

# Inspection Report

<b>Name of Service:</b>	Nightingale Care Home
<b>Provider:</b>	Healthcare Ireland No 2 Ltd
<b>Date of Inspection:</b>	23 November 2024

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 Iulia Nicolae
<p><b>Service Profile –</b> This home is a registered residential care home which provides health and social care for up to 10 residents in frail elderly over 65 years of age and physical disability under 65 years of age. 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.</p> <p>This home shares the same building as Nightingale Nursing Home and the same manager is responsible for both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 23 November 2024, from 10.50 am to 4.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 21 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; care records, medicines management, infection prevention and control (IPC) and control of substances hazardous to health (COSHH).

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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement from the previous inspection was assessed as having been addressed by the provider. One area for improvement will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 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: "They (staff) are just like a family here". "Everyone (staff) is very good here and ever so kind", "I couldn't say a bad word about anyone here", "I have everything I need" and "I feel very safe here".

Residents told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One resident said: "If I need anything I only have to ask" and another resident said: "They (staff) are excellent, nothing is too much trouble".

One relative spoken with during the inspection commented very positively about the overall delivery of care. Comments included: "The care here is excellent", "Great communication from staff", "(Relative) is very well cared for here" and "I have no concerns".

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunch time meal and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience. A menu was on display offering a choice of two meals.

Residents commented positively about the food provided within the home with comments such as: "The food is always very good and if there is something I don't like they always do their best to get me something I do like", "The food is fine and we get plenty of choices" and "The food is very good here".

An activity board was available within the home but did not have a schedule displayed. This was discussed with the manager who agreed to ensure that the weekly schedule is displayed on the activity board going forward. This will be reviewed at a future inspection.

Residents commented very positively about the provision of activities. Comments included: "Plenty of activities and things to do", "I really enjoy the activities during the week and there is always plenty to do" and "Plenty of things to do and I enjoy the activities".

Some residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

The senior care assistant discussed the arrangements in place to meet residents' social, religious and spiritual needs within the home.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

A number of care files were worn and management agreed to have these replaced. Whilst care records were person centred, regularly reviewed and updated, some care plans required further information in relation to bowel management; and a section for the date/year to be added to the template for recording resident's monthly weights. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

There was evidence within residents care files that care staff recorded regular evaluations about the delivery of care. However, not all care files had evidence to confirm that where possible, residents were involved in the planning of their own care and/or the details of care plans shared with residents' relatives/representatives, if this was appropriate. Correction fluid was also evident within some care plans. Areas for improvement were identified.

### 3.3.4 Quality and Management of Residents' Environment

The home was warm and comfortable and residents' bedrooms were personalised with items important to the resident. Some bedroom walls required painting; this was discussed with the manager who confirmed that a schedule of painting and refurbishment was ongoing within the home to ensure it is well maintained.

It was identified that a shower room had been out of use since 15 October 2024 due to a maintenance related issue. The manager was requested to submit a notification to RQIA for review by the estates inspector. Following the inspection, the notification was received.

Cleaning chemicals were not securely stored within two areas of the home. Details were discussed with the management team and an area for improvement was identified.

The entrance to a resident's bedroom was obstructed with a small portable table. Once brought to the attention of staff this was immediately removed and relevant action taken to address this going forward.

Prescribed medication was observed unsecure within two residents' bedrooms. Topical creams were also identified within one of the resident's bedroom. Whilst one resident had a care plan and risk assessment in place for the self-administration of medication, this did not include the securing of the medication. The other resident did not have a care plan or risk assessment in place for the self-administration of topical creams; and a care plan regarding the self-administration of medication was not reflective of the prescription details on the label of the medication. This was shared with the pharmacist inspector and an area for improvement was identified.

Some infection prevention and control (IPC) issues were observed within a communal shower room. For example; used linen was exposed in a trolley and shower gel, toothbrush and toothpaste were stored within a bedside cupboard which were not labelled for individual use. Details were discussed with the management team and an area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Iulia Nicolae has been the Registered Manager in this home since 17 May 2024.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A review of the records of accidents and incidents which had occurred in the home found that one notifiable event had not been submitted to RQIA; the manager had this submitted retrospectively during the inspection.

A fire risk assessment (FRA) had been completed on the 11 November 2024 with a number of recommendations for the management team to address. Following the inspection, written confirmation was received that relevant action had been taken.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4*

\* The total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

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	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2024	The registered person shall ensure that chemicals are securely stored at all times.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The importance of the safe storage of chemicals has been reinforced with staff via Safety Huddles and supervision sessions. Compliance with this will be monitored during managers daily walkarounds of the unit and during monitoring visits by senior management. A sign in sheet has been put in place for the staff cleaning and locking the sluice.
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2024	The registered person shall review the management of medicines which are self-administered to ensure that: <ul style="list-style-type: none"> <li>the risk assessment and care plan accurately reflect the prescribed medicines</li> <li>medicines are stored securely as detailed in the risk assessment and care plan.</li> </ul> Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The registered manager reviewed the management of medicines which are self-administered and an accurate care plan and risk assessment to reflect the prescribed medicine is in place. Locked cabinets with key have been provided to the identified residents to store medication securely
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> 21 November 2023	The registered person shall ensure that recruitment records are available in the home and are compliant with Access NI's Code of Practice.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0



<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2024</p>	<p>The registered person shall ensure that residents are involved in the planning of their care. With specific reference to ensuring that a care plan agreement is signed by the resident and/or their representative where appropriate.</p> <p>If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan agreement has now been signed by resident and/or their representative where appropriate.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 November 2024</p>	<p>The registered person shall ensure that correction fluid is not used within care records.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> This has been discussed with the individual member of staff responsible for this entry. This is not common practice within the unit but an isolated incident . The individual not understands why this is not appropriate .</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 November 2024</p>	<p>The registered person shall ensure that IPC issues identified during this inspection are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new lidded linen trolley has been ordered . The toothpaste and tooth brush have been removed IPC has been discussed with the residential care team and the domestic staff and adherence will be monitored during home managers walkarounds and senior team monitoring visits. .</p>

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





The Regulation and  
Quality Improvement  
Authority

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