

# Nightingale House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 June 2021

**Service provided by:**  
Sterling Care Homes Ltd

**Service provider number:**  
SP2003002231

**Service no:**  
CS2003010219

## About the service

This inspection was carried out by inspectors from the Care Inspectorate.

Nightingale House is a listed building with several conversions to create 41 rooms with ensuite facilities. It is in a residential area of Paisley, close to local amenities. The service provides mainly nursing care for older people with a range of needs including dementia.

Residents' accommodation is arranged over two floors in two distinct units, referred to as the 'main house' and the 'annex'. Each unit has several bedrooms supplemented by lounge and dining areas on the ground floor with additional quiet rooms and large assisted bathrooms. Secure garden areas are accessible on the lower floors with outside furniture.

There were 37 people using the service at the time of our inspection.

The care home had experienced a high of staff leaving the service in a short space of time. At the time of the inspection the service had entered a voluntary moratorium. This meant they were not accepting new admissions. This enabled them to focus on identified improvements.

## What people told us

We spoke to some people living in Nightingale House and observed shorter individual, and small group exchanges with residents. Staff were seen to engage with residents who responded well to staff and appeared content in their company.

We were able to speak to several relatives visiting the service. Overall, they felt staff provided helpful support that made a difference to people's lives.

Relatives told us communication had reduced over the past weeks. This meant there was a less inclusive approach to involve relatives and keep them up to date with changes.

Another relative commented 'email is the more efficient way to make contact although it can take several emails to get a response.'

Other comments included:

'I would not have chosen this home if we had had the choice, however I would not change it now. The staff are fantastic. The activity coordinator persuaded mum to get involved in things she may not otherwise have done; she is a very private person.'

'We had garden visits arranged during the lockdown. However, when mum was unwell the staff were great in organising indoor visits for us.'

'Staff change a lot; the nursing home manager has changed several the times since my relative became resident.'

'I would like them to consistently inform relatives when a resident has a fall, or when concerns are raised. This has been a major let down.'

'You cannot visit before 11.00 am which is an issue. However, they do allow two visits on two days as I travel a long way, which is good though.'

One relative spoke highly of what the staff and GP had recently achieved to support her relative to remain in the home and receive care in a place of their choice when they became unwell. This ensured she was in a place which was more comfortable with people around who knew her well.

## 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?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

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

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

2 - Weak

During lockdown people had been encouraged and supported to keep in touch with their families, outdoor and indoor visits were taking place following the Scottish Government's Open with Care guidance.

One family member told us communication around visiting had recently ceased with no explanation. This meant various staff were involved organising visits to help keep people safe. The approach was not always consistent, and families felt less supported.

Areas around the home had been adapted to support safe physical distancing, which was well managed. People should be able to use an appropriate mix of private and communal areas. We observed there were reduced opportunities to be outside. This should be encouraged more to promote good mental health and wellbeing.

We observed warm but shorter personal interactions. Staff were not always able to spend quality time with residents as staff shortages in the home meant that they were constantly busy completing tasks and prioritising the physical care needs of people. Overall, this may increase residents' feelings of isolation. Staff availability for activities must increase to provide a stimulating environment. See requirement 1.

Care plans examined during the inspection were noted to be of a varied standard however it was clear that the service had commenced a full review of all care plans which included information about peoples assessed and changing needs. New folders had been introduced for recording some aspects of daily personal care. Decisions about care and treatment were generally informed by a range of good practice tools, review, and risk assessments. Some assessments and records were up to date however others were in need of more prompt attention in order to improve standards. This meant care was sometimes reactive with

the potential for poor health outcomes in instances where personalised information was not readily available. See requirement 2.

We saw the service had regularly reached out to a range of health professionals for support in a range of areas, however, some people's healthcare was not safe. Concerns were raised around unexplained pressure damage to their skin. This meant people's changing health needs were not well anticipated to protect them from avoidable harm. The service must also ensure that continued lines of communication with healthcare professionals for the ongoing management of care are maintained. This is to ensure care is provided in a planned and safe way including times when there is a change or an emergency. See requirement 3.

We attended shift handover meetings which were brief, with little health and welfare information discussed. This meant staff were not always aware of people's risks, needs, choices or wishes. Key information was not well communicated or consistently followed through. By the conclusion of this inspection, additional daily clinical and staff huddles had been introduced for both units to provide an up-to-date picture across the home. This meant communication was more reflective of people's current needs with staff more involved and better informed.

Medication management was not robust. A lack of key information around medication stock meant some people did not always get their medication at the right time. By the conclusion of the inspection a medication audit had been carried out. This was to resolve any issues with the supply of medications and to help reduce any impact on health outcomes around, for example, pain management. Staff training, external support and audits have been arranged to help improve the overall management of medications. See requirement 4.

Key information about the nutritional needs of people experiencing care was not always well communicated with the changing staff group. One care plan we read had some inconsistencies about the texture of food to be offered. The level of referrals associated with weight loss had continued to increase despite virtual support and regular reviews with healthcare colleagues. The dietician attended the home during the inspection to agree actions for individual nutritional care plans

Food and fluid charts used to monitor daily intake were available however were not always fully completed or evaluated. This meant available information was not always captured in order to help revise care planning or manage risk. Residents did not always have the required levels of support available to meet all of their dietary needs.

Mealtimes observed during the inspection were mainly task driven with the experience noted to be generally poor. This meant when meals were served the pace was rushed and staff were not always able to offer help with eating and drinking. Visual choices were not offered therefore people were not always given an opportunity to choose their own meals. See requirement 5.

## Requirements

1. By 6 August 21 the provider must ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home. This should involve all staff, reflect individual preferences, and include activities to maintain and enhance people's level of independence, skills, and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

This is in order to comply with Regulations 4 – Welfare of service users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI 2011/210.

2. By 19 July 21 the provider must make sure care plans, daily records, and quality assurance audits are consistently reviewed and completed. In particular you must ensure:

- a) care and support plans accurately reflect the assessed need of everyone experiencing care,
- b) supplementary charts including, for example, personal care, wellbeing checks, food and fluid charts are consistently completed and reviewed to assess effectiveness,
- c) the review of actions taken to address any identified improvements with an evaluation of the progress made.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.' (HSCS 4.19).

This is in order to comply with Regulation 3 – Principles; Regulation 4(1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 19 July 21 people's care experience must improve to ensure they are safe from avoidable harm. In particular you must:

- a) complete, implement and regularly review risk assessments for all people experiencing care in order to identify individual risks around skin integrity and wound care,
- b) address the risks identified and ensure any required actions are communicated to, understood by, and consistently implemented by staff working in the service,
- c) ensure staff have access to appropriate training, guidance, and support to enable them to meet people's health, safety, and care needs,
- d) take action to help ensure people have access to equipment and receive appropriate services from external health care professionals.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15) and 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This is in order to comply with Regulation 3 – Principles, Regulation 4(1)(a), 4(2) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

4. By 19 July 21 practice in relation to medication management must be consistent. The provider must:

- a) ensure 'as required' protocols are evaluated for effectiveness,
- b) ensure pathways for the management of covert medication are reviewed in line with best practice
- c) review the assessment and responses to the management of pain,
- d) review and improve the management of the ordering, receipt, storage, administration, and disposal of medicines,

e) develop and implement medication audits informed by good practice guidance.

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

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users and Regulation 15(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 19 July 21 In order that peoples' nutritional needs are met, the provider must ensure

- a) all residents who have lost weight have a plan to support their nutritional needs
- b) residents have regular weights recorded when this is appropriate,
- c) MUST scores are calculated and recorded accurately,
- d) monthly evaluations are reviewed to ensure agreed plans are effective
- e) staff have access to appropriate training, guidance, and support to enable them to meet people's nutritional needs,
- e) all experiencing care can choose from a variety of healthy meals and snacks and are supported to eat in a calm and homely environment.

This is to comply with: Health and Social Care Standards: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met.'(HSCS 1.15); 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'.(HSCS 1.35).

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our care and support during the COVID-19 pandemic?

2 - Weak

### 7.2 Infection control practices support a safe environment for people experiencing care and staff

On arrival to the service staff did not always follow best practice guidance by assessing the health of professional visitors to reduce the risks of spreading infection. Lateral Flow Device (LFD) testing was undertaken for all visitors and agency staff. This was to assist in the early detection of potential Covid-19 symptoms. We saw Covid -19 testing was happening in several locations in the home.

There was an adequate supply of alcohol-based hand rub (ABHR), personal protective equipment (PPE) was supplied, and we observed staff using PPE appropriately. Waste bins for the safe disposal of PPE were visible throughout the service. External waste containers were available in a newly upgraded external bin area. Actions were taken to ensure containers are available for the safe disposal of needles. These actions helped to reduce the spread of infection within the home.

There were a range of signs available to promote hand hygiene and the donning and doffing of PPE. These included accessible pictorial and written cues.

The service had systems in place to manage the isolation of residents when necessary to reduce the risk of infection. Staff were able to recognise Covid-19 symptoms and maintained contact with the local health protection team. They were seen to respond adequately to challenges people may have around safe physical distancing, including support for those people with reduced capacity.

Laundry staff had access to new equipment to help them follow current guidance for the safe handling, transfer, and thermal disinfection of laundry. The current layout of the environment was undergoing alterations to improve the safe management of laundry. See area for improvement (AFI) 1.

During observations we noted that hand washing areas were not always adequately stocked. We also observed that shared equipment was not routinely cleaned between use and documented as such. This meant people were not always protected from the spread of infection through contact transmission where equipment was shared.

The overall environment was seen to be unclean. We observed raised toilet seats, shower seats and drains with removable contamination. Staff appeared less clear about the management of mattresses and cleaning schedules. The provider took immediate action and instructed a full deep clean of the environment which has now commenced in order to improve the cleanliness of the environment. See requirement 6.

Staff uniforms were not washed at the service. Staff were able to describe the correct procedure for washing uniforms at home. One staff changing room was available with signage to limit access. We were concerned that some staff were not always changing their full uniform thus continuing to risk spreading infection. We asked the service to review this and consider providing additional facilities for staff changing.

There was evidence of progress to update the general environment with the installation of two new macerators, the removal of unused equipment and the refurbishment of a communal corridor. However, some carpets, furniture, and fittings remained tired and required to be renewed. The service had an environmental improvement plan with actions and timescales to address these areas of concern.

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care**

Peer support to improve practice had reduced along with competency assessments for the use of PPE and hand hygiene. Records had not been maintained. This meant there was no evaluation of IPC learning into day-to-day practice.

Some staff we spoke to appeared less confident about IPC practices which presents a risk to those experiencing care. The service must continue to capture, and evidence practice confirming that learning around IPC is consistently implemented.

The service was asked to review training compliance levels in other key areas of mandatory training including, for example, adult support and protection, dementia, anticipatory care, skin care, pain management and nutrition. A focussed programme of face-to-face learning over two months had been instructed for immediate start following a training needs analysis. This will help to ensure current, temporary, and new staff are confident with up-to-date knowledge.

Overall, staff were concerned but felt supported by the management. We saw the service had reintroduced a daily oversight process of all departments. This was at an early stage to help to support managerial and clinical overview, communication, and leadership. This meant there was an opportunity for managers to provide clarity, ensure consistency and reduce anxiety around current staffing.

A new manager had been appointed and was commencing in the role on 29 June. Recent changes across the staff group increased the level of risk, and possible delays around responsive care and support for some people experiencing care. Staff were working hard and remained committed to doing a good job. We spoke to a relative who told us 'Staff were very kind, very supportive, brilliant in fact.'

At present the service was responding and planning to staffing on a day-to-day basis. Their approach to allocation ensured core staff familiar with residents were working within each unit, supported by agency staff. The service should review how registered nurses will cover all areas of the care home in order to maintain the correct level of support for those people who are assessed as requiring nursing care.

People have the right to have their needs met by the right number of staff who have time to support and care for them and to speak with them. We shared concerns around potential risks to people's health and wellbeing needs in, for example, the late evening when care needs increase.

The level of staff vacancies and sickness meant there was increased reliance on temporary and agency staff. To improve consistency the service was using regular agency staff whilst they focussed on recruitment to fill permanent vacancies. The service had rostered increased levels of staffing across day and night shifts. This was important to ensure people that there was enough staff with the right knowledge and skills available to support them.

The service had progressed the contingency plan to recruit a registered manager, core staff and monitor the safe use of agency staff. This was essential to reassure people and families enough staff were available for the wellbeing and safety of residents. See requirement 7.

## Requirements

1. The care home was observed to be unclean. We were concerned the reduction in the standard of cleanliness was not protecting the welfare and safety needs of people using the service. Due to the level of the concern, the provider must take the following immediate actions to be completed by the 19 July 21:

- a) carry out a deep clean of the care home to support good infection control practice,
- b) ensure housekeeping staff are suitability trained,
- c) ensure checklists are completed and undertake regular audits,
- d) prioritise actions around planned refurbishment with timescales,
- e) update the current environmental and improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

This is in order to comply with Regulation 10 -Fitness of premises of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2.

People experiencing care should have responsive support from the right number of staff with the correct skills and qualifications. By 30 August 21 and in order to ensure there is a process to establish the correct staffing complement, the provider must:

- a) review staffing skills and qualifications,



- b) detail within the staffing establishment how registered nurses will cover all areas of the care home for those people who receive nursing care,
- c) outline how people's care and support needs are assessed and contingency of the staffing establishment for fluctuations in people's needs,
- d) review and communicate the plan for the staffing establishment for the care home for those expected to lead care,
- e) provide a plan which should include all relevant training, registration with SSSC and competency assurances of staff who are working in any area where access to a nurse may be intermittent,
- f) outline all vacancies and provide a plan with dates for recruitment to vacant posts,
- g) ensure the staffing plan includes any further anticipated vacancies and details about how vacant posts will be covered during any recruitment phase.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); 'My needs are met by the right number of people.' (HSCS 3.15); 'People have time to support and care for me and to speak with me.' (HSCS 3.16); 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

This is in order to comply with: Regulation 15(a) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

### Areas for improvement

1. The service had made some adjustments to the laundry for the safe management of linen. Some actions were implemented during the inspection, others require to be completed. These include:

- the introduction of blue laundry bags for the segregation of heat sensitive clothing,
- guidance to laundry staff on washing cycles to ensure thermal disinfection of laundry,
- the use of suitable portable equipment in the transfer of used and clean laundry,
- the addition of an exit door in the laundry to improve the flow of used and clean laundry.

This is to ensure care and support is consistent with the Health and Social Care Standards which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My environment is secure and safe' (HSCS 5.17).

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

### Requirements

#### Requirement 1

By the 1 July 2021, the provider must ensure suitably qualified and competent staff are working in and leading the care service in such numbers as are appropriate for the health, welfare, and safety of service users.

In order to do this the provider must further develop and share the staffing and contingency plan with arrangements for the immediate and future management of the service. These include:

- ensuring leaders of the service understand the key roles and their responsibilities and at all levels, empower staff to support people,
- clinical and managerial oversight arrangements to ensure residents benefit from effective treatment and intervention and get the right healthcare from the right person at the right time,
- temporary staffing arrangements,
- progress reports on the recruitment of staff to vacant senior posts.

This is to ensure care is consistent with the Health and Social Care Standards, which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This is necessary to comply with Regulation 4(1)(a) (welfare of service users), Regulation 7 (1)(2) (fitness of managers) and Regulation 15 (a) (staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

**This requirement was made on 29 April 2021.**

#### Action taken on previous requirement

A further inspection was undertaken within timescales and this requirement was repeated.

**Not met**

## 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 had completed an audit of furnishings, fittings, and equipment. A high number of areas were identified for repair, or replacement. An environmental improvement plan was developed with dates and timescales for completion. The provider should continue to action key areas to ensure all worn and damaged fitting and fixtures are replaced. This will enable them to be effectively cleaned and disinfected.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16), 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 29 April 2021.**

#### Action taken since then

A further inspection was undertaken with in timescales and this area for improvement has been covered under a requirement.

#### Previous area for improvement 2

The service had made some adjustments to the laundry for the safe management of linen. Some actions were implemented during the inspection, others require to be implemented. These include:

- the introduction blue linen bags and trollies to manage heat sensitive personal clothing. This was to improve the safe segregation of used linen,
- further guidance to laundry staff on the use of washing cycles to ensure thermal disinfection of laundry,
- the supply of new portable trollies to reduce risks around the transfer of used and clean laundry,
- exploring the layout of the laundry for an additional exit door to separate the flow of used and clean laundry.

This is to ensure care and support is consistent with the Health and Social Care Standards which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My environment is secure and safe' (HSCS 5.17).

**This area for improvement was made on 29 April 2021.**

#### Action taken since then

A further inspection was undertaken within timescales and this area of improvement has been repeated.

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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