



# Unannounced Care Inspection Report 17 December 2019



## Nightingale Care Home

**Type of Service: Residential Care Home**  
**Address: 34 Old Eglsh Road, Dungannon BT71 7PA**  
**Tel No: 028 8775 2666**  
**Inspector: John McAuley**

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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 registered residential care home which provides care for up to 10 residents within the categories of care detailed in its certificate of registration and 3.0 of this report. The home shares the same site with a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual(s):</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Jennifer Willis
<b>Person in charge at the time of inspection:</b> Anne Burns, senior care assistant	<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>Total number of residents in the residential care home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 09.30 hours to 13.20 hours.

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

Evidence of good practice was found in relation to maintenance of care records, the atmosphere in the home with residents being relaxed and at ease and their needs being met in a person centred basis.

One area requiring improvement was identified in relation to reviewing the process of laundering clothes and linen.

Residents described living in the home as being a good experience. Comments received from residents, one visiting relative and staff during the inspection, are included in the main body of this report. Some of the comments made included the following statements:

- “It’s all good here. I have no complaints.”
- “It’s a great place here. I am very happy. The staff are very good as is the food”.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Anne Burns, senior care assistant, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 21 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- accident / incident records
- monthly monitoring reports

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 21 May 2019

Areas for improvement from the last care inspection		
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 27(2)(j) <b>Stated:</b> Second time	The registered person shall make good the designated showering facility so that there is an adequate ratio of showers in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This provision has been made good.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27(4)( a ) <b>Stated:</b> First time	The registered person shall submit an action plan with timescales to the aligned estates inspector detailing the actions taken in response to the two recommendations made from the fire safety risk assessment dated 27 August 2018.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This action plan was submitted to the aligned estates inspector.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall put in place an action plan with timescales to address the need for vanity units to be made good.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Work on replacement of vanity units has commenced in the home, starting in the registered nursing home then to follow in the residential home.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Throughout this inspection residents advised that they felt safe in the home and were well cared for. Residents also advised that staff attended to their needs in a prompt and caring manner.

The senior care assistant in charge advised that the staffing levels are in keeping with the residents' dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with residents and staff confirmed that adequate staffing levels were in place.

Ancillary roles of staff were in place, including catering, domestic, laundry, maintenance and administration.

In regard to the laundry duties an inspection of this workload found this to be excessive. This was in relation to the volume of laundry needing to be washed, dried, ironed, sorted out for individuals and distributed. For example, at 11.10 hours there was a high level of laundry yet to be washed despite machines working at full capacity and the fact that the laundress was finishing later in the afternoon. An area of improvement has been identified to review the laundering process in terms of the volume of clothes / linen needing to be attending to, the equipment needed to complete task and the allocation of staffing hours needed to complete this task.

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

A competency and capability assessment was completed for any member of staff with the responsibility of being in charge in the absence of the manager.

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

### 6.2.2 The environment

The home was clean and tidy with furnishings and décor being maintained. Paintwork was being undertaken to corridors and it was reported that the vanity units in residents' bedrooms were being replaced.

The communal areas were comfortable and nicely facilitated. Residents' bedrooms were suitably facilitated and nicely personalised. Toilets and bathrooms were clean and hygienic.

There were no obvious health and safety risks observed in the internal and external environment.

### 6.2.3 Care records

An inspection of a sample of two residents' care records was undertaken. These records were organised in a methodical manner and were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessments and risk assessments, for example falls, safe moving and handling, and nutrition, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

### 6.2.4 Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Examples of this were found from observations of infection prevention and control practices and the overall relaxed social atmosphere in the home.

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Most preferred to enjoy the company of one another in the two communal sitting rooms.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks. Observations throughout the inspection confirmed that residents were treated with dignity and respect.

### 6.2.5 Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included:

- "I am very happy here. No problems."
- "It's all good here. I have no complaints."
- "It's a great place here. I am very happy. The staff are very good as is the food."
- "They're fantastic here. Every one of them is very kind to me. I am sorry when any of the staff leave."
- "I am delighted with the home. Everything is very good. The staff are wonderful and the meals are lovely."
- "I am looked after so well here. Honestly the staff are so very kind and attentive. I couldn't ask for better. They treat me with great kindness."
- "No complaints or grumbles what-so-ever. You would find any either."

### 6.2.6 Visitor's views

A visitor to the home spoke warmly about the provision of care, the kindness of staff and the overall homeliness of the home.

### 6.2.7 Staff views

Staff spoke positively about their roles, duties, training, teamwork and morale. Staff advised that they felt well supported by management and that they took pride in their work.

### 6.2.8 Monitoring visits

An inspection of the last two months' monitoring visits reports was undertaken. These reports were well written in informative detail with good evidence of governance.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, staff and a visitor, general observations of care practices and maintenance of care records.

### Areas for improvement

One area of improvement was identified in relation to review the process of laundering in the home to address the excessive workload with these duties.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Burns, senior care assistant, 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 care 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 January 2020</p>	<p>The registered person shall put in place a review to address the excessive workload with laundry duties.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>                  Registered Manager following inspection has completed regular checks at various times of the morning and found no issues. Has also discussed working routine with staff. Laundry area was checked by Nursing Home inspector 6<sup>th</sup> January 2020 and no issues identified. Registered Manager will continue to check as part of the daily walk around and address issues should they arise.</p>
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