

Nightingale House Care Home Service

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Paisley
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Telephone: 01418895338

Type of inspection:
Unannounced

Completed on:
25 February 2025

Service provided by:
Sterling Care Homes Ltd

Service provider number:
SP2003002231

Service no:
CS2003010219

About the service

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 nursing and residential care for older people with a range of needs including dementia. There were 31 people using the service at the time of our last inspection.

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 lounges and dining areas on the ground floor, with additional quiet rooms and assisted bathrooms.

Garden areas are accessible on the lower floors with provision of a summer house. Additional areas within the service include a nail bar, tearoom and a potting shed.

About the inspection

This was an unannounced inspection which took place on 20 to 23 March 2025 between 13:00 and 21:30 hours. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and three of their family members
- spoke with 10 staff and management, including the provider, and received three questionnaires
- obtained feedback from eight family members through our questionnaires
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional and received feedback via email or survey from six others.

Key messages

- People were supported by a staff team who were kind, compassionate and worked well together.
- Staff knew people well and people spoke highly of them.
- The home was led by a strong leadership team.
- Personal planning and daily recording should be improved.
- The home was clean and fresh, but some areas of the home were tired and should be upgraded.
- People enjoyed the meals and the home focused on ensuring very good support with nutrition was in place.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We have evaluated this key question as good where a number of important strengths were identified which outweighed areas for improvements. These strengths were found to have a significant positive impact on people's experiences and outcomes.

The mealtime experience and how the service supported nutrition was a real strength. Mealtimes were well organised and staff knew people's preferences well. The service had worked closely with the local dieticians and the oversight of people at risk of malnutrition was robust. The recent introduction of a 'caffeine free project' had also improved outcomes for people. People enjoyed the meals and a wide variety of alternatives were available. Snack stations had been developed in each unit which meant people had access to a selection of foods and drinks out with the mealtimes.

Positive interactions between people and staff were demonstrated. Meaningful support was offered with compassion and kindness. Staff at all levels showed respect, an example was they knocked on bedroom doors before entering people's personal space.

Medications were managed well and the service had recently introduced a new electronic system 'Atlas'. While protocols were in place to support decisions around 'as required' medication, these could be more meaningful as some held basic information. This would ensure a consistent approach and help staff make knowledge-based decisions when people are unable to express their views.

The service had recently transitioned to a new electronic care planning system 'Person-Centred Software (PCS)'. Although staff demonstrated use of this well, daily recordings should be enhanced. Food and fluid intake was recorded well, and information such as personal care and care activities. Meaningful information, such as conversations with families when information was shared was not consistently recorded. Detail of how people were supported to achieve positive outcomes would ensure their choices and wishes were being valued. (See area for improvement in section 'How well is our care and support planned?')

As dementia can affect people in a unique way, information in relation to this should be considered throughout assessment and planning. Some information was basic and meant staff did not always have enough detail to support people in a consistent way. Although we observed that staff knew people well, personal plans relating to dementia, including when people experience stress and distress should be developed. (See area for improvement in section 'How well is our care and support planned?')

We found that the service had a whole home approach to activities and found staff to be actively involved with a range of activities with people. The manager was committed to recruit the right person to fill the vacancy of an activities co-ordinator in post. This would support people to get outside more which would also enhance people's wellbeing.

How good is our staff team?

5 - Very Good

We have evaluated this key question as very good as the service demonstrated major strengths which supported positive outcomes for people.

Since our last inspection the manager had worked hard to recruit a number of new staff into the right roles. People could be confident in the staffing arrangements as ongoing assessment of the staff team took place.

This ensured there were the right number of staff on shift who had the time to provide care and support, which was not rushed. This included spending time in meaningful ways with people experiencing care. A person experiencing care said, 'Staff are very good, helpful, they really are a jolly lot. It's good here, all good, you get a good laugh.'

Staffing assessments included the use of a dependency tool which looked at people's support needs. Staff spoke of good support from a strong leadership team who were involved and worked alongside the team. This meant leaders were responsive to the changing needs of people which ensured effective allocation of staff. The home operated a whole home approach which meant staff knew people well throughout the home.

Good relationships were evident within the staff team who were motivated and demonstrated team work which was supportive and genuine. Relatives and visiting professionals spoke very positively about staff, as did people experiencing care. A relative said, 'All of the staff are friendly and have a smile for you when you visit. Management run the place well and it looks to me as if the staff are happy in their job.'

We followed up an area for improvement from a previous inspection which was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

How good is our setting?

4 - Good

We have evaluated this key question as good where a number of important strengths were identified which outweighed areas for improvements.

Since our last inspection the home had been upgraded across a number of areas (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection.'). However, we noticed additional work was needed to upgrade corridors, skirtings, door frames and a number of bedrooms. Some areas were tired in appearance. The service was currently operating without a maintenance person, but external contractors had recently been tasked with many outstanding jobs. A number of families had provided feedback and would like to see some soft furnishings replaced including blinds and curtains. The manager had completed a full walk round of the home and had identified what needed attention. To allow oversight of these repairs we have advised an environmental improvement plan should be developed. (See area for improvement 1)

The home was clean, fresh with no intrusive odours or noises. The laundry and kitchen were well presented. The service demonstrated good infection prevention and control measures in relation to the environment.

A number of areas had been enhanced with the installation of more natural lighting. This made the home bright and airy. People experiencing care had choice of areas where they could spend their time. This included lounges, tea room, activities hub, and quiet areas. The dining room in the main house had been painted, but was not as homely as other areas in the home.

The service had identified some maintenance checks were outstanding. External contractors had also been employed to rectify this. Quality assurance of these important areas should be part of the overall checks and audits.

We met with the provider during the inspection and were assured of their commitment to address the areas identified. We also highlighted the home was difficult to navigate as there was no meaningful signage to support people getting around their surroundings. This was particularly important for people living with dementia or other cognitive impairments. The service should involve people and undertake an audit using the Kings Fund audit to assess how 'dementia-friendly' the environment is. A health professional also highlighted they had observed people found it difficult to know their way about. (See area for improvement 2)

Areas for improvement

1. The provider should develop an environmental improvement plan to ensure oversight of all outstanding repairs are planned and completed in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (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).

2. The service should involve people and undertake a full audit of the environment using the Kings Fund Tool 'Is your housing dementia-friendly?'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this (HSCS 5.11) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

How well is our care and support planned?

4 - Good

We have evaluated this key question as good where a number of important strengths were identified which outweighed areas for improvements.

Since our last inspection the service had transitioned to an electronic system, but found this did not meet the needs of the service. They have then recently transitioned to a further one 'Person-Centred Software (PCS)'. Staff were still in the process of updating assessments and personal plans which meant there were some gaps in these. Basic information is there, but this needs developed through a consistent approach. It was difficult to navigate through the system to locate information, and staff were at different stages of transferring key pieces of information. (See area for improvement 1)

We were reassured that staff knew people well with care and support being delivered by a stable staff team, however work needs to progress in finalising personal plans. Information in personal plans should be dynamic and reflect current care and support needs. Staff should look to maximise people's abilities and establish clear individual outcomes, not generic ones. This would ensure people's choices and wishes are clearly set out, and are supported to get the most out of life. (See area for improvement 1)

Supplementary charts were now part of the new daily recordings on PCS which included food, fluid and personal care records. These were detailed and contained clear information.

Wound care management recording was also now part of PCS, although we could see that wounds had healed, recording was not consistent. Some information had been missed during the evaluation which meant the next person reviewing the wound did not have as much details. It was good to see photos as part of the assessments.

Risk assessments were in place for people experiencing care and these were reviewed regularly. These helped to inform personal plans. MUST step 5 tool, which is used to assess people's risk in relation to malnutrition had been embedded well. Monthly analysis took place and the service demonstrated good oversight in nutrition.

Daily notes were completed using PCS by the staff delivering care. Further work was needed to develop consistency as not all included what people had been doing throughout the day. Evidencing outcomes for people including meaningful contact and engagement also needed developed. Although we observed many positive interactions and staff demonstrated responsive care and support. We also received positive feedback from people experiencing care and their family members. This meant we were reassured that people were receiving the support they needed and that the service needed more time to develop the new system and embed practice. (See area for improvement 1)

Areas for improvement

1. Personal plans should reflect people's current care and support needs. Outcomes should be developed which are person-centred and reflect people's choices and wishes. If people experience stress and distress there should be clear strategies of how to offer support. Daily recording should be meaningful, detailing how people spend their day, and include significant conversations about changes in their health or wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

People experiencing care should have responsive support from the right number of staff with the correct skills and qualifications. The provider should:

- a) maintain a staffing plan for recruitment,
- b) detail how vacant posts will be covered during the recruitment phase,
- c) review and analyse dependency levels, staffing levels, staff skills, and qualifications,
- d) maintain records of all relevant training and competency assurances of staff,
- e) evidence planned and regular staff supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); '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)

This area for improvement was made on 21 April 2022.

Action taken since then

An effective recruitment plan had lead to the successful recruitment of staff in key areas, although there were still some vacancies such as the activities post, the manager had utilised other roles to support this.

As an interim measure agency staff had been block booked to achieve greater consistency in the staff team. Some agency staff had progressed to become permanent members of the team.

Dependency levels had been reviewed and analysed which had been supplemented by an overview of staff skills and experience. The service had recently recruited nursing staff and had plans in place to develop these roles.

The service employed a full time development manager who worked alongside staff to support them in their roles. This included induction, training, development and supervision. Staff found this supportive and also gave them opportunity to reflect on their practice.

Records were in place to evidence staff training. Some areas could be further developed with some further training opportunities identified following a training needs analysis. Plans were in place to supplement aspects of clinical care and support.

Although planned and regular staff supervision was in place, this could also be developed further. However, the management team had been building the staff team and now key posts had been filled, such as the nursing team, opportunities to delegate supervision tasks were planned.

This area for improvement has been met.

Previous area for improvement 2

To ensure that individuals are living in a safe and well maintained environment the service should complete the internal and external refurbishment plan. This was in place for identified areas for decoration and planned refurbishment to enhance peoples' comfort and living experience. This includes:

- (a) planned carpet replacement,
- (b) final stages of bedroom and communal space refurbishment,
- (c) painting to, for example, internal doors, skirting and damaged paintwork,
- (d) new blinds and curtains for bedrooms,
- (e) relocation of an accessible bath,
- (f) completion of the external garden space and outdoor cabin.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (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 21 April 2022.

Action taken since then

Although further aspects of the environment needed improved (see section 'How good is our setting?') the service had upgraded a number of areas across the service.

The planned carpet replacement had been completed. The majority of bedroom and communal space refurbishments had also taken place, but we found some bedrooms and corridors needed further attention. Ongoing work was needed to keep on top of painting with internal doors, skirting and damaged paintwork. The service had recently brought in external contractors to support with this.

New blinds and curtains for some bedrooms had been upgraded, but others need addressed. This had been highlighted by some relatives during the inspection.

The relocation of the accessible bath had taken place, but the bathroom spaces were not homely. Although people had their own ensuite shower facilities, some people may have preferred to have a relaxing bath on occasion.

The outdoor cabin had been completed and plans were in place to utilise this, but we found the outside space very bare and paths were slippery. A hole in the hedge area needed attention which meant the garden was not fully secure, this was highlighted to the provider.

Parts of this area for improvement have been met. Due to the timeframe since our last inspection and to allow us to reflect the current position, we have made a new area for improvement. (See section 'How good is our setting?')

Previous area for improvement 3

Care plans, daily records, assessments, and care plan audits should be regularly reviewed. The service should agree timescales for the full implementation of the new electronic care planning system. This will help to ensure:

- a) care and support plans accurately reflect the assessed need of everyone experiencing care,
- b) supplementary charts including, for example, food, fluid, personal care records and body maps are consistently completed and reviewed to assess effectiveness,
- c) assess progress with the potential inclusion of all wound care management,
- d) staff complete, implement, and regularly review risk assessments for all people experiencing care,
- e) daily notes are completed by the staff delivering the care and should include what people have been doing throughout the day.
- f) the service integrate outcomes and evidence of meaningful contact and engagement
- g) review the functionality and operation of the embedded MUST step 5 tool.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 area for improvement was made on 21 April 2022.

Action taken since then

This area for improvement has not been met. Please see the narrative in section 'How well is our care and support planned? We have made a new area for improvement to reflect the current position.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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