded people they could have additional drinks and were considering providing flasks of tea and coffee in the games room which would be more freely available to people.

We observed people having drinks in the dining room during the morning and afternoon. We saw that staff had prepared the drinks in advance and people's drinks were already placed on the tables along with two biscuits. Staff told us they knew what people liked to drink and where they liked to sit. We discussed this practice with the registered manager as this did not promote people's choice. The registered manager agreed that often staff stepped in to do things for people. They said they would look at changing this to ensure people who were able to make drinks for themselves did so and were encouraged to help make drinks for others if they wished to. Also that people would be asked what they would like before the drinks were prepared. Following the inspection, the registered manager told us that they had implemented these changes.

People told us they enjoyed the meals provided at the home. They said the food was "good" and "nice" and meals were freshly cooked. On the first day of the inspection we heard staff discussing with people their preferences for lunch and the menu was changed in accordance with their wishes. We observed the lunch time meal which was plentiful and of a good quality. Records of a recent residents meeting showed menu planning was discussed and they were reminded alternatives were always available. People's food preferences were recorded in the kitchen and they were encouraged to talk to the cook about their preferences and any meals they wished to see on the menu. People had suggested adding stews and curries for the forthcoming winter menu. The daily menu was displayed on a notice board so people knew what was planned for the day and could make requests for alternatives, although some people told us they weren't sure they could ask for something difference.

Staff told us they received the training they needed for their role and felt well supported. Records showed

they completed a variety of courses related to people's care needs such as dementia care and alcohol related brain damage as well as health and safety topics including fire safety, food hygiene, emergency first aid, infection control, medicine management. However, we heard staff use language to describe people's that was not always respectful or which demonstrated an undertaking of their mental health needs. For example, we heard staff refer to people as "kicking off" and "playing up" when talking about people's well-being, and care records referred to one person as being "nasty, snappy and difficult". There was also a description of one person "choosing" to self-neglect, rather than this being a consequence of their mental health needs. We discussed this with the registered manager who said they would discuss this further with staff. They confirmed that formal training in the MCA and understanding the needs of people with mental health issues had been arranged for January 2017.

Newly employed staff were provided with an induction to the home which included health and safety training and an introduction to supporting people by shadowing experienced staff. Although we didn't look at these records the registered manager told us all staff were enrolled to undertake the care certificate to assess their knowledge and skills and to identify any training needs. They said they wanted to ensure all staff had an understanding of good care principles and to identify training where this was required. The care certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

At the time of the inspection in January 2016, staff were receiving informal supervision and an annual appraisal of their work performance. Since then, the registered manager has introduced a plan of formal supervisions and direct observations of staff practice and interaction with people. The supervision and observation sessions were now recorded to demonstrate staff were being provided with the support and guidance and we saw evidence of this in the staff files we looked at.

People told us that they could see health care professionals, such as GPs, dentists, opticians and chiropodists as needed. 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. Minutes of the recent residents meeting showed there had been a discussion with people about requesting appointments and that they could discuss this at any time with the registered manager or the staff.

Good

Is the service caring?

Our findings

At the inspection in January 2016, we found care was not always person-centred or reflective of people's personal preferences. Care plans did not include how people could be supported to maintain their independence. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. The registered manager and staff were, with the support from QAIT, reviewing the culture of the home and reflecting upon their care practices in promoting people's independence. Staff told us they encouraged people to undertake as much of their care as they were able. People's preferences with how they liked to receive care and support were recorded in their care files and staff were knowledgeable about these. However, we found not all plans held the same level of information about how staff encouraged people's independence. Some plans referred to people requiring prompting while others held more detailed person-centred descriptions about developing people's skills. For example, one person's plan detailed how to support them with their communication and as well as cooking for others to promote self-esteem. It also referred to maintaining friendships with two other people the person considered friends by encouraging them to have coffee together. The staff explained that as the care plans were reviewed consideration was being given to describing people's care in a more person-centred way. Staff told us the care plans had been reviewed with each person, however we were unable to see evidence of people's involvement, such as a reference to this in the review documentation or a person's signature agreeing to the care plan. The registered manager told us the plans would be amended to ensure people's involvement was fully documented.

Staff were observed to be caring in their interactions with people and people spoke positively about the staff. They described the staff as "nice" and "respectful". It was clear that staff knew people well and had developed close relationships with them. Staff maintained people's privacy when providing personal care. For example, we saw staff assisting one person who required the use of a wheelchair to go to the toilet. The staff member waited outside the room until the person was ready to return to the lounge room. We also saw the staff working together to protect a person's dignity, ensuring others were not aware of the person's need for assistance. People were able to choose which staff members supported them with their personal care.

On the first day of the inspection, it was a person's birthday and a staff member had made a cake and everyone sang 'Happy Birthday' to them and shared the cake. Staff were observed to be chatting warmly with people. There were pleasant and kind interactions with lots of laughter. The atmosphere in the home was relaxed and friendly.

At the previous inspection we identified that people's wishes regarding their end of life care had not been documented. At this inspection, we saw for those people who had wished to share this information with the staff, their wishes were recorded in their care files. For those who did not wish to discuss this, a note was made in their records that they had been asked.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection we found people's care plans did not guide and direct staff to deliver consistent, personalised care which met their needs and reflected their personal preferences. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made with developing more person-centred care plans. However, some further improvements were required in relation to how people's care and support needs were described, how staff were guided in meeting people's needs and how the home supported people to achieve their goals and aspirations.

While some people told us they would prefer to live more independently rather than in a care home, they told us they felt well supported by the staff. One person said, "I'm treated like a human being, the staff are nice" and another person said, "Everything is fine."

With the support of QAIT the registered manager and senior care staff had started reviewing and rewriting people's care and support plans. The newly updated plans contained clear descriptions of people's needs, particularly around their personal care needs and their nutrition, as well as how they wished to be assisted and supported by staff. However, the documentation in use was lengthy and information was not easily accessible. We discussed this with the registered manager and they agreed staff would benefit from having a simpler system for care assessment and recording. Although not all of the care plans had been reviewed and many lacked details of people's abilities and what they were able to do for themselves, staff were aware people's needs and preferences, and it was clear staff knew people well.

We reviewed the care and support for five people, two of whom had an updated care and support plan. While we found personalised descriptions of how people preferred to be assisted by staff and their daily routines, further information was required to describe how staff should supported people at times of anxiety. Some people had behavioural issues related to their mental health needs. Although staff were able to tell us how they supported people and responded to signs that they were becoming distressed and anxious, the care records did not contain this level of information. For example, one person was known to become anxious at certain times of the day and staff knew to talk to this person and try to involve them in an activity which would reduce their anxiety. However this was not described in the person's care plan.

Some people's care plans did not identify if they had any goals they wished to achieve and one plan said the person was "not willing to discuss" their goals. Where goals had been identified there was no evidence people were supported to take steps to achieve these. For example, one person told us they sometimes wished to go out of the home unaccompanied, although they recognised there were risks involved. There was no evidence staff had explored this with them or what steps would be necessary to enable this person to start to move towards achieving their goal. There was no evidence staff had considered whether there was safe place in the community for this person to go to.

At the previous inspection people told us there was not enough to do during the day and people were seen

to be left in the lounge for long periods with little stimulation or interaction. At this inspection 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. One person said they enjoyed going out to have a Chinese meal occasionally but that "interests were not encouraged". They said they found the planned activities "childish". Other people told us there were regular planned activities and they could be as involved as they wished. They also said they could go out of the home with staff support if they chose to do so. One person said, "The staff will come with me into town if I wanted, but I don't want to very often" and another said "They'll come with you once they've arranged the staff."

Although people's interests were recorded in their care plans, people told us they had little opportunity to continue with these. However, staff told us people were able to follow their interests. They described how one person was encouraged to play the guitar and a guitarist regularly visited the home which staff hoped would encourage the person to play more often. They also said some people liked art and craft activities and a weekly arts and crafts group had recently been introduced. We saw one person was dusting, and staff told us this person liked to be involved in the daily housekeeping tasks. They said each person was encouraged to keep their own rooms clean and tidy with staff support where needed. A games room had been created since the previous inspection and the home was waiting for the delivery of a snooker table: staff were hopeful this room was somewhere people would enjoy using. Following the inspection the registered manager told us the snooker table had been delivered and the room was ready for people to use.

Staff told us that many of the people living at the home, due to their mental health needs, lacked motivation and staff at times struggled to involve people in meaningful engagement. We looked at the activity records for four people. One person who said they wished to go out more had not been out of the home, other than with a family member, since 14 July 2016. Another person's records showed they had not been out of the home, other than to attend hospital and GP appointments, since May 2016. However, staff told us people had been offered trips out, but had declined and staff had not recorded this. We saw in one person's care plan a detailed description of their preferred activities and evidence that opportunities to go out of the home had been offered but declined.

Staff had a clear understanding of people, describing one person as being "a proud man" who was frustrated around their lack of independence. They recognised that they had not been able to take people out of the as often as they wished due to staffing levels. They were hopeful now that as staffing had increased, accompanying people out of the home would become more frequent. The home had a minibus to facilitate people going out. Staff told us the home regularly booked a hotel for everyone to have a meal together. They said people enjoyed this and they confirmed the hotel had been booked again for after the New Year.

People had also previously told us that staff didn't like them going in to the garden, however staff told us people were able to use and enjoy the garden at all times. At this inspection people told us they were able to freely go into the garden. They said they enjoyed sitting on the patio which was a pleasant area with tables and seating, and they had enjoyed several barbeques in the summer.
Two people told us they would like to do some gardening but didn't feel this was encouraged. Staff told us the home had a regular gardener who would welcome people to work alongside them, however when asked these two people often declined.

The daily care notes showed a repetitive pattern of support to people, including a description of the assistance provided with personal care and of people watching television and participating in the quizzes and other planned activities. There was no record of people's involvement in spontaneous activities or of other activities people might enjoy such as cooking or gardening. There was no guidance for staff about how

to engagement people who may be reluctant to participate in activities. Staff were not guided to consider involving people in a part of an activity to build up their level of engagement and interest.
We recommend that the home continues to update people's care and support plans to ensure people receive consistent, personalised care, treatment and support. These should be focused on people's goals, skills and abilities and in seeking opportunities for them to maintain their hobbies and interests.

We asked a number of people about how they would raise a concern should they feel unhappy about anything. They told us they would speak to the staff, however they all said they had no concerns. A copy of the complaints procedure was provided for each person and the registered manager confirmed the home had not received any complaints since the previous inspection. The home had established links with an advocacy service to provide independent support and advice to people.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in January 2016 we found the systems in place to assess, monitor and improve the quality of service people received were not effective and people were not receiving a high standard of quality care in all areas. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout this inspection, and from talking with QAIT, we saw the registered manager had made progress to ensure the changes needed to improve the service and meet the requirements identified at the previous inspection were taking place. However, not all the improvements necessary had been fully completed. Further improvements were necessary in assessing and planning people's care, changing restrictive practices, supporting people to take risks, as well as promoting their independence, choice and engagement.

As the requirements made at the previous inspection had not been fully completed this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been working with the local authority's quality assessment and improvement team (QAIT) to review the current systems and practices with the home. They had also consulted with another service provider who supported people with alcohol related brain damage. As a result a service improvement plan had been developed which identified how the failings found at the previous inspection were to be addressed and resolved. The plan identified a number of changes, including records relating to people's care, supporting people to pursue their hobbies and interests as well as how the home is managed.

The registered manager had started to undertake direct observation of staff's involvement with people as part of their monitoring of the quality of the support being provided. They recognised that staff could at times be task orientated in their approach to supporting people. They said they wanted to explore changing staff's perception of their role and of the culture that had developed within the home. For example, staff spent time completing care records after supporting people with their personal hygiene and then again after lunch. The registered manager recognised that staff time would be better spent supporting people rather than undertaking record keeping twice during their shift.

In January 2016, we found the methods for learning and staying abreast of changes and implementing these had not been effective. The registered manager had not been aware of changes and recommendations for improving the quality of care; for example the care certificate and changes to the law which affected the people living at Nightingale House. However, throughout that inspection, the registered manager was responsive and agreeable to looking at ways to change the culture and support people to have an improved quality of life. Since then they have been in consultation with QAIT and other service providers to discuss and share good practice. They told us this consultation had been useful, and although the involvement with QAIT was time limited, involvement with other local care providers would continue. They have also undertaken a review of the home's policies and procedures to ensure they reflect current legislation.

We saw from resident and staff meetings and from talking with staff, that the registered manager had discussed changing and further developing the home's practices. They wanted the home to move away from over protective practices that could be unnecessarily restrictive to some people. The residents meeting minutes from September 2016 discussed with people planning social activities both in and out of the home, including day to day shopping; the completion of the new games room; menu planning and reminding people that they could request alternatives at any time, and reminding people to let staff know if they needed help to arrange to see their GP or other health care professional. People were also invited to discuss any other issues or make any comments about the home. The staff meeting minutes reminded staff to promote people's independence and engagement. Staff told us they had been working closely with the registered manager to review with people their needs and preferences and to update the home's documentation to better reflect a person-centred approach to supporting people.

Regular quality assurance audits had been implemented since the previous inspection. 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 staff were confident that people received a good quality service and were keen to demonstrate their learning from the previous inspection and their involvement with QAIT. The registered manager was aware of their responsibilities to notify CQC of significant events within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems used to assess risks associated with people's care and support had not been fully implemented. Accurate, complete and contemporaneous records were not yet maintained of each person. Regulation 17 (2)(b)(c)