



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

| | |
|-----------------|---|
| Name: | Nightingale Court Residential Home |
| Address: | 11 - 14 Comberton Road Kidderminster Worcestershire DY10 1AU |

| | |
|--|---------------------------|
| The quality rating for this care home is: | one star adequate service |
|--|---------------------------|

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

| | |
|------------------------|-----------------|
| Lead inspector: | Date: |
| Andrew Spearing-Brown | 1 6 1 2 2 0 0 8 |

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

| | |
|---------------------|--|
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Information about the care home

| | |
|-----------------------|---|
| Name of care home: | Nightingale Court Residential Home |
| Address: | 11 - 14 Comberton Road Kidderminster Worcestershire DY10 1AU |
| Telephone number: | 01562824980 |
| Fax number: | 01562740025 |
| Email address: | |
| Provider web address: | |

| | |
|--|--------------------|
| Name of registered provider(s): | Majestic 3 Limited |
| Name of registered manager (if applicable) | |
| Susan Annette Wilkinson | |
| Type of registration: | care home |
| Number of places registered: | 43 |

| | | |
|--|-----------------------------------|---------|
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| dementia | 0 | 43 |
| learning disability | 0 | 4 |
| old age, not falling within any other category | 0 | 43 |
| physical disability | 0 | 43 |
| Additional conditions: | | |
| The maximum number of service users who can be accommodated is 43. | | |
| The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 43 Physical disability - 65 years and over - PD(E) 43 Dementia - 65 years and over - DE(E) 43 Learning disability - 65 years and over - LD(E) 4 | | |

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Date of last inspection | | | | | | | | |
| Brief description of the care home | | | | | | | | |
| Nightingale Court is registered to provide care for 43 older people who are frail, who may have physical disabilities or who may have experienced mental health problems. | | | | | | | | |

Brief description of the care home

Registration has also been granted for four older people who have a learning disability. Accommodation for people using the service is situated on the ground, first and second floor and consists of single as well as some double bedrooms. All three floors can be accessed by means of a passenger lift although a small number of steps have to be negotiated to reach some rooms on the first floor. Nightingale Court is situated near to the centre of Kidderminster, close to the railway station and also on a bus route, with a frequent service to the town centre. Car parking is available to the rear of the home. For information regarding fee levels the reader should contact the service directly.

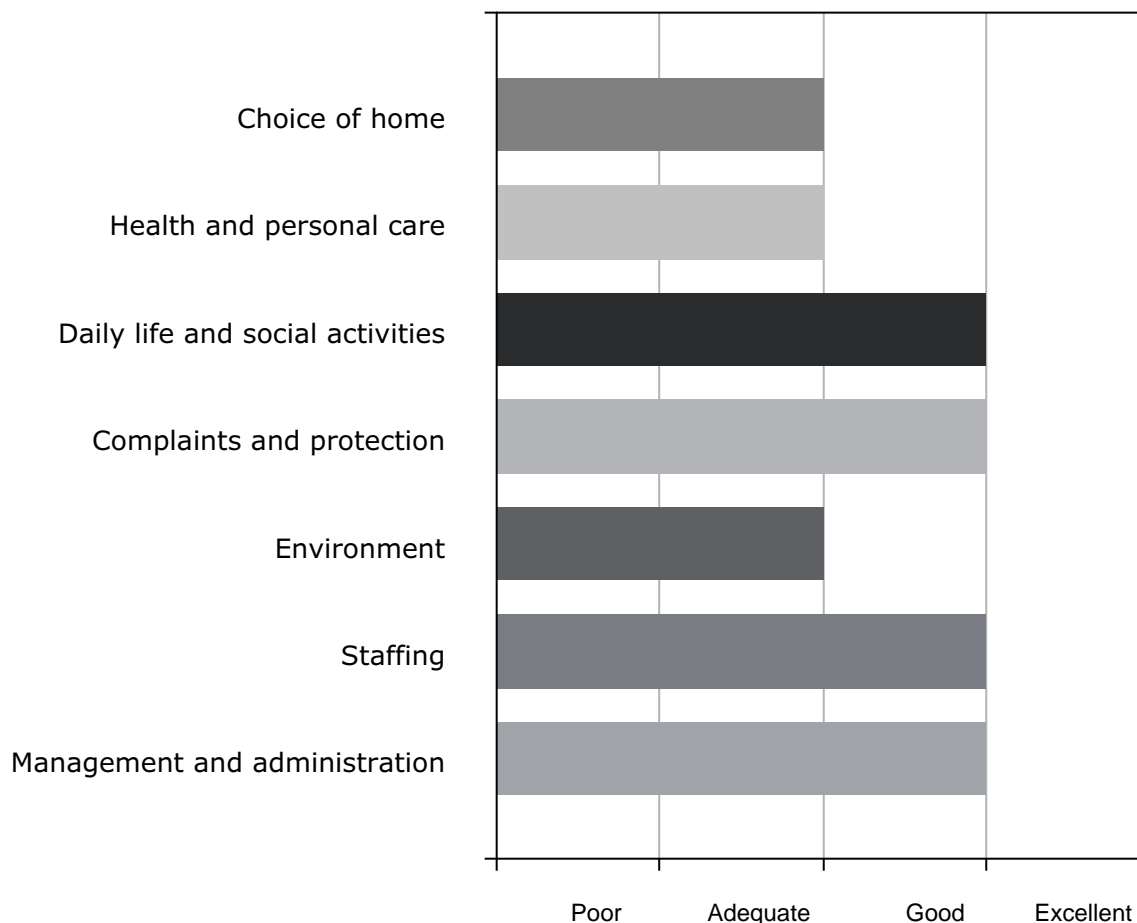
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The last inspection at Nightingale Court was carried out during December 2007. We, the commission carried out this inspection over a period of three visits to the home. The inspection was unannounced therefore nobody within the home knew we were going to visit.

The focus of inspections is upon the outcomes for people who live in the care home and includes peoples views of the service provided. The process we use considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development.

Prior to the visit taking place we looked at the information that we have received since

the last key inspection visit. This includes the Annual Quality Assurance Assessment (AQAA). The AQAA is a document completed by the home and provides us with information about the home and how they believe they are meeting the needs of people living there.

We looked around the home . We viewed records in relation to some people living in the home such as care records, risk assessments and medication records. We also viewed records relating to some members of staff and regarding health and safety matters.

We spoke to the registered manager and the operations manager as well as a number of other members of staff. Because some of the people living at Nightingale Court are not always able to tell us about their experiences our discussions with people were limited.

What the care home does well:

The home has no restriction on visiting which means that people can see visitors as they choose and maintain relationships that are important to them. During our visit we noticed a welcoming and relaxed atmosphere. Staff were friendly towards people who live at the home and to their visitors.

The service provides information for people who are thinking of moving into the home.

A choice of meals is provided so that people's dietary preferences can be met. Snacks are available if people want them.

Activities are available within the home and small outings are arranged. These can stimulate people living in the home and takes into account people's interests and personal tastes.

The manager is aware of the need to alert other professionals if anybody raises any concern about potential abuse to people using the service from a member of staff. This action therefore helps to safeguard people against abuse.

The manager wishes to improve the service and took immediate action in relation to the issues and concerns that we raised as part of our visit.

What has improved since the last inspection?

When we last visited Nightingale Court the service user's guide was with the printers. Information is now available for people who live in the care home as well as for people who may potentially live there.

The complaints procedure was on display in the home.

Improvements to the environment have continued to take place such as a new floor in the kitchen and improvements to the garden.

What they could do better:

Information available to the home prior to an admission needs to be taken into account in order that care needs can be established and a plan of care devised.

Written records about people living in the home do not always collate with other records therefore either giving conflicting information or not supplying guidance for staff. This could potentially result in people not having their needs met or in unsafe practices taking place.

There needs to be an improvement in the recording, administration and management of medication. The registered persons have acted quickly and responded with an action plan to put failures regarding care planning and medication management right. The action taken should therefore now provide safe systems in order to protect people.

Further refurbishment is needed especially to some of the window frames in order to prevent potential accidents.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are able to visit and can obtain information about the home to assist them in deciding whether the service is able to meet their needs. Assessments are carried out prior to admission and information is sought from other agencies. but this is not always being used effectively to ensure people's needs are met.

Evidence:

We saw a copy of the home's Service Users Guide which was dated October 2008. The document is informative and easy to read. It contains information regarding most of the areas listed within the associated National Minimum Standard. It does not however contain any views of people using the service. The guide is not available in any other format such as audio tape. Despite this shortfall, from information received on our surveys, people believed they received sufficient information prior to admission into the home. Additional details are included within an information pack such as a sample menu, sample activities schedule and a list of family events during 2008. The guide

Evidence:

states that 'fees are charged in accordance to the home's current tariff sheet in addition to the needs identified by the home's assessment procedure.'

The AQAA stated that people who may potentially use the service are assessed by an experienced senior care worker prior to admission and that people are invited to have a trial day at the home. This information is included within both the Statement of Purpose and the Service Users Guide. Having an assessment process as well as enabling people to visit the home assists in ensuring that care needs can be met. Furthermore people are able to experience what the home might be like if they decide to move in.

We viewed the file of a person who was admitted into the home four days before our visit. It was evident that an assessment had taken place which showed some care needs but also contained a number of gaps when the potential care need was recorded as 'unknown'. There was additional information available to the home supplied by Worcestershire Mental Health Partnership NHS Trust which was faxed to the home prior to the admission. Although this information was available to the home we saw no evidence that it was taken into account prior to the admission. Having information before admission and acting upon it helps make sure that staff within the home know what an individuals care needs are likely to be and know what to expect when the person is admitted. Much of the information available to staff was not developed into a care plan. This can place people at risk as care needs may not be met.

Following our findings Majestcare produced an addendum to their procedure for the management of a new admission. The procedure now states that the member of staff involved in the admission is to have a period of supernumerary time to ensure that information obtained can be transferred into a care plan.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans are not always in place nor do they always include correct up to date information to ensure that care needs are identified and consistently met. People using the service are treated with respect for their privacy, dignity and self worth. Medications are not always recorded or administered as prescribed and as safely as they should be but the provider has acted promptly to address this.

Evidence:

Everybody living at Nightingale Court has a file containing their care records. These records should provide the necessary information to ensure that staff are able to meet the care needs of people using the service.

We requested the care file of the most recently admitted person to the home and found significant shortfalls. Information obtained during the home's own assessment process as well as details within Worcestershire NHS (National Health Service) Trust single assessment was available. However, these details were not used to draw up a care plan. The discharge letter from the hospital was not held within the file and had

Evidence:

not been taken into account within the care provided.

Nightingale Court had a system whereby an assessment under different headings is recorded. This document then establishes whether a care plan is needed or whether no care needs are identified.

The assessment we saw was not finished with only 5 out of the 24 headings done. Out of these 5 headings a single care need was identified but no care plan was generated. A significant care need identified within the NHS assessment was not followed up and when we spoke to staff on duty they were not aware of this care need. This lack of awareness within the staff group could have presented a significant risk to the health, safety and welfare of the person concerned.

We found the personal care record (used to record whether people had received care such as a wash, shave and mouth care) to be completely blank although the individual concerned had been in the home for four days. The daily record sheet, used to record the care given and how people are, was also completely blank.

The medication recorded upon the NHS assessment and the home's assessment did not match but nobody had checked this out with the hospital. A prescribed spray was mentioned on the discharge form but was not recorded elsewhere and people were not aware of this. The medication care plan was blank other than saying 'To ensure ** takes his medication daily' therefore no plan of care was recorded despite a significant care need in this area. The care plan stated 'regular laxatives to be given' however no laxative appeared on the Medication Administration Record (MAR) sheet. These shortfalls had remained unnoticed until highlighted by ourselves. Once the registered manager was aware of our concerns immediate action was taken to ensure that the information held by the home was correct. During this inspection we found other examples when the medication care plan did not match the medication review sheet.

We viewed some other care plans. Although some parts of the care plans had some good detail, on closer examination they did not always match up with other records.

One care plan did not match up with the other records regarding the laxatives the person was prescribed despite the fact that it had been reviewed on four occasions since the change had taken place. On a risk assessment for pressure damage the scoring was incorrect as it had not picked up that according to other records, such as multi professional visits, the person had a break to her skin.

On another care plan we noted that it made no reference to a number of incidents that had happened. Staff may have benefited with guidance as to the strategies available to

Evidence:

them and whether prescribed medication was to be used in these circumstances.

On one professional visit sheet we noted that a Doctor had prescribed some support stockings. The need to wear these was not recorded elsewhere such as on a care plan.

We saw a number of risk assessments however these did not always have the information recorded upon them that we saw elsewhere such as a nutritional risk assessment that made no reference to weight loss. The registered manager does however carry out audits of weight loss and puts into place actions such as having fortified milk added to meals and the provision of snacks between meals.

The personal care records were generally completed however night staff were tending to record 'assisted by night staff' and did not indicate what care they had provided. On one of these records we noted that staff signed that cream was applied some days and not others. No care plan existed regarding the use of creams however on auditing the MAR sheets and the daily notes it appeared that the cream was applied as prescribed.

There was evidence that community nursing services are consulted if staff have concerns regarding skin care. It was also evident that medical advice is obtained in the event of people appearing unwell due to conditions such as a chest infection. We saw examples of care plans following the diagnosis of a chest infection. We also saw that the home had made efforts to refer somebody who had fallen frequently to a falls clinic. The home had carried out an audit of falls. We offered further advice about a falls coordinator in relation to the home's falls strategy and staff training.

One care plan stated that '**'s son is very happy with the care we give'

We saw some good examples of life histories whereby staff were attempting to build a picture of each individual including information about their childhood, young adult life and their middle years.

As previously indicated following our findings Majestcare produced an addendum to their procedure for the management of a new admission. In addition to the supernumerary time to ensure that information obtained can be transferred into the care plan it is now to be validated by the home manager to ensure that all care needs identified have a relevant care plan.

We were informed that an investigation would take place as to why a care plan was not generated for the person recently admitted into the home. In addition we were informed that care plan training sessions were to commence during January 2009.

Evidence:

In order to assess the management of medication we viewed the current months MAR sheets. We were informed that the supplying pharmacy had recently changed. At the time of our visit 9 members of staff were able to administer medication. Prior to each MAR sheet was a card which had a photograph of the person concerned as well as details of any known allergies. Although many of the MAR sheets were completed as needed and were up to date we did nevertheless bring a number of different concerns to the attention of the registered manager and another senior member of staff.

Staff were on one sheet using the same code for a range of different reasons for non administration such as 'not needed' 'asleep' and 'loose bowels'. There was no further explanation regarding the codes making a full audit difficult.

We noted occasions when staff had signed for medication as administered (therefore stating that the person had taken the medication) and then signed over the top of that signature with a code indicating that the item was not given.

We saw one MAR sheet whereby there was no evidence that the drug was given for three days after it arrived within the home. We noted a total of 4 signatures on the MAR sheet for this drug however when we checked the box we discovered that only 3 had been removed. We were also unable to audit a previous dose of the same medication. Neither the registered manager or another senior person on duty were able to explain our findings.

We audited some MAR sheets showing antibiotics One contained too few signatures while another showed too many signatures against the number of tablets originally prescribed. Another sheet showed the correct number of signatures but staff had dispensed the medication 3 times a day not 4 as prescribed.

On other MAR sheets we saw gaps whereby there was no signature or code to establish what had happened to the medication.

We checked the records of controlled medication. The controlled drugs register was completed as necessary however we saw gaps in the MAR sheets.

As a result of our findings regarding medication Majesticare took immediate action which included visits to the home by senior managers. We were informed that the registered manager would be checking the MAR sheets on a daily basis for a period of time and that this would then be reduced to a weekly check. We were told that training would be provided including a practical assessment if a carer is identified as having made mistakes.

Evidence:

Throughout our time within the home we observed numerous interactions between staff and people using the service. We noted that staff were respectful and that people had their privacy and dignity respected. One person using the service told us that people can get up and go to bed when they want.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service are offered opportunities to enable them to have a meaningful life and exercise choice regarding their lives. People are able to enjoy a variety of food that is offered and they are able to keep in touch with family and friends.

Evidence:

The AQAA stated that over the last 12 months the home had had a change to their Activities Coordinator and that they had a 'refreshed look at our approach to social activities and daily life.'

The service users guide states: 'There are arrangements for service users to engage in social activities, hobbies and interests. We have an active social calendar and aim to provide each person with a tailored programme should they so wish.' The guide lists a range of activities as examples of those currently being held such as board games, crafts, exercise classes, entertainers, outings, bingo and manicure.

During our visit we were able to discuss activities with the coordinator and view documentation to support what we were told had taken place.

Evidence:

In discussion with the activities coordinator we were informed that during recent craft sessions people had made Christmas cards and decorations. We were told that people are seen every day either in the lounges or within their own bedroom. A review of what people have done is carried out on a monthly basis.

We were told that outings involving up to 12 people who use the service have taken place to venues such as Cadbury's World, Seven Valley Railway and Birmingham Botanical Gardens.

A small shop is provided for people to purchase small items such as toiletries.

A list of events included within the information pack showed that during 2008 family members were invited to attend a range of activities such as a West Indian supper and gospel evening, Easter bonnet parade, quiz, a coffee morning in aid of the Alzheimer's Society and a summer fete. Photographs were on display of recent parties within the home.

We were told that religious needs are met and that regular church services take place within the home.

At the time of our visit the manager was looking into having a loop system fitted to improve facilities for people with a hearing aid.

A hairdressing service is provided at an additional charge. Details of the charges for this service were included within the information pack. Since our last inspection a new hairdressing salon has been provided.

Comments from people living at the home included ' Nice around here' and 'Everything very nice.'

While at the home we saw a number of people visiting relatives or friends. Visitors were seen to be made welcome and they seemed to be at ease with staff.

People using the service are able to bring in personal possessions to make their own room more homely.

Pictures of food are on display near to the main dining area of the home. A sample menu is included within the service users guide. During one of our visits the lunch menu consisted of honey roast gammon or fish fingers and tomato sauce, chips, peas and carrot. This was followed by lemon meringue pie.

Evidence:

The food served appeared to be appetizing. Staff were seen to assist people as necessary and this was done discreetly. People told us that they enjoyed the food offered to them.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are aware of how they can make complaints and can be confident that these will be addressed. Managers and staff have knowledge about safeguarding however some improvements in recognising when situations need reporting are necessary to ensure that people are not placed in vulnerable situations.

Evidence:

The AQAA stated that Nightingale Court continues to 'follow up all complaints promptly and we adhere to the company policies and procedures. We keep our Operations Manager informed of any complaints that the home may receive.'

The AQAA also told us that the home had received 2 complaints over the previous 12 months, one of which was upheld. We were aware of one complaint which was looked into by Worcestershire Social Services. We viewed some documentary evidence regarding some concerns brought to the homes attention. We were told that no formal complaint was received regarding this matter.

A complaints procedure is included within the service users guide. It makes reference to 'the Registering Authority' and states that the address can be found on the inspection report. A complaints procedure in the hallway of the home made reference to our contact address.

Evidence:

We asked people whether they were aware of how to make a complaint and people told us that they were.

We were informed that an advocacy service is available and used by one person living within the home.

The registered manager has reported to us a small number of incidents within the home which were potentially safeguarding matters. One of these was looked into via a multi agency approach and it was evident that the manager had taken appropriate action. We are aware of another incident which was looked into by a social worker. It was found that the home had acted appropriately.

Information displayed in the home showed that the vast majority of staff attended training in PoVA (Protection of Vulnerable Adults) during 2008. One carer told us that she would report any concerns regarding abuse to the registered manager or phone a helpline that she was aware of due to a poster in the staff room.

The registered manager has a good understanding regarding the reporting procedures in relation any member of staff who may have in some way abused somebody living in the care home. The reporting procedures were not however so good in relation to incidents whereby one resident had hit out at another resident in order that peoples safety could be looked at as part of a multi agency approach if that was felt necessary.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home generally provides a safe and well maintained environment which is clean, tidy and takes into account the needs of people with a dementia. Work is however needed in some areas to ensure that people can be more confident about their safety.

Evidence:

Nightingale Court was converted originally from four Victorian houses and has been extended and upgraded to provide the present 3 storey accommodation. Although improvements have taken place the home continues to require attention and regular maintenance in particular to some of the windows.

A tour of the home was undertaken during which we were able to see a number of bedrooms and communal areas. A passenger lift is provided to afford easy access to most areas of the home. Gates with a key code are now fitted to all staircases to prevent people who may be unable to successfully negotiate stairs attempting to climb them.

The former dining room is now used as a lounge diner. The lighting in the dining area at the time of our visit was not bright as a number of the bulbs were not working. The other lounges were bright and welcoming. The available space in one of the lounges is now reduced as it also now accommodates some dining tables.

Evidence:

Some rooms on the second floor of the house are not used to accommodate people using the service. One room is now used as a staff training room while the other is the staff room. The windows in these rooms are particularly poorly fitting and in need of urgent attention.

At the time of the last inspection we required a risk assessment to be carried out and action taken to minimise any identified risk in relation to windows that needed restrictors or replacement. A risk assessment was in place however despite some remedial work on windows some frames are old and worn. It would appear that professional advice needs to be sought to ensure that the frames are safe and do not present a hazard to people within the home and outside.

The AQAA states that over the next 12 months the manager has high hopes that the planned porch at the front of the house will be built.

During our visit we noted that the home was clean and tidy. Some bedrooms had a malodour however staff make effort to keep this under control.

The grounds to the rear of the building, although not extensive, are accessible to people using the service. Since our previous inspection new fencing has been fitted. The garden is home to a number of domestic pets. The registered manager has further plans for the garden including a vegetable patch and raised flower beds.

We viewed a number of bedrooms all of which were personalised. The furniture and decor remain a reasonable standard. At the time of our last inspection we reported that some bedrooms felt rather chilly in comparison to other bedrooms and corridor areas. The registered manager informed us that this matter was investigated and most areas were better on this occasion. One room did however seem to be chilly and needed further attention.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are sufficient staff on duty although a review of levels in the afternoon would ensure that people using the service have the appropriate level of support they need. Training is provided to ensure that staff are provided with the skills and knowledge needed to carry out their role.

Evidence:

The AQAA stated that Nightingale Court now has a 'stable staff team' and that they 'never rely on agency workers'.

At the time of this inspection 41 people were residing within the home. We asked about staffing levels and were told that during the morning there would be 5 carers and 1 senior on duty. Between 2.00 pm and 4.00 pm there are 3 carers and 1 senior. From 4.00 pm until 8.00 pm staffing levels increase to 4 carers and a senior. The number of staff on duty then reduced again between 8.00pm and 10.00pm before the night staff come on duty.

The night shift is covered by 2 carers and 1 senior.

A list of staff and their photographs is displayed in the entrance hall of the home.

Evidence:

It was noted that people using the service seemed more restless during the period of time during the afternoon when less staff were available to meet care needs. This maybe a 'one off' however this observation should be taken into account in relation to staffing numbers.

We viewed some staff files in relation to recruitment procedures. Although it appeared that one person had commenced duty before the home had received a PoVA (Protection of Vulnerable Adults) first we were told that this was not the case. References were on file although these were not always dated therefore we were not able to establish when the home had received them.

The service users guide states under relevant qualifications ' As appropriate, the staff hold the following qualifications: NVQ (National Vocational Qualification) in Health and Social Care at level II and III, Basic Food Hygiene, Moving and Handling, Fire Training, First Aid, Health and Safety, PoVA, Person Centered Dementia Training.' The AQAA stated that 'All of our care staff have achieved or are working towards NVQ levels.'

We looked at some training records and found that everybody had undertaken some fire awareness training during 2008. A total of 13 members of staff undertook health and safety training during 2008, leaving 7 people who have not done this training.

We were told that the vast majority of staff have attended a one day training course on dementia care and that another course was booked for January 2009.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed in a way that meets the needs of people using the service. Management systems have improved under the direction of the registered manager. People using the service could have greater confidence in the service once some management systems are developed further.

Evidence:

Since the last inspection the manager has become registered with us. We are aware that the registered manager has experience of working in the care sector for 23 years. We were previously informed that she holds the Registered Managers Award (RMA) and a NVQ (National Vocational Qualification) level 4 in care. The registered manager continues to study for her Diploma in Person Centred Dementia Care and holds an assessors award for NVQ. The training already undertaken by the manager and continuing should benefit both other staff and people using the service. During this inspection it was evident that the registered manager continues in her desire to improve the service delivered and is keen to develop the home further. Although we

Evidence:

highlighted a number of serious concerns in relation to care planning and medication management the registered manager took steps to address the situation immediately.

The AQAA stated that the home has a full management team including the manager, an assistant manager, a care coordinator and a house manager. We were told that this has given more structure to the home's staffing team.

A Quality Assurance system is in place. The AQAA confirmed that audits are carried out. The AQAA also stated that regular visits are undertaken to the home by the Operations Manager and that Regulation 26 reports are prepared. We viewed two reports while we were visiting the home. We noted that one made reference to the need to attend to windows as they are 'loose and potentially could fall out.' The condition of these windows is highlighted elsewhere in this report and it is of concern that they remain in a potentially hazardous condition. We were told that work has taken place to fit restrictors to windows previously identified to prevent accidental or deliberate falling to the ground.

We were told that some user satisfaction surveys were carried out but the scores were not collated in to a document. The registered manager acknowledged that this needs to take place. The findings of surveys could be included within the service users guide as currently it does not include any views of people using the service.

The registered manager told us that the home does not hold any money or valuables on behalf of people using the service. Any expenditure for hairdressing is invoiced to the family if the individual does not hold any of their own money.

We were told on the AQAA that the managers in the home 'ensure that all staff receive a supervision bi monthly.' We were also told that the assistant manager holds a senior staff meeting on a weekly basis and that the house manager holds a weekly 'heads of departments' meeting.

We viewed a sample of health and safety records including fire checks. It was evident that the fire alarm is tested on a weekly basis although not in sequential order therefore potentially break glass points could get missed out. One fire extinguisher was reported as dented on 05/11/08 and in need of replacement. A fire officer visited the home during February 2008. We were told that necessary action was taken as a result of this visit and his findings.

Water temperature records were in place. It was noted that some rooms were at times showing the hot water to be too hot and therefore in need of adjustment.

Evidence:

Wheelchair checks are carried out and and defects found are actioned or the item is taken out of service.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 1 | 7 | 15 (2) | Care plans must be in place and up to date, clearly identifying the care needs of individuals and the actions necessary to ensure a consistent and appropriate approach to delivering care. | 31/01/2008 |
| 2 | 9 | 13 (2) | When medication is administered to people using the service it must be carried out accurately and clearly documented to ensure that people receive their medication as prescribed. | 11/12/2007 |
| 3 | 38 | 13 4 (a) | Windows within the home must be assessed for the risk they present to people using the service and action taken to minimise any identified risk. | 31/01/2008 |

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|--|
| 1 | 3 | Information which is available should be taken into account and form part of the pre admission assessment so that people can be confident that their health personal and social care needs will be met upon their admission to the home. |

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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