

## Nightingale House Care Home Service

5 Mansion House Road  
Paisley  
PA1 3RG

Telephone: 0141 889 5338

**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Sterling Care Homes Ltd

**Service provider number:**

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**Service no:**

CS2003010219

## About the service

Nightingale House is a listed building that has had a number of conversions to create 41 mainly single rooms with en-suite facilities for older people requiring nursing care. The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Nursing care can be provided to a maximum of 43 older people with a range of needs including dementia. Residents' accommodation was arranged over two floors in the main home and the annex.

Each floor had a number of bedrooms supplemented by lounge and dining areas with quieter reminiscence rooms and large assisted bathrooms. Secure garden areas were accessible on lower floors with outside furniture.

The service was located in a residential area, close to local amenities. One of the aims of the service was to maintain close links with the surrounding community with regular intergenerational activities.

## What people told us

As part of our inspection we spoke to people who use the service, including family members. We spoke to people through face-to-face interviews, telephone discussions and questionnaires. The feedback we received was generally positive, and included:

- staff are genuinely fond of residents
- everything is fine
- I am happy with all the care I receive
- the home is clean and tidy
- there are strong smells at times
- over the years complex issues have been dealt with by consultation
- processes are built into clients wellbeing strategy
- supported encouraged in role to be more person centred
- more staff would be better

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**5 - Very Good**

Residents experienced positive outcomes from staff who showed warmth and compassion. One family member told us 'they listened, they reassured'. This meant people developed trusting relationships with staff. Residents had confidence in the staff who cared for them to deliver kind and compassionate care.

People were encouraged and supported to get the most out of life. Staff were committed to providing residents with access to a range of interests and activities within the home and the local community. We met a resident who told us about her regular trips to day time disco sessions, she told us she enjoyed these. Other residents had been to the sea life centre, Kelvin Grove Art Gallery and the Rouken Glenn Pottery Centre. There was accessible well maintained garden space. Some residents enjoyed safe and independent access to secure garden terraces which provided an increased the sense of freedom. Overall residents had a variety of opportunities which offered inclusion and stimulation.

Engagement with residents was captured and evaluated on monthly activity records. These were person centred, captured people's interests and what was important to them. They were outcome focussed and linked the new Health and Social Care Standards (HSCS) for example HSCS 1.25 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors'. A family member told us their relative 'was always offered the opportunity to get involved'.

Residents and families had confidence in staff because they were kind and competent. The learning culture meant staff felt supported to follow good practice guidance and professional codes of practice. Staff told us training was important as it helped residents achieve better outcomes. Staff we spoke to described good relationships with their colleagues as well as an approachable and a supportive management team.

Where residents needed help with eating and drinking we saw this was carried out in a dignified way. We observed a number of mealtimes. Printed easy read menus contained several choices of food which were well presented. We suggested staff always ensured dining areas were well-prepared with familiar crockery and place settings. We saw how this helped to provide familiar prompts to assist residents with easier decision-making, reduced distress and encouraged independence at meal times. Additional drinks and snacks were offered frequently between meals and during planned activities from satellite kitchens. This helped to ensure some people had additional opportunities to access nutrition and hydration between meals. Those residents we spoke to told us they enjoyed the food.

The care home met a range of nursing and care needs for older adults. The environment was welcoming with a good range of comfortable furnishings. There was a rolling programme of redecoration to replace and upgrade fittings and furniture. We suggested the service consider how they might support more people to take up the opportunities to individualise their own rooms. This might include for example personal and self-care items, photographs and memory boxes where helpful.

We discussed how signage can meet the needs of a range of people including residents, relatives and visitors. Some additional signage may help to promote the ease of movement around the home. Residents' names were located next to individual bedroom doors to assist with recognition.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**5 - Very Good**

The service had a well-developed improvement plan which was shared with staff and regularly reviewed. This was reflective of the Health and Social Care Standards (HSCS) and other good practice guidance. There were a number of areas in progress using improvement methodology. This included for example the implementation of new care plans and a project focussed on improved continence care. External professionals had been invited to comment and influence these improvement areas.

Care and support plans had been redeveloped to make them person centred, more outcome focussed and reflective of the new HSCS. These new plans had been used for people recently admitted to the home. We spoke to a relative who told us about their fear of having to come to nursing home. They described how being involved in the care plan had supported them and their relative to have 'the best of care with hope for the future'. We felt the new plans evidenced good outcomes for people and captured effective and responsive care delivery.

Residents who had an original style care plan continued to have these maintained to a very good standard. All of the plans we read were up to date and regularly reviewed. We encouraged the staff to evaluate the new care plans in order to support the implementation across the whole service.

People's health benefitted from the input and assessment provided by a range of visiting health professionals. Staff demonstrated sound knowledge and effective management of complex long term conditions with future needs anticipated as part of regular assessment and review. We read about positive outcomes for people and their families which included valued piece of mind, good communication and planning for end of life care.

People received support with their medicine at the correct time in the prescribed dose to ensure their health was maintained and improved. We observed medication administration and felt staff demonstrated they were safe and competent. The service had now introduced the use of medications in their original packaging in line with good practice guidance. They carried out regular internal medication audits and received external pharmacy support.

We saw a consistent approach to maintain resources at a level to provide responsive care and support. Staff we spoke to told us sometimes people had to wait for support but on balance the staffing generally felt right. The role of senior care staff had been developed in order to meet resident's needs and support the role of registered nurses. Staff overall expressed confidence in their roles. They told us they felt proficient and positive. A family

member we spoke to told us their relatives care was down to the calibre of the staff. People benefited from a service and organisation well led by an effective self-driven management team with a shared leadership approach.

To safeguard residents, appropriate legal arrangements were in place when people lack capacity. Arrangements were regularly reviewed to ensure they complied with best practice.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure staff registered with the Scottish Social Services Council (SSSC) are maintained on the correct part of the register. This applies to changing or promoted roles such as practitioner or supervisor.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that people should have confidence in staff who are trained, competent, skilled, reflect on their practice and follow their professional and organisational codes (HSCS 3.14).

**This area for improvement was made on 22 May 2019.**

#### Action taken since then

The service ensured staff were registered and maintained on the correct part of the SSSC register according to their role. We saw there was an effective system to monitor and manage staff registration status. This area for improvement was met.

#### Previous area for improvement 2

The provider should increase the use of original packs of medicines for named individuals as the preferred option of supplying medicines in the absence of a specific need for a Medication Compliance Aid (MCA). They should promote appropriate training for staff so that they are able to administer medicines from original packaging.

This is to ensure care and support is consistent with the Health and Social Care Standards which states I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

**This area for improvement was made on 22 May 2019.**

#### Action taken since then

The service had fully implemented an effective medication policy reflecting good practice guidance. This supported the administration of medications from original packaging for named individuals. Staff were also able to offer some people the opportunity and support to be self managing with medications. This area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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