

Nightingale Court Care Limited

Nightingale Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nightingale Court Care Home is a 'care home'. Nightingale Court Care Home accommodates up to 35 people in one adapted building living with dementia and physical frailty. At the time of the inspection the home was providing care and support to 33 people.

People's experience of using this service and what we found

Risks associated with people's health conditions and support needs were not always assessed, monitored, or mitigated safely. The manager acted on these concerns promptly.

We have recommended that medicine records are improved.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place. There were enough staff to safely meet people's needs. Overall, effective systems were in place to prevent and control the spread of infection.

We have recommended the provider seeks reputable guidance to ensure people live in a dementia friendly environment.

Staff told us they had enough training to carry out their roles effectively and were well supported. The provider worked well with healthcare professionals to ensure joined up care and good outcomes for people. People were supported to ensure their nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us staff were kind and caring. People were treated with dignity and respect and their privacy was promoted. We observed positive interactions between people and staff which enhanced people's well-being.

We have made a recommendation to ensure people who spent much of their time in their rooms are supported with meaningful activities that meet their emotional and social needs.

Care records were being improved to ensure people received personalised care. People received compassionate care at the end of their lives and were appropriately supported at this time.

The provider's quality assurance systems were not fully effective in identifying all concerns in the service or driving sufficient improvement. We have made a recommendation about this. When the provider was made aware of any issues they acted promptly and effectively to address them.

The service had a positive person-centred culture. People and relatives were happy with the care people received at Nightingale Court Care Home. Staff felt valued and enjoyed their work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 February 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment of people. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led domains of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the assessment, monitoring and mitigation of risk. We have made recommendations about the environment people live in, activities for those who spend much of their time in their rooms and the providers quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nightingale Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Nightingale Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingale Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for approximately 3 months and had submitted an application to register. Soon after the inspection, the manager became registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We spoke with 9 members of staff including the manager, care workers, housekeeper and chef. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been safely managed.
- Records demonstrated some people had attempted to use items in a way that could harm them due to their cognitive impairment. For example, wrapping items around their necks and eating items that were not consumable. Risk assessments had not been put in place to reduce these risks.
- Some people needed their fluid intake monitored to prevent dehydration. The target amount people should be drinking had not been individualised for the person, nor was there any guidance for staff as to what action they should take if people had not reached the target. Records demonstrated on some occasions people had not reached the target fluid intake. This increased the risk of dehydration for people.
- Risks in relation to constipation had not always been assessed and plans were not in place to reduce the risk of constipation for people. Records showed some people had not had their bowels open on a regular basis. This increased the risk of health complications.
- Some people were prescribed paraffin-based creams to alleviate skin conditions. These creams are flammable, but risks associated with this had not been assessed and no mitigation plans had been put in place. This increased the risk of harm to people.
- Where people required moving and handling equipment, risk assessments did not detail person specific information such as what equipment was needed, sling size, type or positioning to ensure staff were aware of how to move people safely. This increased the risk of injury to people.
- Staff's knowledge about how to monitor and mitigate risks for people was variable.

We found no evidence people had been harmed, however systems were either not in place or robust enough to demonstrate risks were effectively managed. The failure to effectively assess, monitor and mitigate risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager informed us of improvements that had already been made to ensure risks were managed in a safer way for people. They additionally told us of their plans to address the remaining issues regarding risk management. However, these improvements needed to be embedded and sustained to ensure risks were consistently managed in a safe way.
- Prior to our inspection, we received concerns about how people were supported when they were distressed. Professionals external to the service told us this had improved. For example, 1 said, "Since the training and looking at the way behaviour monitoring charts were filled in the incidents have become less and the quality of the paperwork better."

- Other risks associated with people's support needs were safely managed such as skin integrity and malnutrition.
- Regular health and safety, and maintenance checks were completed to ensure equipment and the premises were safe to use. The service had assessed fire risks and equipment was available to support people to evacuate in the event of an emergency.

Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicines records.
- There were gaps on medicines administration records (MARs) where staff had not signed, and no reason was recorded for omission. This meant records did not always demonstrate people had received their medicines. We discussed this with the manager who told us they were in the process of changing medicines systems which may have attributed to the omissions. They were confident people had received their prescribed medicines.
- Not all people who were prescribed 'as required' (PRN) medicines had a PRN protocol in place to guide staff when and how to use these medicines. This included medicine to support people with anxiety, pain, and constipation. Where PRN protocols were in place, they were not adequately personalised or detailed. This put people at risk of not receiving their medicines in the most effective way.
- Only staff who knew people well administered medicines which mitigated the risk of people not receiving these medicines effectively. The manager began work to improve PRN protocols at the time of our inspection.

We recommend the provider seeks reputable guidance to ensure medicines records are suitably detailed to ensure people receive their medicines in line with their needs and provide evidence medicines have been administered in line with people's prescriptions.

- Processes and systems in place for ordering, storing and disposing medicines were safe and well managed between the service, GP practice and pharmacy.
- Staff sought the expertise of external health professionals when medicine was needed to support people with individual conditions. For example, the older person's mental health team (OPMHT) provided instruction in relation to medicines that helped people if they had been experiencing distress due to their condition.
- Staff had received training and their competence in administering medicines was checked regularly.

Staffing and recruitment

- People and relatives told us there was enough staff to safely meet people's needs. However, some commented they would like staff to spend more time with them. Staff also felt that additional staff would give them more time to spend with people. We discussed these comments with the manager who assured us they continually monitored staffing levels and their deployment. They additionally had plans in place to recruit an 'activity coordinator' whose role it would be to spend time with people and support their well-being.
- Staffing levels were determined by the number of people using the service and the level of support they required. Where people needed one to one care, this was arranged for them.
- Our observations reflected staff responded promptly to people's requests for support. The provider also monitored call bell response times to ensure people's requests for assistance were responded to in a timely manner.
- The provider used agency staff. The manager confirmed they used staff from the same agency which ensured consistency for people.

- Recruitment practices were mostly safe. However, we found minor omissions in 2 staff files. The manager rectified this during the inspection and assured us recruitment would be safely managed going forwards.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Aspects of the kitchen management needed improvement to ensure hygienic practice. The manager was already aware and had plans in place to address these issues.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors when they wanted to and there were no restrictions in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse. The manager and staff were aware of their safeguarding responsibilities.
- Staff had received training in this area and, although they had confidence in the manager to deal with concerns, knew how to contact safeguarding themselves if they needed to.
- Everyone we spoke with said, they, or their relative felt safe. For example, a relative told us, "I feel that mum is 100% safe, and I can say that as I have visited other care homes."
- The manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Learning lessons when things go wrong

- When something went wrong in the service the provider investigated and analysed these incidents. We saw records demonstrated learning had taken place and measures had been put in place to reduce the likelihood of such incidents reoccurring. Staff confirmed learning was shared with them in various ways such as in meetings or during handover.
- The provider ensured accidents were monitored and audited to identify trends and actions for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Improvement was needed to make the environment of the home dementia friendly. There was a lack of dementia friendly signage, contrasting colours, themes and landmarks to help people orientate themselves around the home. Apart from room numbers, people did not have any identifying features on their bedroom doors which increased the risk of people not being able to recognise their room. A staff member told us the small lounges were not used as "people didn't know they were there." From talking with some people, it was evident they would benefit from socialising in these rooms with a smaller group of people.
- The manager had recognised work was needed to improve the environment to suit the needs of those who lived there. Work had been planned to implement this.

We recommend the provider seeks reputable guidance to ensure the environment is suitable for people living with dementia.

- The service provided a comfortable environment for people that was decorated to a high standard. Relatives were positive about the environment and 1 relative described it as "beautiful."
- Should they wish to, people could have personal fixtures and fittings in their bedrooms to make their rooms feel more homely. A relative told us, "We bought more pictures and photos for [Person's name] room. Her room suits her needs. It also has a TV and seats for us which is nice."
- People had easy access to the garden. We saw people enjoying the outside space throughout our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service. Two external professionals told us the assessment process had improved at Nightingale Court since the manager had been in post. One told us, "There were concerns that Nightingale Court initially struggled to meet the needs of residents that were discharged from hospital. However, after discussing this with [manager] and other services providing support to Nightingale Court, I believe that their assessment process is more robust to ensure that they are able to meet the needs (both mental and physical health) before accepting the resident."
- Staff completed a range of nationally recognised tools to assess needs and risks for areas such as skin integrity and nutrition. These were in part, successful in supporting people's safety. We have reported on improvement needed in other areas of risk management in the Safe section of the report.
- Guidance from specialist external professionals was followed. This included from doctors, nurses and mental health teams. One professional told us staff sometimes needed "prompting" to follow the guidance

but this was improving.

- Staff made appropriate use of technology to support people. For example, falls prevention technology was used safely and in accordance with people's needs. The provider had also invested in an electronic care system.

Staff support: induction, training, skills and experience

- New staff received an induction which included training to give them the right skills and knowledge to effectively support people and understand the requirements of their role.
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The manager had identified not all staff had completed the Care Certificate and arranged for all staff to undertake this, regardless of their experience and skills as they felt it would be a "good refresher."
- Staff undertook a programme of ongoing training. This helped to make sure staff skills were kept up to date and their practice was in accordance with best practice. The manager organised additional training if they felt staff needed more knowledge in an area. One relative told us, "Mum has [health condition] and the home have arranged a learning session with the [specialist] nurses to understand this more."
- The manager told us they were keen to have a highly skilled workforce and had arranged a variety of training. Staff felt they had received enough training. For example, 1 staff member said, "There is always a lot of training going on. I feel well trained."
- Staff told us they were well supported by the manager, and they received supervision as part of their ongoing development which they found useful.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were complimentary about the meals they received. One person told us, "The food is excellent and there are really good chefs. There is always a choice and people can ask for a sandwich instead."
- People's weights were monitored and if people were losing weight, appropriate action was taken. For example, referrals were made to a dietician and higher calorie food was provided.
- Although people's fluid intake was not always accurately monitored as described in the Safe domain, we saw people being encouraged to drink plenty and keep hydrated. The manager also planned a focus on hydration for the following month. For example, they had purchased sweets which were 95 percent water to boost hydration for people who were reluctant to drink.
- We observed the lunchtime experience on both days of our inspection. Overall, people were appropriately supported and enjoyed their meals. People benefited from staff eating alongside them on the 1st day of our inspection. We discussed with the manager how this would also have benefitted a person on the 2nd day of our inspection. The manager explained this practice was still being embedded.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were referred to other health and social care professionals as needed. One professional external to the service told us, "The team respond in a timely way to any needs, or in response to residents having sudden change of condition, requiring input from medical or health professionals."
- Outcomes of referrals were recorded and used to inform people's ongoing care and treatment. For example, records demonstrated how staff followed guidance from a health professional in relation to their health condition.
- When people were admitted to hospital, staff provided information about them to the medical team, to

help ensure the person's needs were known and understood.

- External professionals provided us with positive feedback about how the service worked with them. This supported people to have good outcomes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with the MCA. People were encouraged to make their own decisions and choices as much as possible and we saw examples of this throughout our inspection. One person confirmed this and told us, "I can do what I like, when I like."
- Mental capacity assessments were in place for decisions such as people living in a locked environment, using bed rails and motion sensor mats. Where it was deemed people did not have the mental capacity to make these decisions, best interest decision making processes were in place.
- Where people needed to be deprived of their liberty for their safety, the appropriate authorisations were being met. Information about who had a DoLS in place was readily available for staff. Some people's DoLS had conditions, and these were known about and being met.
- Staff had a good knowledge of the MCA and understood the importance of seeking consent before supporting people. We saw this in practice during our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations of staff interactions with people showed people were well treated and respected.
- Staff were caring, compassionate and responded to people with kindness and patience. All staff members, including ancillary staff made a point of speaking to each person as they passed, checked they were ok and supported them if necessary. We saw this had a positive impact on people's well-being.
- People and relatives were positive about the caring nature of staff. Comments used to describe staff included, "Friendly", "Cheerful" and "Willing to help."
- Professionals external to the service echoed this. One professional told us, "The team at Nightingale Court are very caring, and have excellent role models in providing a caring approach, seen from top downwards. I have witnessed [Manager] and [Senior Carer], many times providing a very caring approach."
- The manager and staff told us they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care

- The provider sought the views of people and their families during the care planning process and through individual contact. People's care plans detailed what was important to them and how they wanted to be supported.
- Staff understood the importance of respecting people's decisions and supported them in the way they wanted to be. We saw numerous occasions where staff encouraged people to make day to day decisions about their care and how they spent their day. One person told us, "I can choose the time I go to bed and the time I get up."
- People were given a choice about the gender of who supported them with personal care, and this was respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity and respect. One relative said, "I definitely think they treat mum with dignity."
- There had been a recent focus on dignity which enhanced staff's awareness of what it meant and how to use this knowledge in their day-to-day work. The manager had organised for people to receive a 'dignity card' when they moved into Nightingale Court. This outlined how people should be supported in a dignified way.
- People's privacy was protected, and confidentiality was maintained. Staff described the practical steps they took to ensure people's privacy and dignity was upheld during personal care.

- People were supported to be independent as much as possible. Staff were able to describe ways of maintaining people's skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider planned a range of activities to support people's wellbeing. This included entertainers, visiting animals and intergenerational activities with children from the local nursery and school. We saw this had a positive impact on people during our inspection.
- Some people were supported with their chosen interests in an individualised way. For example, 1 person told us, "I love knitting and the staff support me with that." A 2nd person enjoyed feeding the birds and the provider purchased a bird table to support this, and for a 3rd person, the manager had recognised doll therapy would support their emotional needs and a doll was provided for them.
- Some people spent most of the time in their rooms. Staff told us they spent time with people individually in their rooms and chatted with them. However, due to a lack of documentation, it could not be evidenced how much stimulation and occupation was available for these people. In addition, this meant it was not always possible for the provider to monitor how these people's social needs were met. One person told us, "The only real complaint I have is there is little interaction with others. I do tend to stay in my room as I don't seem to get much conversation with a lot of people who live here."
- The manager told us they were in the process of recruiting an activities coordinator which would increase 1 to 1 activities for people and support people to engage in smaller group activities.

We recommend the provider seeks reputable guidance to ensure the social and emotional needs for people who spend much of their time in their rooms are supported through meaningful activity.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Most areas of people's care plans contained enough information and guidance for staff to support people in a person-centred way. However, we noted for some, information was out of date and lacking in personalised detail. The manager had recognised this, and work had already begun.
- Permanent staff knew people well. For example, we observed staff members talking to people about things that mattered to them like their family.
- Professionals external to the service thought staff knew people well and responded to their changing needs. For example, 1 professional said, "Staff appear to understand people's needs and are responsive when needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and included in their care plan.
- Communication needs were met for people. For example, staff took time to ensure the people they were speaking with understood what was being said. The manager also told us that picture cards were provided to support 1 person's communication because they were hard of hearing.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain, were confident they would be listened to, and their complaint resolved if possible. One relative told us, "You feel like you can raise queries without feeling like a nuisance." They attributed this to their good relationship with the manager and staff. A person said, "I know if I had any complaints, [manager] would sort it out 100 percent."
- The manager took complaints seriously, investigated and provided a timely response. Learning was taken from complaints, and they were used to improve the service.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. However, the manager told us this was something they had previously supported people with. They outlined the actions they took to ensure people were supported in a dignified and compassionate way at this time.
- The service worked alongside other health care professionals to ensure people were comfortable and pain free at the end of their lives.
- Staff told us they had received training and felt competent and confident in supporting people at the end of their lives. The manager and some senior staff had undertaken an additional course which develops staff knowledge and enhances end of life care for people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider had a quality assurance system in place consisting of a range of audits including; medicines management, the environment, care plans and infection control. These had not always been fully effective in identifying all the concerns we found or driving the necessary improvement. For example, with risk management, records and providing a dementia friendly environment.
- Along with the provider, the manager had been working on an action plan to make improvements in the service. Some of these had been achieved, some had been planned and other areas had not been identified by them. Where concerns were brought to the managers attention, they were very responsive and put plans in place to make improvement.
- The manager welcomed support, advice and guidance to achieve compliance. They had been working with quality improvement teams and had gained additional training for staff. Relatives, staff and external professionals told us the manager had made a lot of improvement in recent months. The manager demonstrated their dedication to ensure people lived in a safe and high-quality home.

We recommend the provider seeks reputable guidance to continue to establish and maintain effective quality assurance systems to embed improvement into practice and to ensure records are complete and accurate in respect of each person.

- Staff were clear about their roles and their knowledge was being enhanced about understanding quality performance and regulatory requirements. Records demonstrated these areas had begun to be discussed with staff in a variety of ways. The manager had implemented an initiative for a care topic to be focused on each month. They had also begun introducing champion roles for staff, so staff would have extra skills and responsibilities in certain areas such as dignity, infection control and nutrition.
- The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about Nightingale Court and everyone said they would recommend it. For example, One relative said, "The quality is what I'd hope for in a home. We are very happy." and "I don't think mum could have come to a nicer place." We also saw numerous comments on an independent website where reviews about the service reflected this positive feedback.

- The manager and senior care staff promoted a person-centred and supportive culture and led by example. People and staff told us they were accessible, approachable and supportive.
- The manager had implemented an initiative called 'Resident of the day'. The aim of this was to improve the overall experience for people who lived at Nightingale Court. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need. A key worker system had also been established so a member of staff was 'allocated' to a person. They spent more time with the person supporting day to day activities that were important to them.
- Staff said they enjoyed working at Nightingale Court. They felt valued for the work they did and were proud of the improvements that had been made. For example, 1 staff member said, "I can see how far we've come since the beginning. I love it here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The manager was open with us about ongoing service development. There was an action plan which demonstrated they had recognised where further improvements were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had provided people and those acting on their behalf with a survey to complete to gain their views about Nightingale Court. From the records we reviewed, we saw it was predominantly positive. Where people indicated improvement was needed, plans were in place to address this.
- Regular staff meetings took place and staff told us they were able to give feedback about the running of the service.
- People benefitted from partnership working with other local professionals, for example GPs, community nurses and social care professionals. Professionals were positive about how the service engaged with them. For example, 1 told us, "[Manager] seemed to be proactively working with other professionals to gain advice and guidance."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to assess, monitor and mitigate risks effectively.