Tuskhome Limited

Nightingales

Inspection report

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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

This unannounced inspection took place on 23 February 2017. At the last inspection, the service was rated with an overall good although some improvement was needed regarding the provider's understanding of Deprivation of Liberty Safeguards. We found there had been an improvement.

Nightingales is a residential home providing accommodation for up to 13 people with support needs including some people living with early onset dementia. At the time of our visit 11 people were living at the home.

The manager, who is also the provider, was registered with the Care Quality Commission (CQC), as required by law and was present during the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection improvement was needed because we found that some people, living at the home, were being restricted without the correct legal processes being in place. The provider's and staff members' understanding of what could constitute a restriction of somebody's liberty also required some improvement. At this inspection we found the provider had taken suitable action when they had identified people who did not have capacity to consent to their care or treatment. Applications had been made to authorise restrictions on people's liberty in their best interests and staff had received updated training.

People and relatives told us they felt the home was a safe environment for people to live in. Staff spoken with could identify the different types of abuse and explained how they would report abuse. People were protected from the risk of harm and abuse because staff knew what to do and were effectively supported by the provider's policies and processes. Risks to people were being monitored and staff identified risks to people and explained how those risks should be managed. Staff had a good understanding of the risks and the action that was required. Appropriate equipment was in place to ensure the risk of harm to people was minimised. The care plans and risk assessments were reviewed and updated regularly.

We saw all staff were busy but were available to provide support to people when needed. This included support for people to eat, drink and move around the home safely. Requests for assistance from people were responded to promptly. The provider's recruitment processes ensured suitable staff were safely recruited.

People received appropriate support to take their prescribed medicines and records were kept of the medicine administered to people. Medicines were stored securely and consistently at the recommended temperature given by the manufacturer and were safely disposed of when no longer required.

People were assisted by suitably trained staff that told us they received training and support which provided

them with the knowledge and skills they needed to do their job effectively. People and relatives felt staff were knowledgeable on how to support people effectively and that staff possessed the necessary skills.

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 complimentary about the quality of food and were supported in their choice of meal. We saw people accessed snacks and hot and cold drink at regular times throughout the day. Health care professionals visited the home on a regular basis and people received treatment when needed which helped to promote their health and well-being.

People's care records contained information relating to their specific needs and there was evidence that the care plans were updated when people's needs changed. People and relatives told us they were involved in developing and reviewing their care plans. People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. Staff understood how to seek consent from people and how to involve people in their care. We saw staff interacting with people in a friendly and respectful way and that staff respected people's choices and privacy.

We found there had been no complaints about the service since our last inspection. People and relatives told us they had no complaints but were confident if they did, that the provider would deal with the issue effectively.

The registered manager/provider carried out audits and checks to ensure the home was running properly to meet people's needs and to monitor the quality of the care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People told us they felt safe. People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by suitably recruited staff.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

There were arrangements in place to ensure that decisions were made in people's best interest. Staff sought people's consent before they provided care and support.

People were supported by suitably trained staff.

People enjoyed the meals provided and were given refreshments at regular intervals, or when requested. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they

received.

People were supported to maintain relationships with their friends and relatives.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individualised to their needs, because staff were aware of people's individual needs.

People knew how to raise concerns and were confident the provider would address the concerns in a timely way.

Is the service well-led?

Good

The service was well led.

There were systems in place to assess and monitor the quality and safety of the service.

People were happy with the care and support they received.

People and relatives found the provider and staff easy to speak with and friendly.

Nightingales

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 checked 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 unannounced inspection took place on 23 February 2017. The membership of the inspection team comprised one inspector.

We asked the provider to complete 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. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with six people, four relatives, the registered manager/provider, four staff and two health care professionals. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to three people's care and five medication records to see how their care and treatment was planned and delivered. Other records we looked at included two staff recruitment and training files. This was to check that suitable staff were safely recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us the home provided a safe environment for people to live in. One person said, "We are all kept safe with no worries here." Another person told us, "We all have our frames (walking aid) I've got two one for down here and one upstairs, I also have an alarm on my chair which beeps when I get up, it's all very safe." A relative told us, "There's no doubt in my mind that everyone is safe, they [staff] are very attentive and watch out for any hazards like wet grass when people walk outside or making sure they [people] have their sun hats and cream on." Another relative said, "Absolutely people are safe living here." There were a small number of people living at the home who were not able to tell us about their experience. We saw that people looked relaxed and comfortable in the presence of staff and that staff acted in an appropriate manner to keep people safe. For example, we saw there was effective use of assistive technology, sensor mats to alert staff when people had got up from their chairs or out of their beds. Staff also ensured people had their walking frames close by to support them to walk and reduce the risk of falling.

The Provider Information Return (PIR) stated the provider had policies and procedures for safeguarding in place and staff had received appropriate safeguarding training. Staff were able to explain to us what could be abuse and how they would recognise the signs of distress in people. One staff member told us, "Everyone living here at the moment could tell us if someone hurt them but if they couldn't you would look for unusual patterns of behaviour like pulling away from you or flinching when a certain staff member might walk by or go to them." Staff we spoke with knew how to escalate concerns about people's safety to the provider and other external agencies, for example, the local authority, police and Care Quality Commission (CQC). A staff member we spoke with told us, "I'd talk to the manager or CQC."

We found that risk assessments had been completed and were individualised for people. One person told us, "I did take a bit of tumble and spent some time in hospital but I'm alright now." We saw the person's risk assessment had been updated following the incident and sensor equipment had been installed in the person's room to alert staff quickly in the event of any further accidents. We also saw the person did have their walking stick close by. A staff member told us, "We often review risk assessments because it can limit the risk to people and ensures we have the safest, best care delivered to them [people] in a way that suits them [people]." Because some people had limited mobility, a considerable amount of their time was spent sitting down. This could increase the chance of people developing sore skin. Although no one living at the home had sore skin, we saw the provider had taken preventative measures and pressure relieving equipment was available, for example pressure cushions on lounge chairs. Staff were aware of the potential risks to people and how to reduce that risk. We saw that risks to people, who were diabetic, as a result of high or low blood sugar levels was clearly documented with what signs staff should look for that would indicate if a person was becoming unwell. A health care professional told us there were no concerns when it came to people's blood sugars being monitored and they were happy with the support people received.

Safety checks of the premises and equipment had been completed and were up to date. Staff explained what action they would take in the event of a person choking or if there was a fire. One staff member told us, "Everyone in the home has a fire evacuation plan in their care file and we have equipment available to help

us. We do have fire tests and drills." Another staff member said, "If someone started to choke, I'd call for assistance and tell them to get an ambulance and I would try to dislodge whatever was choking them with back slaps." The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People, relatives and health care professionals we spoke with told us they thought there was sufficient staff on duty to support people. One person said, "You don't have to wait long for help." Another person told us, "I think there is enough staff around." All the staff we spoke with agreed there were sufficient numbers of staff to support people. One staff member told us, "Generally we have enough staff sometimes depending on how busy we are an extra pair of hands would be great but overall we're ok." Another staff member said, "We cover for each other when there is holiday or sickness and we have a bank staff that can come in and on rare occasions we have used an agency but that's not very often." We saw that staff were consistently busy, however, requests for support were responded to in a timely manner and people were not left waiting for support.

We spoke with staff who confirmed that prior to starting at the service pre-employment checks were carried out. We found that included criminal checks through the Disclosure and Barring Service (DBS). The DBS check helps employers to make safer decisions when recruiting staff and reduces the risk of employing unsuitable people. Records we looked at confirmed the provider had completed employment checks that also included employment and character references.

People we spoke with told us they had no concerns about their medicines and confirmed they received their medicines on time and as prescribed by the doctor. One person told us, "She (pointing to a staff member) gives me my medicine when I need it." Another person said, "The staff are very good at making sure I take my medicine properly." We saw medicines at the home were stored safely and securely. Temperature checks had been carried out and these were in line with required temperatures to maintain the effectiveness of the medicine. We saw a staff member complete a medicine round; they waited with each person to ensure the medicine was taken properly and people took their medicines willingly.

The PIR said there had been no medication errors and that weekly and monthly medication audits were completed, which included the completion of the Medical Administration Records (MAR) sheets. We reviewed five people's MAR sheets and found there were people who required medicine to be given 'as and when'. We found protocols were in place to provide guidance for staff when people required pain relief or became distressed. We also conducted an audit of some medicines and found the medicine stocks balanced with the medicines that had been administered to people. The systems the provider had in place ensured people received their medicines safely.

Good

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection the provider had not made the appropriate applications to deprive some people of their liberty, in their best interest, so they could receive care and treatment. At this inspection, we found the provider had made the necessary improvements. For example, we saw that some people were closely supervised and had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. We found that applications had been made to the supervisory body for people that were subjected to a restrictive practice, in their best interests and the provider was now meeting the legal requirements of the MCA.

The Provider Information Return (PIR) stated that each resident was assessed for their mental capacity and where appropriate, we saw that DoLS applications were made. The PIR also stated that staff had received DoLS training. All of the staff we spoke with identified people who were being restricted, for example, not being permitted to leave the building unescorted because it would be dangerous to the person if these conditions were not followed. One staff member said, "We try to limit the restrictions as best we can without taking away their independence, that's why we use the sensor mats a lot, at least people can relax in their own rooms when they want to and we are alerted straight away if they leave the room or get up from their chair." Another staff member told us, "DoLS is about us depriving people but it's how we do it and why, because we want to make it a safer environment for them (people)."

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "You talk to people, ask them what they want, give them a choice." Another staff member told us, "I always ask because but if they can't tell you, you can tell from their body language or facial expressions." We saw staff encouraged and offered people choices and sought people's permission before supporting them. This ensured that people's rights were being upheld.

People spoken with told us they were happy with the staff and felt staff had the skills and knowledge to support them. One person said, "The girls are excellent and look after exceptionally well." Another person told us, "I am happy with the support I get from the staff, no complaints." A relative said, "I've always found staff competent, they know what they are doing." Another relative told us, "I think I know the staff well and have never felt they don't have the skills to support [person's name]. I am reassured by their standards and from what I've seen they [staff] receive regular training." The PIR stated current staff practices were reinforced in the Care Certificate and that care staff had also undergone NVQ levels 2 and 3 training. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. The staff we spoke with confirmed they received the necessary training to

support them in carrying out their roles. One staff member told us, "I asked for additional training and got it, it's great you only have to ask [the provider's name] and it's done." Another staff member told us, "The training is excellent." A new member of staff explained how happy they were with the training, they told us "I was really interested in the training." We saw refresher training for staff was reviewed with training scheduled for the months ahead.

Staff we spoke with told us they had received supervision. One staff member said, "We have supervision regularly." We saw from the staff records we looked at that supervisions had taken place along with observed practices. An observed practice is when a staff member is observed by a senior staff member to ensure the delivery of care and support is effectively practised. Another staff member told us, "We've all had training in moving and handling but because we don't use the hoist very often [Provider's name] will test us and observe how we use the hoist to make sure we do it right, which is good." This ensured staff had the training and support they needed to meet people's individual needs.

The PIR stated that mealtimes and food is important to the people who live at the home and people we spoke with were all complimentary about the choice, quantity and quality of the meals. We saw people were offered choices at meal time and had access to drinks throughout the day. One person told us, "The food is excellent, can't fault it." Other comments we heard included, "This meat is beautifully tender," "Delicious dinner," and "Another lovely dinner." A staff member explained how everyone was asked in the morning what they wanted for lunch using the menu and pictures. We heard staff explain to people at lunchtime what choices were available. Where possible, staff encouraged people sit at the dining tables and we saw some people were encouraged to walk to the dining area for their lunch. Encouraging people to move to a different location puts emphasis on the lunch time experience and therefore something different and encouraged people to move from their lounge chairs. We found the staff were organised while lunch was served to people. Staff provided one to one support where people required it. Suitable plates and cutlery was used by people who experienced difficulty using conventional plates and cutlery. One person was asked if they wanted a smaller portion of food to which they said "Yes please." We saw staff encouraged people to eat, asked people if they had eaten enough and meals looked well presented. We saw that people who chose not to eat in the dining room received their meals without undue delay and that meals were plated and covered to keep the food hot. The provider ensured that people received a choice of healthy food.

Although the provider had assessment tools in place to monitor people's support around their nutrition and dietary needs, we found that no one living at the home required the additional support. However, we found that where there had been concerns in the past about weight loss or difficulty in swallowing referrals were made to health care professionals for assessment and guidance. This ensured that if required the appropriate support was available for people who were at risk of losing weight.

We saw that visiting professionals attended to people to assess and review the person's care and support needs. For example, a GP, podiatrist, district nurse, opticians and social workers. People told us if they felt unwell they were seen by the GP. One person said, "They [staff] are very good at getting the doctor in when needed." Staff spoken with were knowledgeable about peoples' care needs and how people preferred to be supported. A relative said, "[Person's name] has a lot of chest infections and the staff are very quick to act as soon as they think mum is becoming unwell." A healthcare professional told us the provider was quick to contact them when someone became ill or they required guidance and said there was a 'good relationship' with the home. We saw from the care records we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals as required.

Good

Is the service caring?

Our findings

Everyone we spoke with told us how caring, kind and compassionate staff were. One person said, "It is nice here and I am well cared for, but I would prefer to be at home." Another person told us, "Everyone is lovely and so kind to me." A relative told us, "I can't speak more highly of the staff, they are compassionate and caring and good communication, they do listen to people." Another relative said, "It is a home from home environment with everyone happy and well cared for." A health care professional told us they thought the home was a 'good, clean home.' We saw staff took time to sit and talk with people. One staff member told us, "I enjoy my job, I love working here." Another staff member said, "I love the people." We heard staff and people enjoying jokes together which demonstrated to us that staff had built up good relationships with people and people felt relaxed in staff members' company. The home environment was relaxed and calm.

People we spoke with told us the staff listened to them and they felt supported by staff that knew them well. We saw that staff understood people's communication needs and gave people the time to express their views and treated them with kindness and empathy. Staff told us how they supported people to make choices and we saw people exercised some choices with regard to their daily routines. For example, one person told us, "I'm supposed to use my walking frame but I don't like it so we [staff] comprised and I use my stick." Another person said, "I will spend the morning down here (in the lounge) but after lunch I prefer to stay in my room and listen to music." Staff demonstrated patience and understanding when people needed encouragement and reassurance. For example, at lunchtime one person being supported to walk to the dining area was worried about walking. The staff member reassured the person explaining why it was important they walked, the staff member offered continuous praise to the person and did not rush them. We could see from the person's expressions, although anxious about walking, was reassured by the staff member. A staff member said, "We encourage people to stand and walk to reduce the stiffness in their legs." Another staff member told us, "You must give people a chance to do what they can for themselves." People were supported by staff to maintain their independence as much as practicably possible.

People and their relatives told us staff involved them in decisions about people's care and staff knew the importance of people being involved in these decisions. Our discussions with people confirmed staff understood people's needs. One person said, "Staff talk to me about how I like things done." A relative we spoke with said, "[Person's name] has variable levels of confusion her short-term memory is ok so they [staff] do involve her in the day to day decisions giving her choices." People told us staff protected their dignity. One person told us, "The staff do respect my dignity and privacy, they are very discreet." A staff member explained, "We make sure the bedroom doors are closed and we talk quietly so people outside the room can't hear what we are doing or saying." People's personal appearance had also been supported, for example a number of ladies had their finger nails painted. They told us how much they enjoyed this and showed us their finger nails. One person told us "I like to wear my jewellery it's very important that I have it on." A relative told us, "I'm very happy with [person's name] care and the staff are all very good to her. It was a difficult decision to put her here but it's a lovely home and we are very happy she's here. We feel quite lucky because I know other families who would like their relative to live here." We were invited into some people's bedrooms and found them to be well maintained by the provider and individualised with pictures and personal belongings that were important to the person.

We saw that some walking frames were personalised with colourful ribbons or small keyring type figures. The provider explained there would, sometimes, be disagreements between people as to which walking frame belonged to whom. These small, individual differences helped people recognise their own walking frame and avoid disputes.

Information was available in the home about independent advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy, when required, to ensure people could fully express their views.

People told us that their family members were made welcome. We saw there was a constant arrival of visitors throughout the day. A relative told us, "They [staff] don't seem to mind what time you come to visit, I am always made to feel welcome and offered a cup of tea." Another relative said, "There is open access, and I can visit anytime." A third relative explained how the provider would set up a computer communication link so their relative could speak with and see their family member living in a different country. This enabled people to maintain relationships with friends and relatives and people that were important to them.

Staff ensured confidentiality was maintained and were discrete when talking to each other in public areas so as not to be overheard. Information held about people was kept safe and secure. People's personal information and records were kept in locked cabinets. Only authorised staff had access to this information.

The Provider Information Return told us that the home had received letters of thanks and compliments from relatives and visitors to the home expressing their thanks and complimenting the staff. We saw some of these had been displayed on the notice board in the hallway. Comments included: 'Mom couldn't have been in a better place,' We'd like to thank you all for the compassion you gave our mom;' and 'Mom loved being with you as part of the family, we knew she was in a safe place in your care.'

Good

Is the service responsive?

Our findings

People and their relatives told us they were given the opportunity to visit and look around the home before deciding to move in. One person said, "I came and looked around before moving in." A relative told us, "We all came to have a look and was very impressed with how friendly and homely it was, we were made to feel welcome straight away." All of the people we spoke with told us they received their care and support in the way they preferred which met their individual needs. Our discussions with people confirmed they had been involved in discussing the planning of their care and they had contributed to their care plans. For example, one person explained although they did not always review their care plan, they confirmed that staff would always talk to them about their care and what they [staff] would be doing for them. A relative told us, "We're very involved in mum's care planning and the staff are very good at trying to involve mum some days her response is better than others." The Provider Information Return (PIR) stated the service had a system of assessment and care planning that gathered information from the person, their family members, health and social care professionals. We found that pre-admission assessments were completed by the provider to assess whether people's care and support needs could be met at the home. We saw individual care plans were in place which reflected people's support needs and detailed people's medical conditions. This ensured staff were aware of people's individual care needs and how to support them.

People and their relatives told us the service was responsive to people's needs and were quick to take action when people's needs changed. One person told us, "I like a lie in so tend to go to bed a little later than the others." A relative told us, "We were worried about [person's name] falling so [provider's name] has put some equipment in their room that will reduce the risk of [person's name] falling or at least let the staff know more quickly." Another relative said, "We wanted to know more about dementia so [provider's name] arranged for training and it was well attended by staff and family members, it was excellent and has been very helpful to us as a family in preparing us for the future and how dementia will affect mum." Staff we spoke with explained to us in detail how they provided care in line with people's wishes and how the support was adjusted to ensure the person's individual needs continued to be met. Staff confirmed that they were given information about people's needs at the start of their shift so that they were made aware of any changes in people's needs. We saw staff reading and updating people's care plans on the provider's electronic system and staff confirmed they were given the opportunity to read people's care plans. Staff continued to tell us about people's likes and dislikes and they were able to explain the risks and specific health needs of people living at the home and how these were managed. For example, the provider explained two people, with frail skin were at risk of skin tears and bruising to their legs from their walking frames and to reduce this risk, protective cushioning had been applied to the centre bar of the frame to reduce the risk of injury.

The PIR stated people were encouraged to follow their interests and to take part in social activities. People were able to participate in social activities or pursue things that were of interest to them. We found the provider had employed a dedicated staff member that planned and delivered a programme of activities for people. We saw there was an activity schedule detailing the events and trips that were planned to take place during the next 12 months. We asked people living at the home if they had been given the opportunity to take part in social activities, trips and follow their individual interests. One person told us, "There is

always something going on (smiling) but I don't always want to take part so I go to my room sometimes and listen to my music." Another person said, "We can go for a coffee or shopping [staff name] will take me." There were photographs displayed in the home depicting special events and trips out for example to the coast, garden centres and local farm. We could see from the pictures that people had enjoyed themselves. We saw there were a number of pictures taken with a dog. The provider explained a person brought their pet dog into the home for people to pet and how people benefitted from its calming effect. A number of people we spoke with told us how much they enjoyed seeing the dog. One person said, "I love the little dog." We saw a number of people were reading their books or magazines; one person was knitting with the support of staff while others chose to relax in their room or watch television in the main lounge. Relatives we spoke with confirmed they were encouraged to participate in some of the trips and were 'happy' with the social activities arrangements for their family members.

The PIR stated there had been no complaints and 14 compliments received about the service. People we spoke with told us they had no complaints but if they did, they would speak with the provider or care staff. One person told us, "I have no complaints but if I did I'd speak to the staff." Another person told us, "I'm very happy here, they [staff] look after you well, and I've no complaints." We saw from complaints records that no complaints had been made since our last inspection and this was confirmed with conversations we had with people living at the home, their relatives and healthcare professionals. Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the provider would resolve them quickly. We saw the provider had a complaints policy, displayed within the home, that contained contact details of relevant external agencies for example, the local authority and CQC. A relative told us, "I don't have any complaints as such but anything that needs to be addressed I speak with [provider's name] and she deals with it there and then." People and their relatives had confidence in the provider that if they had any concerns or complaints, they would be listened to and the issues dealt with quickly.

Good

Is the service well-led?

Our findings

All the people, living at the home, their relatives and health care professionals we spoke with were complimentary about the service and confirmed that they would speak with the provider or care staff if they needed to. One person told us, "I wouldn't want to be anywhere else." A relative told us, "Nightingales is managed very well, it's a small and friendly home." Another relative said, "Nightingales strikes me as very homely and if there is anything going on, I always get an invite." We saw that staff had worked for the provider for a number of years and told us they were happy in their role and felt supported by the provider. Staff had a clear understanding of their roles and responsibilities and knew what was expected of them. One staff member said, "I'm very happy here, [provider's name] is a good manager." A health care professional explained how well they thought the service was managed and how approachable they found the provider and care staff to be.

Staff we spoke with confirmed they felt confident to approach the provider if they had any concerns or worries. Through discussions with staff, people who lived at the home, their relatives and health care professionals, it was clear the provider had a good understanding of people's needs and preferences. Staff we spoke with confirmed staff meetings took place and we looked at a selection of minutes from the meetings and we saw meetings had been used to discuss issues around the running of the service and how improvements could be made.

The provider was also the registered manager and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. It is a legal requirement to notify the Care Quality Commission of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action. We had been notified about relevant significant events by the provider. We saw where accidents and injuries had occurred appropriate treatment and actions had been put in place to ensure the person's safety and no long term injuries had been sustained. We found that, where appropriate, investigations into any safeguardings had been conducted in partnership with the local authorities to reach a satisfactory outcome.

The Provider Information Return (PIR) stated the provider encouraged feedback from people living at the home and their relatives. Satisfaction surveys had been issued to people and relatives with the results displayed within the home. People and relatives confirmed to us they had been asked for their views on how the service could be improved. One person said, "We're always having meetings." A relative told us, "I have attended meetings in the past." Records we looked at demonstrated people were happy with the service and support provided by staff.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the provider, and if it became necessary to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that gave the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.

The most recent CQC reports and ratings were displayed within the hallway entrance to the front of the home. The PIR we requested had been completed and submitted on time. It contained information relevant to the service and the improvements the provider planned to make. These were consistent with our findings and what we were told by people, relatives and staff. At the end of our site visit we provided feedback on what we had found. The feedback we gave was received positively with clarification sought where necessary.

A range of audit checks were carried out to monitor the quality and safety of the home. These included audits looking at the arrangements for people's medicines, risk assessments, recruitment, care plans and health and safety. By having quality assurance systems in place, this protected the safety and welfare of people living in the home. We saw the audit checks were regularly completed and were up to date.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the provider had been open and honest in their approach to the inspection and co-operated throughout the day.