Mrs Sushma Nayar and Vipin Parkash Nayar

Nightingale House Care Home

Inspection report

10 Strafford Road
Twickenham
Middlesex
TW1 3AE

Tel: 02088921854

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 10 January 2019. The inspection was unannounced.

Nightingale House Care Home is a care home without nursing providing accommodation and personal care for up to 21 older people, including people with dementia. The premises are in the form of a large residential home with ordinary domestic facilities. At the time of inspection there were 16 people living in the home.

At our last inspection on 13 June 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely and in a timely manner.

The service managed the control and prevention of infection well. Staff followed correct policies and procedures and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. Medicines were well managed, with staff displaying a sound understanding of the medicines administration systems, recording and auditing systems.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by the manager and acted on appropriately.

People at risk of poor nutrition and dehydration were sufficiently monitored and encouraged to eat and drink. The quality of the food was good, with people getting the support they needed and the choice that they liked.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs. Staff had the skills and knowledge to provide effective care.

People were assisted to have access to external healthcare services to help maintain their health and well-being. Staff worked within and across organisations to deliver effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in

the setting up and review of their or their family member's individual support and care plans.

Staff treated people in a kind and friendly way. Staff respected and promoted people's privacy, dignity and independence. People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs. People's religious and cultural beliefs were respected and supported.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received appropriate care.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence.

Staff liked working for the service. They were clear about their role to provide people with a high-quality service and uphold the service's values.

The registered manager sought feedback about the quality of the service provided from people. Audits and quality monitoring checks were carried out to help drive forward improvements.

Further information is in the detailed findings below.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led	Good

Nightingale House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 January 2019 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies.

During the inspection visit, we spoke with ten people who used the service and a relative. We also spoke with the registered provider, four care staff, the registered manager and the deputy manager. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records and three staff files. We also looked at other records relating to the management of the service. These included policies, audits, and meeting minutes.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people because there were processes in place to minimise the risk of avoidable harm. People told us they felt safe in the home and received support in a timely manner. One person said, "I've been here a few years and I do feel safe." Other comments by people included "I trust staff, I'm not upset by them", "They always treat me right", and "I always get good attention."

Systems were in place to identify and reduce the risks to people who used the service. Staff had assessed hazards to people's health and wellbeing and measures were in place to minimise the risk of harm occurring. People had individual risk assessments and care plans which had been reviewed and updated. Identified risks included assisting people to moving, falls, and poor skin integrity.

Staff had received training in safeguarding and medicines administration which enabled them to support people in a safe manner.

The provider employed enough staff to make sure staff could meet people's assessed needs, which included two waking night staff. Staff files all showed evidence of criminal checks through the Disclosure and Barring Service (DBS), photo ID, application form and previous employment history. References had been followed up. There were policies and procedures in place relating to staff and their work and conduct.

People told us they received their prescribed medicines safely and on time. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were regularly carried out to check medicines were being managed in accordance with good practice. We observed the medicines administration and checked a sample of records for accuracy.

The registered manager told us that there was a planned move towards an electronic care plan system and a change of medicines provider, which they felt would improve accuracy, reduce the time needed on writing and be safe for people.

The environment was clean and free of hazards. There were no unnecessary or unsafe restrictions on people's freedom to come and go or to move around the home as they pleased, although the nature of many people's conditions meant that they relied on staff to assist them.
Staff practised safe care to prevent the spread of infection, including using disposable aprons and disinfectant gels.

Staff knew how to record accidents and incidents. The registered manager responded appropriately to these and took any necessary actions. For example, people's falls were recorded and care plans were reviewed as a result.

Good

Is the service effective?

Our findings

People and their relatives felt they were cared for by staff who knew and understood their needs. One person told us, "The staff know me and they understand me and my little ways." A relative said, "They treat [my relative] with respect."

Staff had received the training they needed so they could do their jobs well. In addition to induction training, staff received training in basic mandatory areas of care, including safeguarding, people handling, the Mental Capacity Act (MCA), health and safety, food hygiene, infection control, equality and diversity, dementia awareness, nutrition and end-of-life care support. We saw a training plan covering these topics spread over a 12-month period. Some staff went on to study certain topics at a higher level and the registered manager was working towards a management qualification.

This was further supported by a programme of individual staff supervision and appraisal. Staff told us they felt supported. One staff member told us, "The new manager is very supportive. Our supervisions had dropped off since the previous manager left but the new manager is starting them up again." We discussed this with the registered manager, and saw that there was a supervision and appraisal plan being put in place.

A relative told us, "Most staff have been there a while and this helps with consistency, as people know them and they know people's needs."

Staff continued to support people to eat and drink enough and maintain a balanced diet. People made positive comments about the food. Comments from people included, "If I don't fancy something at the time, the cook is here till six o'clock, so we get on", "The beef's gorgeous - absolutely fabulous", "If I fancy a snack they give it to you" and "They ask what you want before they serve up." One person joked, "I don't get enough vodka!"

People's dietary needs and preferences were recorded and monitored and formed part of their overall care plan. People were weighed monthly and those at risk were weighed weekly. Staff reported and monitored people with poor appetite or drinks intake and a food and fluid chart was put in place. People were frequently offered hot and cold drinks and snacks between meals.

People were supported to access health care appointments, including visits to hospital. People were registered with a GP and were offered annual health checks. For people who came to the home for a respite or temporary stay a short-term agreement was made with the local GP where all care notes and an up to date medical from the permanent GP was sent to the local GP.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, healthcare professionals and staff.

Good

Is the service caring?

Our findings

The service continued to support people in a caring manner and we observed interaction between staff and people that was compassionate, kind and friendly. People told us they liked the staff and several people were able to identify staff by name. Comments from people included, "I really like [name of staff], she's very kind", "I've had nice chats with the manager", "My friends and family can come whenever they want, just like that." A relative confirmed that the staff made them feel welcome whenever they arrived at the home.

People and staff all got on well together. The relationships between them were friendly and caring. We heard staff tell people what they were going to do before they assisted them, checking that people were comfortable with it and gave people clear directions.

Staff supported people to retain their independence for as long as possible and spoke positively about their commitment to people's care. One staff member told us, "My job is to help people be happy in their home." We observed another member of staff breaking off a conversation with a colleague when a call bell sounded and went immediately to visit the person. The staff told us that "residents come first."

People and staff knew each other well. Staff recognised quickly when people were not well and provided additional support including involving other professionals if required. Staff supported people to maintain existing relationships by welcoming visitors and pets into the service, which provided people with comfort and stimulation.

Some people had original languages other than English. The diversity of nationalities of staff employed in the home meant that people could have conversations with staff who were from the same country as them. Care plans reflected any preference or requirement by people due to culture, religious belief or ethnicity and staff had received equality and diversity awareness training.

Staff had received training in person-centred care and the home's policies and procedures placed importance on dignity and respect. Care plans and other records which referred to people used language that was clear, respectful and person centred. Care plans were up to date and reflected the person's current needs and preferences.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way using terms that the person preferred. We saw staff throughout our inspection were sensitive and discreet when supporting people. They respected people's choices and acted on their requests and decisions.

Good

Is the service responsive?

Our findings

The service continued to provide care and support that was personalised and responsive to people's needs. Not everyone we spoke with were aware of the detail of their care plans, but everyone told us that staff spoke to them, asked them what they wanted and responded to their needs and requests. Comments included, "Staff provide a wheelchair for me whenever I want to go anywhere", "My [relative] can come whenever she wants. If I want to see her they contact her to come and see me", "A few times they have taken me out. I get a bad back, so I restrict my movement to help it", "We go to the doctors and the chiropodist is coming to the home", "We found a place by the river with my son, watching the boats go by".

People were supported to follow their interests and take part in meaningful activities that were socially and culturally relevant, including attending their respective faith services. People described the various hobbies and activities they took part in and spoke positively about the activities and choices in the home. An activities co-ordinator had been appointed and an activities profile for each resident had been completed. Residents meetings were held, with the most recent one being about the meals provided. The service worked in partnership with a charity, "Embracing Age", which provided a friendship and visiting service to people. At the time of inspection three volunteers were visiting people.

People were supported to live in the home as independently as possible, according to their preferences and their views were taken into account with regard to decision making and choices. This was achieved through involvement in assessment and care planning, resident meetings, menu planning and involvement in day to day activities throughout the home.

People and their relatives knew how to raise concerns about the service. The provider had a complaints procedure staff followed. The registered manager listened and responded to complaints when they were raised. One example related to the laundry service, which resulted in an updated handover/allocation form which allocates the staff member to the laundry, updated training and checking the laundry equipment.

The service was working to ensure that people received care in line with the Equality Act in relation to protected characteristics. The registered manager had contacted the Stonewall organisation for advice on updating the admission form with regards to people sexual orientation and beliefs. In another example, staff supported someone to use the internet to listen to their Hindu bhajan (hymn) and contact had been made with the temple to provide spiritual guidance for the person.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved, alongside community healthcare teams and advice from a hospice, to ensure people's wishes were supported and that appropriate care was given.

Good

Is the service well-led?

Our findings

The service continued to be well-led and staff worked in an environment which had a positive, open culture where issues could be raised and discussed.

The service had 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.

Records we held about the service, and looked at during our inspection, showed that the provider had sent all required notifications to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about.

People and staff made positive comments about the registered manager and how the service was managed. One person told us, "The new manager is lovely. I have spoken to her a lot." Another person said, "It's beautiful, here. A nice place I would recommend." Staff told us that they felt supported, that it was good to have a manager in place and that although the registered manager had only been there approximately five months she had instilled an atmosphere of order and confidence in the way staff worked together. This was reflected in the way staff could clearly describe their roles and their duties during the week.

The registered manager and senior team were hands-on managers who led by example. They knew people and staff well. They picked up on any issues and deal with them quickly. Staff felt well supported through renewed staff meetings, supervision and informal contact.

The registered manager received positive support from the registered provider, who made regular visits to the home and who ensured quality audits were carried out as well as questionnaires to people and families. The most recent quality survey was carried out in 2018 and the feedback was extremely positive.

Senior staff carried out audits on various aspects of the service, such as medicine management, care plans and health and safety, to check that staff were following the correct procedures. This ensured that the service continued to learn and improve.

The service worked in partnership with other agencies, particularly the local health and social care professionals and community services, such as volunteer services, to provide joined-up care to people.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

We looked at records kept in the home and found these were well maintained and up to date. The home kept policies and procedures relevant to the service, staff records, medicines records, logs of checks made

to equipment such as radiators in rooms and staff rotas.