

Inspection Report

25 August 2022



Nightingale Care Home

Type of service: Residential Care
Address: 34 Old English Road,
Dungannon, BT71 7PA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Ms Ann Keppler – registration pending
Person in charge at the time of inspection: Eva Hubusova, Senior Care Assistant, 8.40am – 8.50am Gail Chambers, Peripatetic Nurse Manager, 8.50am – 3pm	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: 10
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 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 25 August 2022, from 8.40am to 3pm 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 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 "This is a beautiful home", "I couldn't ask for better", "The staff are all lovely", "I feel very safe here" and "I love it here". One resident did comment that: "Staffing levels are low at times especially in the afternoon". There were no questionnaires received from residents or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "It is brilliant here" and a further staff member said "Very happy here". There was no feedback from the staff online survey.

Comments received during the inspection from residents and staff were shared with the management team to action where necessary.

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 14 October 2021.		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(e) Stated: First time	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.	Met
	Action taken as confirmed during the inspection: Review of training records and discussion with the management team during and following the inspection evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty. Staff said that staffing levels were regularly reviewed by management to ensure that the needs of the residents are met.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the residents. Staff were attentive towards residents and displayed a kind and caring nature.

Review of one employee's recruitment records evidenced that appropriate employment checks had been carried out in line with best practice. However, a record of induction and orientation was not available within the file and an area for improvement was identified.

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the person in charge in the absence of the Manager evidenced that these had been completed. However; they were not consistently signed by the staff member or the person completing the assessment. The management team acknowledged that these records must be signed and agreed to review this. Following the inspection written confirmation was received from the Regional Manager that relevant action had been taken to address this.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. It was positive to observe that residents were offered choice throughout the day. For example, some residents were enjoying a lie in on the day of inspection and were later assisted with personal care at their request.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. However, the management of one resident's dignity had not been fully maintained and was discussed with the management team to address. Immediate action was taken during the inspection to maintain the resident's dignity with written confirmation following the inspection from the Regional Manager of the action taken to ensure sustained compliance.

There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Nightingale. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. Some residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice.

There was a choice of meals offered and whilst most residents said they very much enjoyed the food provided in the home, two residents said that the food was not always warm when delivered to them within their bedroom. Observation of the transportation of food to the unit identified that food was transferred on standard trolleys and whilst the main meal was covered on transport the desserts were uncovered. It was further identified that a menu was not on display within the main dining room or the unit. Details were discussed with the management team and an area for improvement was identified.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

A number of issues were identified in relation to care records. For example; relevant information prior to admission was not available within residents care files; there was no photograph of the resident; a number of risk assessments had either not been completed or had not been signed/dated; a number of care plans required personalisation and scoring out was evident throughout care records where the original entry could not be seen. It was further identified that care records were not held confidentially. Details were discussed with the management team and an area for improvement was identified.

Three residents' property records were reviewed. The records were not signed by staff and whilst there was evidence that they had been reviewed in July 2022 there was no evidence that they were being reviewed on a quarterly basis. It was further identified that the details of the items recorded were not fully descriptive. This was discussed with the management team and identified as an area for improvement.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. However, the exact date was not recorded of when the weight was taken but the month and year only. Details were discussed with the management team who acknowledged that this was not good practice and agreed to discuss with relevant staff. Following the inspection written confirmation was received from the Regional Manager of the action taken to address this issue.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival to the home the door at the side of the home was open. The potential risks were discussed in detail with the management team who acknowledged that whilst residents should be able to freely come and go, the overall security of the home must be maintained. Following the inspection written confirmation was received from the management team of the action taken to address this.

The grounds of the car park to the front of the residential home were observed to have used personal protective equipment (PPE) and other items of debris. This was discussed with the management team and prior to the completion of the inspection these items were removed and assurances provided that this would be monitored going forward.

Whilst the home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests, a number of walls throughout the home required painting and surface damage was also identified to a number of bedroom furniture and radiator covers. The management team confirmed that refurbishment works were scheduled to commence in October 2022 including the painting of walls, replacement of identified furniture and floor coverings to ensure the home is well maintained.

There was staining evident to a number of over bed/sink light pull cords, two kitchen trolleys and to the carpet within the lounge. Details were discussed with the management team who agreed to address. Following the inspection written confirmation was received from the Regional Manager that relevant action had been taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. However, two fire doors were observed propped open. This was discussed with the management team and an area for improvement was identified.

A number of hazards were identified which had the potential to impact on the health and safety of residents. For example; staff belongings were accessible to residents within an unlocked office; denture cleaning tablets were identified within one resident's bedroom and the door to a sluice room was unlocked. The potential risks were discussed with the management team and an area for improvement was identified.

Review of the most recent legionella risk assessment evidenced that a number of recommendations made by the risk assessor had not been signed or dated as having been completed. Details were shared with the RQIA estates inspector and an area for improvement was identified.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were maintained.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Residents' comments were mixed regarding the food provided within the home with comments such as; "The food is very nice", "(The) food could be warmer", "I love the food here", "The food is ok" and "(The) food can be cold at times". These comments were shared with the management team who agreed to review and action where necessary.

During the inspection residents were observed 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. An activity schedule was on display within the corridor outside the lounge.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection with Ms Ann Keppler now in the role of the Manager. An application has been received by RQIA for Ms Ann Keppler to become the Registered Manager. Staff said that the Manager was approachable and accessible.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. However, three notifiable events had not been submitted to RQIA and retrospective notifications were requested. This was identified as an area for improvement.

There was evidence that audits had been completed to review the quality of care and other services within the home. However, accidents/incidents audits had not been completed for several months and audits specific to care records did not identify the issues identified during the inspection. It was further identified that relevant checks had not been consistently

completed on the maintenance records of the home. These deficits were discussed with the management team and an area for improvement was identified.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

7.0 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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	5	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Gail Chambers, Peripatetic Nurse Manager, and Mary Stevenson, Regional 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 19 (1) (a) (b) (3) (a) (b) Schedule 3 Stated: First time To be completed by: 1 October 2022	<p>The registered person shall ensure that care records are maintained in accordance with legislative requirements and held securely.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: SCA reminded of responsibility in this area. Work as required completed to make required improvements. Auditing to confirm improvements made and sustained will be ongoing by Team Lead, Home Manager and senior management. SCA team reminded regarding GDPR and holding of records. Ongoing monitoring of compliance by Home Manager and senior management team</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that fire doors are clear from obstruction and not held/propped open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff team reminded of importance of ensuring all fire doors are clear from obstruction at all times and not held/propped open. Ongoing monitoring of compliance by Maintenance Person, Home Manager and senior management team.</p>

Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff reminded regarding safe storage of chemicals including steradent and regarding ensuring stores are secure. Compliance will be monitored by Home Manager and senior management team
Area for improvement 4 Ref: Regulation 27 (2) (b) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all recommendations made by the legionella risk assessor are completed within the time frame specified. Ref: 5.2.3 Response by registered person detailing the actions taken: Required works now completed and records sent to RQIA
Area for improvement 5 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all notifiable events are submitted to RQIA without delay. Ref: 5.2.5 Response by registered person detailing the actions taken: Retrospective reports uploaded to RQIA portal. Ongoing monitoring of compliance by Home Manager and by senior management team
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that induction and orientation records are maintained within employee files and available for inspection. Ref: 5.2.1 Response by registered person detailing the actions taken: Full audit completed. System in place to monitor progression and sign off inductions. Ongoing monitoring by Senior Management team
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the dining experience within the home is reviewed. Specific reference to ensuring that: <ul style="list-style-type: none"> a menu is on display within the main dining room and in an area of the home for residents who choose not to use the dining room

	<ul style="list-style-type: none"> • meals are kept warm on transport from the kitchen to residents who choose to have meals within their bedrooms • desserts are covered on transportation from the kitchen to residents who choose to have meals within their bedrooms. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: SCA team and kitchen team have been reminded of importance of display of menu daily , Bain marie used again for transport of meals to unit Desserts are covered for transport All areas will be monitored by Home Manager and by senior management team</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2022</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation and provide sufficient details of the items.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Inventories in place have been reviewed</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2022</p>	<p>The registered person shall ensure that quality assurance audits are completed in relation to:</p> <ul style="list-style-type: none"> • care records • accidents/incidents • maintenance records. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: These are being undertaken by the Team Lead , by Home Manager and senior management team</p>

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