

Unannounced Care Inspection Report 12 January 2021



Nightingale Care Home

Type of Service: Residential Care Home

Address: 34 Old Eglish Road, Dungannon BT71 7PA

Tel No: 028 8775 2666

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 10 residents.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Limited Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Jennifer Willis - registration pending
Person in charge at the time of inspection: Jennifer Willis	Number of registered places: 10
Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment	Number of residents accommodated in the residential home on the day of this inspection: 5

4.0 Inspection summary

An unannounced inspection took place on 12 January 2021 from 09.40 to 13.35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- infection prevention and control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from residents during this inspection was very positive and complimentary about their experiences of life in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

The one area of improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer Willis, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five residents and three staff. Questionnaires and “Tell us cards” were also left in the home to obtain feedback from residents and residents’ representatives who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff competency and capability assessment
- staff induction records
- staff recruitment records
- professional registration records
- staff training records
- fire safety risk assessment
- fire safety records
- two residents’ care records
- activity records
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints records
- incident and accident records.

The findings of the inspection were provided to the Jennifer Willis, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.4 Stated: First time To be completed by: 17 January 2020	The registered person shall put in place a review to address the excessive workload with laundry duties.	Met
	Action taken as confirmed during the inspection: Additional hours were put in place as a result of a review of the laundry duties.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so. A sample of one of these assessments found this to be appropriately in place. A sample of a record of staff induction found this record to be only partially completed. This has been identified as an area of improvement to address.

The recruitment records of one staff member were inspected. These records were maintained in a methodical manner and in accordance with legislation.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis. The manager is registered with the Nursing & Midwifery Council (NMC).

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home.

6.2.2 Safeguarding

The manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home's environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were tastefully furnished and personalised. Two residents expressed positive comments on how they felt fulfilled with the personalisation and comfort of their bedrooms. Communal areas were spacious and suitably maintained. Bathrooms and toilets were clean and hygienic.

6.2.4 Infection prevention and control (IPC)

There were good protocols in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Laminated signage was available in the home to relay information on IPC and COVID-19.

Social distancing with residents was in place as per their wishes and choice.

6.2.5 Care delivery

Residents were clearly comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, friendly, warm and supportive.

Staff sought consent with residents with personal care tasks in statements such as "Would you like to..." One resident described how he particularly liked how his privacy needs were respected by staff and gave examples of these, such as, knocking of bedroom doors and seeking response to enter and confidentiality of information shared about his care needs.

Residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as;

- “I am very happy here. They are all lovely to me. I haven’t any worries about here.”
- “I love it here. Everything is very good and so is the food. Too good. You would find anything wrong here.”
- “This is a great place. You’d travel far to get better.”
- “I’m looked after well. No complaints.”
- “I strongly imagine this would be a positive inspection for you. If you do find anything wrong, it would be only very minor.”

Care duties and tasks were organised and carried out in an unhurried person centred manner. The lunch time meal was nicely presented and looked appetising.

The record of activities were inspected and this found that residents’ social needs were catered for on an individual basis and in accordance with their choice.

6.2.6 Care records

A sample of two residents’ care records were inspected on this occasion. These records were maintained in comprehensive detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and concise and had evidence of the resident and/or their representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written and gave good account of the resident(s) progress and well-being. These records also recorded actions taken in response to issues of assessed need and the effect of these actions.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 16 November 2020. There was corresponding evidence in place to confirm that the four recommendations made from this assessment had been addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure. At the time of this inspection the manager was covering senior care assistant duties. The manager was able to facilitate both roles in a competent calm manner and from discussions had a good knowledge and understanding of residents’ needs.

The last two months’ Regulation 29 reports were inspected. These reports were well written with evidence of good managerial oversight of the home. An action plan was put in place with any issues identified from these Regulation 29 visits.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately. Two residents referred to having confidence about reporting such and that they felt any such expression would be dealt with positively.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 1 July 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Added to this the manager carries out a monthly audit of accidents and incidents to establish if there are any trends or patterns and thereafter put in place subsequent appropriate action.

Quality assurance audits pertaining to professional registration details of staff, IPC, staff training and accident and incidents were examined and found to be suitably in place.

Areas of good practice

Areas of good practice were found in relation to staff recruitment, residents' care records and care practices which ensure residents' comfort and social well-being.

Areas for improvement

There was one area of improvement identified during the inspection. This was in relation to ensuring that the programme of staff induction is completed in full.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents were clearly comfortable, content and at ease with their environment and interactions with staff. The manager assisted and facilitated this inspection in a competent manner and had good knowledge of residents' needs and prescribed care interventions.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Jennifer Willis, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 12 February 2021	<p>The registered person shall ensure that the programme of staff induction is completed in full.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Identified induction booklet has been fully completed and signed off. A schedule is in place for the induction of new staff to complete within appropriate timeframe. All completed induction booklets will be held in personnel folders for easy accessibility</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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