

Inspection Report

14 October 2021



Nightingale Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms. Amanda Celine Mitchell	Registered Manager: Ms. Jennifer Willis Date registered: 22 January 2021
Person in charge at the time of inspection: Ms. 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 care home on the day of this inspection: 8
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to eight residents. The home shares the same building with a registered Nursing Home and the registered manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection took place on 14 October 2021, from 11am to 2.10pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy, well ventilated and free from malodour.

Staffing levels were found to be in keeping with resident dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was a nice relaxed atmosphere and ambience.

Feedback from residents confirmed that they were satisfied with the care and service provided for in Nightingale Care Nursing Home.

One area of improvement was identified during this inspection. This related to fire safety training.

RQIA were satisfied that the delivery of care provided for in Nightingale Care Home was safe, effective, compassionate and well-led.

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.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were 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 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.

4.0 What people told us about the service

Residents told us that felt safe and that they were satisfied with the care delivery in the home. They spoke positively with their relationship with staff, the provision of meals and the provision of activities. Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

5.0 The inspection

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

The last inspection to Nightingale Care Home was undertaken on 03 August 2021 by a pharmacy inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing levels begin at the point of recruitment. A sample of two staff members' recruitment files was reviewed. These were found to be in accordance with Schedule 2, 1-7 of The Residential Care Homes Regulations (Northern Ireland) 2005, other than the confirmation of the Access NI's record which was not stored in accordance with its Code of Practice. An area of improvement was made in this regard.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff spoke positively about the provision of training and said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis. The manager is registered with the Nursing & Midwifery Council (NMC).

The duty rotas accurately reflected the staff working in the home over a 24 period.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some of the comments made included the following statements; "I can't praise this home enough. The staff are simply wonderful and very kind. There is a lovely atmosphere here." and "I am very happy here. The staff are marvellous."

Staff told us that they were satisfied with the staffing levels in the home, the teamwork, staff morale, training and support .

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and with nutrition.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff on duty were knowledgeable of residents' needs, their daily routines, their likes and dislikes and social interests.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Can I help you with..." or "Would you like to..." and knocking of bedroom doors to seek permission of entry.

Discussions with the manager indicated that residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs. These include any advice or directions by other healthcare professionals.

Residents' care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in use, where deemed necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for the residents. One resident made the following comment; "The food is far too good. How could you complain about anything here. It is fantastic."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home's environment evidenced that it was well maintained. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was dated 26 November 2020. Corresponding evidence was recorded of actions taken in response to from this assessment.

There were deficits in the fire safety training in that all staff had not received up-to-date training in this. An area of improvement was made. Fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment..

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff were seen to have time to interact with residents and there was a nice rapport between residents and staff.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms. Jennifer Willis has been registered manager since 22 January 2021. Staff spoke positively about the management structures within the Home and found the manager to be approachable and supportive.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. Discussion with the manager and review of these records found that such expressions of complaint were taken seriously and managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were seen to be comfortable, content and well cared for with positive, warm feedback received throughout.

Based on the inspection findings and discussions held we are satisfied that Nightingale Care Home is providing safe and effective care in a caring and compassionate manner; and that the service is well led.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms. Jennifer Willis, registered 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	
Area for improvement 1 Ref: Regulation 27(4)(e) Stated: First time To be completed by: 14 November 2021	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety. Ref:5.2.3 Response by registered person detailing the actions taken: all staff are up to date with fire safety training

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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