

# Inspection Report

21 November 2023



## Nightingale Care Home

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

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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

<b>Organisation/Registered Provider:</b> Healthcare Ireland No 2 Ltd  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Miss Lulia Nicolae- not registered
<b>Person in charge at the time of inspection:</b> Miss Lulia Nicolae	<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> 8
<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 21 November 2023 from 10:05 am to 3:30 pm 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### 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 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 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 they were happy with the service provided. Comments included; "the staff are very good, they will get you anything you need" and "it's a very good home". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "the food is nice, plenty of choice".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative and staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

## 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 15 February 2023		
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 (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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of one employee's recruitment records evidenced that not all relevant pre-employment information was available within the home. Following the inspection relevant information was forwarded to evidence that this had been addressed.

It was noted that in one employee's records, that the Access NI check had been completed six months prior to commencing employment, given the time lapse the manager was advised to get assurances from Access NI that this information was still valid. This was discussed with the management team and an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

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

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the residents' needs.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered. Residents commented positively about the quality of meals provided and the choice of meals.

Staff spoken with were aware of the patients' nutritional needs, however it was noted that some staff seemed unsure of the speech and language therapist's (SALT) recommendations in relation to one identified resident. This was discussed with the management team and an area for improvement was identified.

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

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

One bedroom floor was identified as requiring replacing, this was discussed with the management team and assurances were given that this was being addressed. This will be reviewed at the next inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

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

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

Activities were provided which involved both group and one to one sessions.

### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Lulia Nicolae has been the manager in this home since 13 November 2023.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care files and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) 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.

There was a system in place to manage complaints.

## 6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022).

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure staff are aware of residents' SLT recommendations and that these are adhered to at meal times.  Ref:5.2.2  <b>Response by registered person detailing the actions taken:</b> Supervision was completed with the residential care team and catering team to ensure information which was available in care plans / clinical handovers and in diet notifications sheets was embedded into practice.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that recruitment records are available in the home and are compliant with Access NI's Code of Practice.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> A review of personnel files was completed and those which were retained solely on the electronic system have been printed off

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