

Nightingales

34 Florence Road
Wylde Green
Sutton Coldfield
B73 5NG

Tel: 0121 350 0243

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Nightingales is a small family run care home for the elderly that has been established since 1985

We provide the same level of care that relatives would provide in a residential setting. The care we provide is determined for each individual by creating 'map of life' that is person centred and delivered by our passionate skilled, well motivated staff.

The building has been redesigned to meet the specific needs of the elderly. There are 13 registered beds and the service is regulated by the independent care regulator C.Q.C.

Meals are cooked fresh on a daily basis with the choices of breakfasts, Lunches and evening meals. Nightingales has been awarded five H's by the Environmental Health and is a I.S.O 9001 2008 registered company. We are also working in partnership with Birmingham Community Healthcare Trust against the prevention of pressure ulcers.

Nightingales also provides DAY CARE, RESPITE CARE and END OF LIFE CARE.



ISO 9001: 2008

Email: tuskhome@talktalkbusiness.net

[Our Carers](#)[Testimonials](#)[Inspection Report](#)

About Nightingales...

A Better Quality of Life:

The decision to move into a residential setting is never an easy one but we hope that any client, relative or friend will feel that this family environment is 'home from home' with no restrictions. The atmosphere of the home has been commended as warm and friendly and with the emphasis on helping citizens to lead full and active lives with dignity and independence respected and open door to the rest of the community.

A Higher Standard of Care:

Recreational and occupational therapy fostering independence and feeling of usefulness are central to our care provision, as are individual care programmes catering for all cases of psychological, physical frailty and also palliative care. Family participation is actively encouraged. Religious beliefs are respected and all denominations of clergy visit the home.



ISO 9001: 2008

Email: tuskhome@talktalkbusiness.net



Contact Us...

About Us

Day Care

Testimonials

If you wish to discuss any of the services that we provide please email us at tuskhome@talktalkbusiness.net. Alternatively, please call us on **0121 350 0243** where our friendly staff and managers are always willing to answer any questions you may have.

Your Name:

Your Email:

Your Message:



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Email: tuskhome@talktalkbusiness.net

Tuskhome Limited

Nightingales

Inspection report

34 Florence Road, Sutton Coldfield
West Midlands B73 5NG
Tel: 0121 350 0243
Website: www.tuskhome.co.uk

Date of inspection visit: 17 and 18 December 2014
Date of publication: 31/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 and 18 December 2014 and was unannounced. At the last inspection in August 2013 we found that the provider was meeting the requirements of the Regulations we inspected.

Nightingales is a residential care home providing accommodation for up to 13 older people. At the time of our inspection 11 people were living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. Relatives and staff spoken with all said they felt people were kept safe. We saw that the provider had processes and systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

We found that there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the care needs of people.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Acts protect the human rights of people by ensuring that if there are any restrictions on a person's freedom and liberty, they have been appropriately assessed. Staff showed they had a good understanding of the MCA 2005; however, some staff had limited knowledge of DoLS legislation.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available. Staff supported people to eat their meals when needed.

People were supported to access other health care professionals to ensure that their health care needs were met.

People told us the staff were very caring, friendly and treated them with kindness and respect. We saw staff were caring and helpful.

We found that people's health care needs were assessed and regularly reviewed. People and their relatives told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

The provider had well established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service, their relatives and health care professionals.

Summary of findings

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 was safe.

People told us they felt safe. Procedures were in place to manage risks and safeguarding matters, this ensured people's safety.

There were sufficient numbers of staff, that were safely recruited, that provided care and support to people.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was not always effective.

Some staff had limited understanding of the Deprivation of Liberty safeguards.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

Requires Improvement



Is the service caring?

The service was caring.

People said staff were caring and kind to them.

Staff took the time to speak with people individually, encouraging them to make decisions about their care.

People said the staff maintained their dignity.

Good



Is the service responsive?

The service was responsive.

People had their care and support needs regularly reviewed.

People were supported to participate in group and individual activities that they liked.

The provider ensured feedback was sought through surveys.

Good



Is the service well-led?

The service was well led.

People were happy with the quality of the service they received.

People said the manager and staff were accessible and friendly.

Quality assurance processes were in place to monitor the service so people received a good quality service.

Good



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 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 was conducted by one inspector and took place on 17 and 18 December 2014.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

Most of the people were able to tell us about their experiences of care. We also spent time observing interactions between staff and the people that lived there, and this included 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.

During our inspection we spoke with four people, three relatives, two health care professionals, the registered manager and four care staff.

We looked at records in relation to four people's care and medication. We also looked at records relating to the management of the service, staff training records and a selection of the service's policies and procedures.

Is the service safe?

Our findings

People and relatives described the service as safe. One person told us, "I really do feel safe living here; it feels like home, if I was upset by anyone I would go straight to the manager. I would not want to live anywhere else." A relative told us, "I've never seen any unsafe practices, if I had any concerns I would go straight to the manager." It was clear from the conversations between people and staff they were comfortable and relaxed.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse. The provider's safeguarding and whistle blowing procedures provided staff with guidance on their role to ensure people were protected. For example, one staff member said, "I would go straight to the manager, and if I had to I would contact Care Quality Commission (CQC)." We looked at records and these confirmed that staff received regular training. In addition, the systems and processes for recording and reporting safeguarding concerns were well documented. For example, where a recent safeguarding matter had been raised, the provider had taken appropriate action, liaising with the local authority and CQC, to ensure the safety and welfare of the people involved.

People told us any risks to their care was identified and managed appropriately. A relative said, "The support I see given to [person's name] from the staff helps to keep them safe; they keep a close eye on them. Staff told us all people had risk assessments completed to ensure they met the people's individual needs and explained how they would manage those risks. These were updated as people's needs changed or new risks identified.

People told us any risks to their care was identified and managed appropriately. Staff said people had risk assessments completed to ensure they met the people's individual needs. These were updated as people's needs changed or new risks identified. Care records looked at included detailed risk assessments for each person. For example, one person had been identified at risk due to an increased number of falls. The risk assessment provided staff with guidance to support the person in a non-restrictive and safe way. The person's care record showed they were being monitored daily and an

appropriate referral had been made to a health care service. We could see from the person's smiles and contact with staff, as they were supported to walk, they were happy and relaxed. One relative told us, "I have seen the staff support [person's name] which keeps them safe, they keep an eye on them."

Staff told us that safety checks of the premises and equipment had been completed and were up to date. They told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People and staff told us there were enough staff on duty to meet people's needs. One person told us, "They [staff] are very good and are always around." A relative told us, "We've visited at all times [evenings and weekends] and there's no difference in the level of care, its good." A health care professional told us when they visited there was always enough staff available. Staff told us that they would try to cover shifts for each other in the event of sickness or annual leave so people had continuity of care. We saw that there were sufficient staff on duty to support people with their needs.

The provider had an effective recruitment process in place, to ensure staff were recruited with the right skills and knowledge to support people. One person told us, "I think the staff have the right skills to look after me." We spoke with four staff about the way they were recruited and they confirmed that appropriate pre-employment checks were made. Records looked at contained relevant information including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us they received their medicines as prescribed by the doctor. We saw that staff supported people to take their medicines safely and that medicines were stored safely and securely at all times. We looked at four Medication Administration Records (MAR) charts and saw that these had been completed correctly. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

Everyone spoken with were complimentary about the staff and said they thought staff were knowledgeable and trained about people's needs. One person told us, "I do not know how I would have coped, they [staff] do all that is necessary to meet my needs." A relative told us, "This home is ideal for [person's name] the staff know how to support them with their disability."

Staff told us they had received ongoing training, regular supervision and annual appraisals from the provider and this supported them in their role. A staff member told us, "We do have supervision every three months and a yearly appraisal." Another staff member told us, "We will be caring for more and more people with dementia in the future and the training we have had will help me to communicate and support people more effectively." Records confirmed training for the year was planned and it tracked the training requirements for each member of staff.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Staff told us they had undertaken Mental Capacity Act 2005 training and were able to explain to us the basic principles of the Act in relation to their role. One person did not have capacity to make an informed choice about their care so an application had been made for a DoLS. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. However, three of the four staff spoken with were unable to explain the principles of Deprivation of Liberty Safeguards (DoLS). Their limited understanding of DoLS showed us that staff may not always recognise a situation that could be a restriction on people. However, the registered manager addressed this and arrangements for the appropriate DoLS training were put in place.

People told us, and our lunchtime observations confirmed they were able to choose their meals. If they did not like the choice offered, chef proposed an alternative meal. The dinners were cooked from fresh ingredients, on site daily and one person told us, "The food is lovely, dinner is always

nice and hot," another person told us, "There is usually a choice of two or three, chef also knows what I don't like so they do not put it on my plate." A relative told us, "[Person's name] requires soft food and the meals are ideal." People who chose to eat in their rooms received their meals at the same time as people sat in the dining area. This showed us that there was no delay for people receiving their meals if they chose not to eat in the dining area, and that staff were effectively deployed during lunchtime. Staff provided one to one support for people who required support through verbal encouragement. There was a soft music playing in the background that some people were singing along with, staff were patient and did not rush people. Everyone ate at their own pace in a relaxed environment, making the mealtime a pleasant dining experience for people.

Staff told us they had received training on supporting people to maintain a balanced diet and, where appropriate, how to monitor people's fluid intake. They explained what action they would need to take if someone was at risk of losing weight or they were not drinking enough fluids. For example, one person's care records showed they were losing weight. The records confirmed they were monitored daily, being effectively supported to maintain a healthy diet and received additional food supplements. A referral had also been made to Speech and Language Therapist (SALT) for added support.

People told us they were regularly visited by other health care professionals. One person said, "I get to see the optician when I need to." A relative told us, "The GP is called immediately when needed and we are kept informed." One of the four people spoken with and one of the relatives spoken with told us staff provided support, if requested, to attend medical appointments. Staff confirmed that each person had an assessment of their care needs. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet the people's individual care needs. Health care professionals confirmed to us that staff ensured people were ready for their visits. They told us that staff made timely referrals when the person's needs changed, which supported the people to maintain their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us people were well cared for and looked after. One person told us, "I am very happy with the care, staff are very kind." A relative told us, "The staff are excellent, always so thoughtful." Health care professionals told us they had no concerns about the home and felt the staff were very good and caring. Staff, although busy, remained calm and relaxed, there was good humoured communication between people and staff. One person told us, "I enjoy a bit of banter with the staff." A staff member told us, "It's like a home from home and everyone is well looked after here." Staff were able to tell us about people's individual needs, their likes and dislikes and this contributed to the staff been able to care for people in a way that was person centred.

We saw that the care planning process was centred on the people taking into account the person's views and their preferences. People we spoke with said they knew of their care plans and were happy with the care they were receiving. We saw that staff listened to people and they did involve them in making decisions about the delivery of their care. One person told us, "Staff do listen to me, I tell them what clothes I want to wear and they help me to get dressed." A relative told us, "[Person's name] does make their views known to staff and they act on them." Another relative told us, "The staff are very kind, very supportive, they listen to [person's name] and to us." Most people were happy to leave discussing their care needs to their family members. A relative told us, "We have been involved in

discussing [person's name] care but they are pretty independent and can look after themselves quite well." Another relative told us, "All decisions are taken together involving [person's name]" and we confirmed this with the person.

Information was available in the home about independent advocacy services and the registered manager had made an application for a generic advocate for one person. We spoke with the person who confirmed to us they were waiting for someone to come and help them. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported the person to access advocacy to ensure they could fully express their views

People we spoke with told us their privacy, dignity and independence were respected by staff. One person told us, "The staff do all that is necessary to respect my dignity." Another person told us, "The staff are always very respectful." All staff spoken with gave examples of how they would maintain a person's privacy and dignity. We saw that staff were respectful when talking with people, calling them by their preferred names; and ensured people's dignity was maintained when supporting people, for example, to move from a wheelchair to lounge chair.

Everyone told us that there were no visiting restrictions. A relative told us, "I visit at different times and there's never been a problem." This ensured that the service supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

People and relatives told us they were satisfied with how people's needs were being met. One person told us, "When I pull the call bell cord the staff are there in an instant, the night staff too are very quick," another person told us, "The staff respond quickly to problems, willing to help." We saw that staff responded quickly to alarm activations and to requests made by people when they required support.

Staff were able to tell us about people's individual needs, interests and how they supported people. For example, we saw staff assisting one person in the dining room to eat, however, they also encouraged the person to feed themselves. One person told us they had left, "Explicit instructions," for staff to follow as part of their end of life plan. We saw this information had been clearly set out in their care records and staff were aware of the person's preferences and knew how to respond to the person's needs. One staff member told us, "We take the time to get to know each person, so we know people well to meet their needs." One person told us, "staff always try to give me what I have asked for." Relatives told us communication was good and they were always kept informed of any changes in their relative's needs. Care records showed people's preferences and interests had been identified and were regularly reviewed, so as to reflect any changes in people's needs. A relative told us, "We needed a softer mattress for [person's name] and the manager sorted the matter out straight away, brilliant service."

People told us they could take part group activities if they wanted to. One person told us they attended a day centre twice a week and another person told us they received support to maintain links with the local church. One person told us, "I'm not interested in doing anything. Leave us old girls alone (laughing)" and another person told us, "The exercise man comes in and he is very good." A staff member told us, "I've learnt to knit since working here, I sit and knit

with [person's name]." We saw that people who chose to remain in their rooms were supported to maintain their individual interests. For example one person enjoyed listening to their music, the manager had made special arrangements for additional storage space to accommodate the person's extensive music selection

We asked staff how people with communication difficulties were made aware of the activities and they told us they verbally asked people if they wanted to take part in the scheduled activities. We saw that a list of group activities were displayed at the home. Some people told us staff took them shopping, if requested. Although activities were made available not everyone wanted to take part therefore, people could choose what they wanted to do and their decision respected.

People and relatives told us they knew how and who to complain to. One person told us, "I would always talk to the staff if I had a problem, but I haven't had to." Another person told us, "I'm happy as things are, I can't think of anything I would change." We reviewed the complaints book and saw there had been no formal complaints since 2011. Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. One staff member told us, "I've been here for [X] years and can't remember when someone last made a complaint." Records showed the provider had a complaints policy that contained contact details of relevant external agencies for example, the local authority and CQC. A relative told us they never had to use the complaints process because, "Any matters that arise the manager deals with very quickly and to my satisfaction." This showed that the service responded well to issues at the outset, which reduced the need for the formal process and people were confident that their concerns would be acted upon quickly.

Is the service well-led?

Our findings

People, their relatives, staff and health care professionals were complimentary about the way the home was managed and the quality of the service. Everyone said they knew who the manager was and they could speak with them whenever they wished. One person told us, “The manager pops in for a chat.” Another person told us, “The manager does their fair share, I’ve seen them come in on their day off.” A relative told us, “I think this is a good home, well run, everyone seems happy here there’s no negativity.” One staff member told us, “If I have a concern or worried about something I can always speak to the manager,” another staff member told us, “Management have got better at being approached and listening to concerns of the staff, it’s a really great place to work,” and “I feel valued, it’s like a second home.” This showed that management were approachable and prepared to listen to concerns raised by staff and make improvements.

The manager was visible around the building, they talked with people and visitors and supported people who required assistance. People and relatives we spoke with confirmed this to be a regular occurrence and that they found the manager to be approachable, one person told us, “I always see the manager around, they are very friendly.” Staff said they were very happy with their job and that the manager had a, “Hands on” approach. One staff member told us, “We can contact the manager any time, even when they are off duty, they will always help us.”

Some people and relatives told us they attended resident meetings, although some could not recall them. They also told us if they needed to discuss anything with the manager, they would not hesitate to contact them by telephone or email. Records showed there were resident meetings. We saw that people were encouraged to give feedback through surveys. People and relatives told us they

had been asked to complete surveys, the last survey was conducted in July 2014. Records showed people were very happy with the service and support people received. We saw that no suggestions for improvements had been made on the feedback surveys.

Staff told us they had supervision and we saw that staff had regular meetings where they were able to put ideas forward; one example suggested by staff was the introduction of a, “Takeaway Friday.” We confirmed that this idea was discussed with people living at the home and after they had tried different take away options; people made a choice that they wanted fish and chips.

There was a registered manager in post with no changes of managers, so the management of the service was stable and the provider had a history of meeting legal requirements. The manager had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary to contact CQC or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC. Records showed the provider worked well with the local authority to ensure safeguarding concerns were effectively managed.

The provider had internal quality assurance processes which included an external assessor undertaking an annual audit of the service. Records confirmed that each year the home was visited and audited gaining an external quality award. Regular internal audits were completed by the manager, for example of health and safety, care records, staff training and medicines. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.



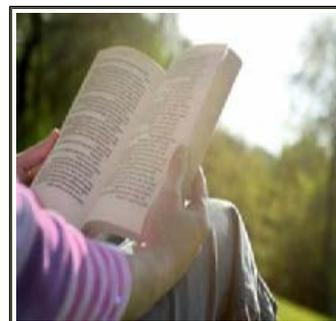
Day Care Facilities...

Sample Menu

Nightingales offers an integral day care service for the elderly in the community.

Lunch is provided, together with a stimulating and varied programme of activity and entertainment, ensuring a welcome break and rehabilitation for the citizen. A full bathing service and transport to and from Nightingales is available.





Our Carers

Testimonials

Prices

Inspection Report...



Tuskhome Limited Nightingales

Inspection report

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Is the service well-led?

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Overall summary

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Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

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There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service



[Read & Download Full Report](#)

[About Us](#)[Statement of Purpose](#)

About Our Carers...

Nightingales are aware that the care staff will play a very important role in residents welfare. We have a small regular team of staff who pride themselves on delivering the best possible care to our residents. Staff are qualified 2-4 NVO's. The management are qualified to diploma level 5 in health and social care. Nightingales employs staff in sufficient numbers and with a relevant mix of skills to meet residents different needs and requirements of care. All staff is carefully screened, DBS checks are undertaken and their references are always checked thoroughly before employment. Staff receive regular training from external qualifying companies in the following critical subjects:

- Dementia care and awareness
- Handling Challenging behaviour
- Manual Handling
- Health and Safety
- Food Hygiene
- PPE
- Hand Hygiene
- Risk Assessment



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- Handling Challenging behaviour
- Manual Handling
- Health and Safety
- Food Hygiene
- PPE
- Hand Hygiene
- Risk Assessment
- COSHH (Control of substances hazardous to health)
- Respect and Dignity
- Equality and diversity
- Falls prevention training
- Diabetes awareness
- Nutrition and Hydration
- Medication Administration
- Fire safety and awareness

Our staffing levels are subject to continuous reviews and approval by the Care Quality Commission and are based upon the dependency levels of the residents that we care for.

[Terms & Conditions](#)[Social Activities](#)[Respite & Pallatives](#)**Prices...**as from 1st April 2017

Residential Fees	Per Week	Per Calendar Month
Shared en suite	£550.00	£2383.00
Single	£570.00	£2470.00
Single en suite	£615.00	£2664.99
Large Single en suite	£655.00	£2838.00

Other Services

Day Care	£35.00 per half day	£49 per day
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Statement of Purpose

Inspection Report

Respite Care...

Nightingales provides respite care for the elderly when carers need a break or a holiday. A tailored care plan will ensure that care will be provided to meet the social, emotional and physical needs of the individual giving relatives peace of mind whilst they have a break.

End of Life Care...

End of life care is provided at Nightingales giving the individual continuity in care when they need it most, and meaning that their increasing care needs will not mean a transfer to a different environment. A multi-disciplined team work to fulfil the advanced care plan for 'End of Life' with health care professionals. This is set out in the Gold Standard framework for twenty four hour palliative care. Emotional support and help is given to families and the individual from our caring team at this difficult time.





Sample Menu...

Term & Conditions



TRADITIONAL BREAKFAST

A choice of Yoghurt, Prunes & Fruit Juices

~

Cornflakes, Branflakes or Porridge

COOKED BREAKFAST

Eggs, freshly cooked to your preference & accompanied by a choice of
Pork Sausages, Crispy Bacon, Tomatoes & Baked Beans

or

Scottish Kippers

~

Fresh white or brown Wholemeal Toast with a choice of Jams & Marmalades/ diabetic
marmalade

~

A choice of Teas or Coffee/ Cappuccinos

~

Mid-morning coffee + biscuits

LUNCH

A choice of:

Steak in Red-Wine sauce with Dijon mustard

or

Chicken & Ham Pie



ISO 9001: 2008

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TRADITIONAL BREAKFAST

A choice of Yoghurt, Prunes & Fruit Juices

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Cornflakes, Branflakes or Porridge

COOKED BREAKFAST

Eggs, freshly cooked to your preference & accompanied by a choice of
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Scottish Kippers

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Fresh white or brown Wholemeal Toast with a choice of Jams & Marmalades/ diabetic
marmalade

~

A choice of Teas or Coffee/ Cappuccinos

~

Mid-morning coffee + biscuits

LUNCH

A choice of:

Steak in Red-Wine sauce with Dijon mustard

or

Chicken & Ham Pie

Accompanied by

Fresh steamed runner beans, mashed swedes & creamed potatoes

And followed by

Homemade Mincemeat Tart & Fresh Cream

or

Cheese & Biscuits

~

A choice of Teas or Coffee

Afternoon Tea + Cake

SUPPER

A choice of

Rare Beef Sandwich with fresh lettuce & horseradish sauce on a choice of white or brown
wholemeal bread

Potato, Leek & Onion soup

Freshly made Salad's

And Followed by

Viennetta Ice Cream

~

A choice of Teas or Coffee

[Statement of Purpose](#)[Inspection Report](#)[Prices](#)

Service Guide...

A - Z of Services

Admission - a month's trial period for new residents is given to decide whether they like the service we provide. We have an emergency admission policy that is implemented when all relevant information regarding prospective residents is received from relevant professionals.

Advocacy - advocates for residents can be provided when residents have no other family contacts.

Assessments - are carried out prior to admission of a prospective resident which include a whole day or integrated day care, which gives a better transition into full time care.

Bathing Facilities- the home has specially adapted facilities to meet the requirements of the residents.

Care plans - are drawn up for every resident incorporating dignity, independence, privacy, choice, lifestyle and future wishes giving positive outcomes. The care plans are reviewed monthly by care staff and residents and families are asked to participate.

Chiropody - is provided by the NHS. Chiropodist visits every 3 months, or private chiropodists can visit or appointments can be made in the local community.

Clinic / Hospital Visits - transport is provided by the care home complimentary with a qualified carer.

Complaints - as stated above.



A - Z of Services

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Fire- the home fully complies with all legal requirements regarding fire prevention, we have a fire alarm and fire fighting equipment, which are checked regularly, and we conduct frequent evacuation practices. All staff receive detailed theoretical and practical fire training.

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G.P- visits from local surgery.

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Ipad- the company encourage the people who use our service to use current technology to contact relatives via Skype, Facetime, and to use the internet to purchase items that they may need.

Mail - personal mail will be delivered to residents on a daily basis.

Meal times / Menus - are all on our website. Alternative dishes are available and residents can dine in their own rooms. Choices of the daily menus are given, along with photo / picture references for residents that require them to make choices.

Medication- the staff are trained in administering medication in accordance with regulations and guidelines. The Company/staff will not dispense medication that is not prescribed by medical professionals. Please refer to Medication Policy that is available on request.

Monies- it is the responsibility of the person who has power of attorney over the person who resides with us to determine if the person has the capabilities to deal with their own money. The company will not accept responsibility for the loss of monies if the person has monies in their possession.

Newsletters - to inform residents family and friends of news and events that are occurring.

Newspapers - available on request and can be delivered daily, the resident will be charged.

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Resident's Social Committees - these are held monthly on a Sunday morning with one of the directors with coffee and biscuits. We discuss any issues and concerns residents may have.

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Rooms - we have 10 bedrooms, 1 of which is a shared rooms with en-suite. There is 2 large rooms that can be used as a single or shared facility.

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Stair Lift - residents are able to use a stair lift from ground floor to first floor.

Social Groups - we meet and organise annually the social calendar for the year. Please check out our calendar and fortnightly exercise / mobility sessions, with Progressive Mobility. There are a variety of activities organised with the residents, dependant on their abilities and needs.

Security - all visitors are asked to sign in and out of the building. Anyone taking residents out must notify staff before leaving the premises.

Sickness - any one with any illness which can be passed around the home is requested not to visit. There are anti-bacterial cleaners around the care home to wash and sanitise with.

Spa Treatments -are available on request, a complimentary manicure is provided but other treatments may incur charges by qualified beauticians including Reiki and massages.

Smoking - we operate a no-smoking environment.

Surveys - are given to residents, relatives and professionals on an annual basis to evaluate the care and services we provide to the residents. Also, this allows us to evaluate and compare our Quality Assurance Assessment,

year on year.

Telephone - we have a main telephone line for use by residents, but individual lines are available on request in each room at an additional charge.

TVs - are available to put into all rooms with digital access.

Quality Assurance - we are quality assured by The International Standard BS EN ISO 9001; 2008. Registered and continually updating.

Visiting times - we have an open door policy with no *restriction* on visiting times.

Wi-Fi - is available around the home to enable residents to connect to the internet for emails, shopping and to keep in touch with family and friends.



Social Activities...

Respite & Pallatives

A programme of activities is run throughout the year which provides day trips to the seaside, garden centres, outings to local pubs for lunch and trips to local attractions. Holidays to the seaside are organised for a week in the summer months.

A daily programme of in house activities are organised that meet all the emotinal, physical and cultural needs - from birthday parties to celebrating different major events and weekly exercise programms with professional trainers.

This year's events include:

- *Visits to the pub for lunch*
- *Visits to the seaside*
- *Barbeques- strawberry tea's*
- *Birthday Celebrations*

Entertainment that has been provide 'in house', including:

- *Spa evening*
- *Professional guitarist - Music and sing along*
- *Cabaret shows*
- *Exercises to music weekly.*

Daily activities include:

- *Connect four*
- *Manicures*



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Daily activities include:

- *Connect four*
- *Manicures*
- *Noughts & crosses*
- *Musical/ picture bingo*
- *Skittles*
- *Reading local newspapers & discussions on today's topics*
- *Trips to the local shops*



Statement of Purpose...

Prices

Social Activities

Respite & Pallatives



Service Guide for Residents and Families

(This document is available in large-print format)

Statement of Purpose

Aims and Objectives

To provide a better quality of life and a Home for life with a higher standard of care, in a warm and friendly, family atmosphere.

The kind of service that is provided by Nightingales

Nightingales is a care home for the elderly from 65 years of age. The company provides care that ensures effective, safe and appropriate personalised care, treatment and support through coordinated assessment planning and delivery. The company provides care for residents who are presenting with general conditions of old age, mobility problems and end of life care. We also provide care for residents who suffer with dementia. Nightingales also provide day care and a meal delivery service.

Service Provider

Tuskhome Ltd, t/a Nightingales

34, Florence Road

Sutton Coldfield

West Midlands

B73 5NG

0121 350 0243

Email: tuskhome@talktalkbusiness.net

Website: www.tuskhome.co.uk



ISO 9001: 2008

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Registered Manager - **Mrs Gayle Goodhead**

Registered Limited Company - **1894946**

Registered with Care Quality Commission – Provider I.D - **1-101653632**

Manager I.D - **1-106719319**

Location I.D – **1-116683002**

(The service operates from the above address)

Terms and Condition, Fee's and Standard Form of Contract

These are combined in two documents: our Price Guide and our Terms and Conditions, both of which are available on our website - www.tuskhome.co.uk. All residents are given their own signed copy and, for environmental reasons, paper copies are available for prospective residents on request.

Current Clients' views of the Home and Testimonials

These are available on our website with paper copies available on request. Compliments, complaints and comments forms are available on request in a paper copy in reception. Testimonials are available on our website. A copy of the brochure and service guide is available in paper format.

Most recent Inspection Report

This is available on our website with paper copies available on request. A copy is available in the reception area.

Summary of the Complaints Procedure

The full complaints procedure is available on our website or in paper format on request. In summary, we encourage anyone with a complaint to discuss it with the management, or put it in writing to;

Mrs G. Goodhead

34, Florence Road

Sutton Coldfield

West Midlands

B73 5NG

tuskhome@talktalkbusiness.net

You are also welcome to take your complaint to the Care Quality Commission

whose contact details are below:

Care Quality Commission

National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

03000 61 61 61

enquiries@cqc.org.uk

A - Z of Services

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Visit our web site: www.tuskhome.co.uk

Proprietor: MRS. G. GOODHEAD, P. K. ZAIDI-CROSSE Manager: MRS. G. GOODHEAD

Tuskhome Ltd, 34 Florence Road, Wylde Green, Sutton Coldfield, B73 5NG.

Tel: (0121) 350 0243

Registered with the Local Authority

Reg. No. 1894946



Download Statement of Purpose as a PDF

[Prices](#)[Social Activities](#)[Respite & Pallatives](#)

Terms & Conditions...

This contract is made between Tuskhome Ltd trading as Nightingales rest home whose registered office is situated at 34 Florence Road, Wylde Green, Sutton Cold field, West Midlands, B73 5NG. (hereinafter called the OWNER) of the first part

of
(hereinafter called the **CLIENT**) of the second part and
of

(hereinafter called all the **LIABLE RELATIVE**) of the third part

WHEREAS:

The **owner** has agreed with the parties hereto that residence at the Nightingales. Residential Home 34 Florence Road aforesaid (the Nightingales) will be offered upon the following terms and conditions:

1. Accommodation

There is currently available the following accommodation

- A single room
- A double room sharing with one other with ensuite
- A single room ensuite

2. Fees

Fees will be charged currently on the following basis:

2.1

- A single room
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Increases are anticipated annually from 1st April with 28 days notice being given if possible. However, when it becomes necessary to change the status of accommodation being given in accordance with Clause 1 hereof a minimum of 7 days notice of and increase of fees will be given and the increased fees will be due and payable from the expiry of the notice given.

2.2

The following services are included within the fees stated:

2.2.1 Meals (room service by arrangement)

Most special diets can be catered for, provided that reasonable notice is given, but the **owner** reserves the right to make an additional charge from any special diet and to refuse to offer a special diet in its sole discretion if it becomes impractical so to provide.

2.2.2 The use of shared facilities.

2.2.3 Laundry, but excluding dry cleaning.

2.2.4 Individual attention at the entire discretion of the **owner** and its staff.

2.3

There is not included within the prescribed fees the following:

Hairdressing; chiropody; physiotherapy; outside entertainment; newspapers; periodicals; etc.

Many of these can be arranged at the discretion of the **owner** for an additional charge as appropriate.

2.4

All fees are payable monthly by bankers order one month in advance on the first day of the month with the exception of the first months fees, which shall be paid on the first month of residence. If any fees become two months in arrears or more the **owner** reserves the right to require the **client** to vacate the Nightingales forthwith.

2.5

Interest is payable and will be charged on any sums not received within

fourteen days of the due date at the rate of 5% above Barclays bank base lending rate for the time being.

2.6

The **Liabe Relative** hereby acknowledges that by virtue of this contract and in consideration of the services supplied by the owner to the **client**, he is jointly and severally liable with the **client** for all sums due to the **owner** under the terms of this contract.

2.7

The **owner** may at his sole discretion agree to accept part payment of the fees due under this contract by the local authority. This is entirely without prejudice and the owner's rights and to the obligation of the **client** and the **Liabe Relative** shall remain jointly and severally liable to the **owner** for any shortfall in the fees and any additional sums charged by the **owner** from time to time and any sums received from the local authority.

3. Notice

3.1

There will be a trial period of twenty eight days from the date of admission during which time either the **owner** or the **client** can terminate this contract with one month fees being due and payable by the client. During this period of mutual assessment the clients are urged and advised not to dispose of their assets.

3.2

On the death of the **client** there will be no reimbursement of any fees paid calculated to the end of the month during which death occurred.

3.3

Subject to the provision of 3.1 and 3.2 hereof either party may terminate this contract upon two months written notice with full fees payable by the **client** and the liable relative for the period of notice whether or not the **client** remains at the Nightingales during the full period of notice.

3.4

Full fees will be payable during all periods of temporary vacation including hospitalization unless written notice is given in accordance with clause 3.3 hereof.

3.5

Without prejudice to clauses 3.1, 3.2, 3.3 and 3.4 the **owner** shall be entitled to terminate this contract without notice on the following grounds:

3.5.1 Where the behavior of the **client** is such that in the reasonable opinion of the **owner**, the health, welfare and comfort of one or more of the other clients in the Nightingales is being unreasonably interfered with by a **client**.

3.5.2 Where the **owner** at his sole discretion feels that he is unable to satisfactorily cope with the medical requirements of the clients.

4. Personal Property

The clients are allowed to have with them personal belongings and items of furniture at the sole discretion of the **owner**. The **owner** will not insure the same unless he formally agrees to do so in writing. The **client** shall therefore ensure that their personal belongings are always adequately insured.

5. Complaints

Any complaints must be made in the first instance to either Mrs. Gillian Crosse or Mrs. Gayle Goodhead. If after this procedure has been followed the client still feels dissatisfied he should notify the owner if reasonably possible in writing with his reasons for dissatisfaction and that he intends to refer the problem to the **CQC, Citygate, Galloway Gate, Newcastle upon Tyne, NE1 4PA. Tel: 03000616161**. Further to this, complaints should also be written to **The Ombudsman** at; **The Oaks, Westward Way, Westward**

Business Park, Coventry, CV4 8JB. On no account, unless in an emergency, should a complaint be referred to a member of staff.

6. Accidents

Any accident must be notified to a member of staff or the owner immediately.

7. General

7.1

The **owner** will use his best endeavors to ensure that all religious views are respected.

7.2

The **client** is asked if at all possible to advise the **owner** of full details of his next of kin and all other relations and friends that may wish to visit or be interested in his welfare. The **client** is further advised to advise the **owner** of any special wishes on death and if possible the location of his will if any.

7.3

The **owner** is free to consider any suggestions and recommendations that it is felt by the parties hereto would enhance the health, comfort and welfare of the clients and will use his best endeavors to answer any questions relating to a clients welfare.

7.4

During occupation of the room it may be deemed necessary to alter the room, by redecoration or by up-grading accommodation. If this becomes necessary, the **client** will be offered other accommodation suitable to their agreed needs. This may well incur an increase in fees. If this is not acceptable, the **client** may well be found accommodation that meets financial requirements. Clients will be informed by letter if this occurs.



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Testimonials...

[Term & Conditions](#)[Statement of Purpose](#)

Testimonials:

'Thank you for looking after mom and being like family to her, for all of your love, care and affection over the years, she loved it here'
Daughter of a resident

'Many thanks to you all for the care that you gave to mom, she loved being with you and being part of 'The Nightingales family' '
Daughter of a resident who passed away

Daughter of a resident who has recently passed away 'thanked all the staff for the care and kindness and support the staff have given to her dad and the family whilst he was here and that she really appreciated, he loved being part of the family.



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'Since day one of mom living here I knew it was such a loving home. Over the years, the staff have excelled in care and have always gone above and beyond to make my mother comfortable, offering the best care possible to make my mom safe in such a homely family like environment'

Andrew Ralph- son of one of our residents that has lived here the longest for years.

'The staff at Nightingales are all so friendly, welcoming and all smiling throughout the day, complimented a clean smell free home.'

*Martin, fairway
trainer*

'You always went that extra mile for him, thank you so much for the care and attention you gave my father.'

Paul & Jackie Richards

'On the whole we are very happy with Nightingales as it provides

our aunt with all the support she needs. It is very unique that she also gets pastoral care that she would not get in other care homes.'
John Chilvers

'A big thank you to all the staff for looking after my mom so well, keep up the good work.'
Linda & Michael Dolphin

'Many thanks for the delicious meals, love the salads.'
Mrs Cohn

'The dinners and puddings are great, could eat them myself.'
Judith Clifford

'Thank you for all you have done, we appreciate your efforts.'
Betty Mills

'The two days, day care, I have to say are my salvation, thank you all management and staff this all comes down from the top level.'
Keith Hillman

'I want to express my thanks of gratitude for all that everyone did to take care of my relative. I know he was content there and that helped me'
Masie Hanks

My wife enjoyed her stay at Nightingales and made many friends with staff and residents. My wife was impressed that there was cleanliness at all times'.
Gordon Wall



What We Provide...

[Social Activities](#)

[Day Care](#)

[Respite & Pallatives](#)

[Sample Menu](#)

Tender loving care within a family atmosphere. The building has been extensively redesigned to meet the specific needs of the elderly. It is fully centrally heated and has an automatic chair lift to the first floor. There are 13 registered beds for the elderly.

Living Areas...

Communal rooms are spacious and welcoming. A sunny conservatory opens onto attractive gardens. All bedrooms are beautifully decorated and furnished and equipped with a nurse call system and en-suites.



ISO 9001: 2008

Email: tuskhome@talktalkbusiness.net