

# Inspection Report

15 February 2023



## Nightingale Care Home

Type of service: Residential Care  
Address: 34 Old English Road,  
Dungannon, BT71 7PA  
Telephone number: 028 8775 2666

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland No 2 Ltd	<b>Registered Manager:</b> Mrs Ann Keppler
<b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Date Registered:</b> 16 January 2023
<b>Person in charge at the time of inspection:</b> Eva Hubusova, Senior Care Assistant, 9.15am – 9.25am  Mrs Ann Keppler, manager, 9.25am – 4pm	<b>Number of registered places:</b> 10
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 10 residents. The home is a single storey building and all bedrooms are single occupancy. Residents have access to a communal lounge, a dining room and a garden.  This home shares the same building as Nightingale Nursing Home and the same manager is responsible for both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 February 2023, from 9.15am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

It was positive to note that all areas for improvement from the previous care inspection had been met. One area for improvement was identified during this inspection as detailed within the report and the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included "I love it here", "The staff are great, the best I have ever seen", "I am getting well looked after", "I feel very safe here" and "I am staying here for ever". One resident did comment that it can be very busy in the afternoon on occasions with only one staff member. There were no questionnaires received from residents or relatives.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "The manager is brilliant", "Good morale", "I love it here", "Staffing is good" and "I am very happy here". There was no feedback from the staff online survey.

Comments received during the inspection from residents and staff were shared with the management team to review and action where necessary.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 August 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (1) (a) (b) (3) (a) (b) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that care records are maintained in accordance with legislative requirements and held securely.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time	The registered person shall ensure that fire doors are clear from obstruction and not held/propped open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (2) (b) (c)  <b>Stated:</b> First time	The registered person shall ensure that all recommendations made by the legionella risk assessor are completed within the time frame specified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.1  <b>Stated:</b> First time	<p>The registered person shall ensure that induction and orientation records are maintained within employee files and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time		
	<p>The registered person shall ensure that the dining experience within the home is reviewed.</p> <p>Specific reference to ensuring that:</p> <ul style="list-style-type: none"><li>• a menu is on display within the main dining room and in an area of the home for residents who choose not to use the dining room</li><li>• meals are kept warm on transport from the kitchen to residents who choose to have meals within their bedrooms</li><li>• desserts are covered on transportation from the kitchen to residents who choose to have meals within their bedrooms.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment, the meal time experience, discussion with residents and staff evidenced that this area for improvement had been met.</p>	<b>Met</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time	<p>The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation and provide sufficient details of the items.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	<p>The registered person shall ensure that quality assurance audits are completed in relation to:</p> <ul style="list-style-type: none"><li>• care records</li><li>• accidents/incidents</li><li>• maintenance records.</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.</p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Review of two agency care assistant's recruitment profile records evidenced that relevant pre-employment checks had been completed and a record of orientation and induction had been completed and retained within their file.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

The manager confirmed that staffing levels are regularly reviewed to ensure that the needs of the residents are met. Staff members were observed to be attentive towards residents and displayed a kind and caring nature.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the person in charge in the absence of the manager evidenced that these had been completed.

### **5.2.2 Care Delivery and Record Keeping**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Nightingale. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure residents were comfortably seated. Most residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice.



There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual resident's likes and dislikes. Residents said they very much enjoyed the food provided in the home. Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor discrepancies were identified and discussed in detail with the manager who had these amended prior to the completion of the inspection and agreed to monitor going forward.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and relevant onward referrals to the dietician where necessary.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. The manager confirmed that refurbishment was ongoing to ensure the home is well maintained.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 9 November 2022 evidenced that most actions required had been signed and dated by management as completed. The Northern Ireland Fire and Rescue Service (NIFRS) also visited the home on the 21 December 2022 and as a result of this visit two actions were stated. Following the inspection, the management team provided written confirmation that all relevant actions had been taken to address the recommendations made by the fire risk assessor. However, one action by the NIFRS had not been completed. This was discussed with the RQIA estates inspector and an area for improvement was identified.

Minor maintenance issues were identified during the inspection that required repair. This was discussed with the manager to address. Following the inspection, the manager provided verbal confirmation of the action taken to address these issues.

Review of maintenance records evidenced that relevant health and safety checks were being completed within the home. A number of minor discrepancies were identified and discussed in detail with the management team and updated prior to the completion of the inspection.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and



records were kept. The management team also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices and the environment evidenced that they were mostly compliant with IPC best practice. Any deficits identified were discussed with the manager who had these addressed prior to the completion of the inspection and agreed to monitor going forward.

#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

An activity planner was on display within the home and the activities on offer included, for example; hand massage; knitting; walking; puzzles and music. During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. The majority of residents said there were plenty of activities within the home.

Residents commented positively about the food provided within the home with comments such as; “The food is gorgeous”, “Good variety of food” and “The food comes up nice and warm”.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### 5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by senior management and the organisation.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to residents. Where deficits were identified the majority of audits included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made. The manager confirmed that going forward all audits would contain the full audit cycle.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by residents, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann Keppler, Manager and Mrs Mary Stevenson, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time	The registered person shall ensure that the remaining action stated within the NIFRS report is completed and evidence of this is forwarded to RQIA.  Ref: 5.2.3
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> The 5 year fixed wiring check has been completed and report pending - This will be forwarded to Lead Inspector when received

*\*Please ensure this document is completed in full and returned via Web Portal\**



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