



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 May 2019



Nightingale Care Home

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

www.rqia.org.uk

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. The home shares the same site as a registered nursing care home.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Anthony Edward Hart Acting capacity awaiting approval as registered manager
Person in charge at the time of inspection: Anthony Hart	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	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 21 May 2019 from 10.00 to 14.15 hours.

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.

Evidence of good practice was found in relation to staff recruitment, training, support and working relationships. Good practices were also found in relation to care records, governance and maintenance of accident and incident reports.

Areas requiring improvement were identified regarding the action plan of the most recent fire safety risk assessment and replacement of vanity units. One area of improvement was identified for a second time in regard to adequate provision of showering facilities.

Residents were keen to express their praise and gratitude for 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;

- “The care is wonderful as are all the staff and the food is too good”
- “I am very content here and am being well cared for”

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
Total number of areas for improvement	2*	1

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anthony Hart, manager, 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 11 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 March 2019.

No areas of improvement were identified with this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including the medicines management inspection, registration information, and any other written or verbal information received.

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 staff members' recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records

- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

The one area of improvement identified at the last care inspection was 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 10 April 2018

No areas of improvement were made from previous medicines management inspection on 11 March 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
Area for improvement 1 Ref: Regulation 27 (2) (j) Stated: First time	The registered person shall make good the designated showering facility so that there is an adequate ratio of showers in place.	Not met
	Action taken as confirmed during the inspection: The registered manager advised that costings for this additional shower had been obtained and that they were awaiting the approval for this work to be put in place.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working at the time of this inspection.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A sample of two staff members' induction records were inspected and were found to be comprehensive and detailed.

Staff confirmed that mandatory training, supervision and appraisals of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

A sample of two staff competency and capability assessments were inspected and found to be satisfactory. The manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in his absence.

Inspection of a sample of two staff members' recruitment records confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body on a monthly basis. Care staff also confirmed their knowledge and understanding of their obligations with registration with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. The manager advised that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The manager carries out a pre-admission assessment on any potential resident to the home to determine whether the home can meet the assessed needs.

There also were no obvious restrictive practices observed at the time of this inspection.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice found that staff adhered to IPC procedures.

The home was clean and tidy with a reasonable standard of décor and furnishings being maintained. Communal areas were comfortable and nicely furnished. Residents' bedrooms were personalised as per individualised choice. A number of vanity units in residents' bedrooms however were chipped and marked and refurbishment of these units is identified as an area of improvement in accordance with standards.

Inspection of the environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home's fire safety risk assessment was dated 27 August 2018. There were two recommendations from this assessment that had no corresponding recorded evidence of actions taken. This has been identified as an area of improvement in accordance with regulations. In doing so an action plan with timescales must be submitted to the home's aligned estates inspector detailing the actions taken in response to these two areas.

Inspection of staff training records confirmed that all staff are in receipt of fire safety training and fire safety drills. The last fire safety drill was April 2019. Records were retained of staff who participated, and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in respect of this domain during the inspection. These were in relation to making good the vanity units in bedrooms and submitting an action plan in response to two recommendations made from a fire safety risk assessment.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, 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 clear 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.

There was evidence of a person centred approach to care underpinning staff practice. Staff were very aware of residents' preferences, as well as their needs and gave examples of how daily routines were flexible to ensure an individualised delivery of care. Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

Systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The minutes of the most recent staff meeting found these to be recorded in good detail with corresponding information of any agreed actions taken.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager gave assurances that staff in the home promoted a culture and ethos that supported the values of respect and dignity, independence, rights, equality and diversity, choice and consent of residents.

Discussions were undertaken with all residents in the home at the time of this inspection. Residents were keen to express their praise and gratitude for 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;

- "The care is wonderful as are all the staff and the food is too good"
- "I am very content here and am being well cared for"

- “The staff are all very kind to me. They couldn’t do enough for you. Everything is fine”
- “I am very happy here”.

Staff confirmed that residents’ spiritual and cultural needs were met within the home. This was further evidenced in residents’ care records and also in some residents’ bedrooms with displays of personal religious artefacts.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Further evidence of this was that issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect(s) of same.

Discreet observations of safe moving and handling care practices found these to be appropriate and time sensitive to residents’ needs.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were polite and friendly. There was a nice ambience in place and residents were found to be comfortable and content. Residents were at ease and comfortable in their interactions with staff. Their attire was appropriate and with obvious attention to grooming and personal care.

Observation of care delivery confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Examples of these included observations with residents’ with their mobility and personal care needs.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents’ meetings, care review meetings and day to day contact with management.

Discussion with staff and residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, watching television and/or engaged in pastimes of choice. A programme of planned activities was displayed. The manager advised that he was seeking to develop this area of need in the wider home. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There was evidence of a strong robust leadership within the home. As discussed in the previous domains, the home is evidenced to be delivering safe, effective and compassionate care.

There was evidence that the manager understood the categories of care for which the home was registered with RQIA and was operating in keeping with the statement of purpose.

Complaints management was robust and in keeping with legislation and standards. The manager has established a system for audit of any complaints received to ensure that trends or themes are identified and actioned.

An inspection of accidents and incidents reports from 10 April 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this.

There were quality assurance systems established which included regular audits. These audits included infection prevention and control, pharmacy, manager's monthly self-audit, falls, pressure ulcers and care records.

Staff mandatory training was well managed and additional training opportunities relevant to any specific needs of the residents was provided as required.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The manager was unable to access the last three months' reports at the time of this inspection. However the action plans of these visits were accessed and inspected which gave assurances of appropriate governance.

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good working relationships within the home and that management were responsive to suggestions raised. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anthony Hart, manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(j)</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2019</p>	<p>The registered person shall make good the designated showering facility so that there is an adequate ratio of showers in place.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Authorisation received to convert an identified store to an additional showering facility.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The two recommendations identified in 2018 Fire Safety Risk Assessment are now addressed as per the Homes recent updated assessment on 4th July 2019. Copy available if required</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2019</p>	<p>The registered person shall put in place an action plan with timescales to address the need for vanity units to be made good.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A review of all vanity units has been conducted. It is therefore planned to replace or make good vanity units within one year.</p>



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