

Inspection Report

4 January 2023



Nightingale Care Home

Type of service: Nursing Home
Address: 34 Old English Road,
Dungannon, BT71 7PA
Telephone number: 028 8775 2666

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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 No 2 Ltd Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Ann Keppler Date Registered: 16 January 2023
Person in charge at the time of inspection: Mrs Ann Keppler	Number of registered places: 35 There shall be a maximum of 3 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 35 patients. The home is a single storey building and all bedrooms are single occupancy. Patients have access to communal lounges, a dining room and a garden. This home shares the same building as Nightingale Residential Care Home and the same manager is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 4 January 2023 from 10.10 am to 5.30 pm by a care inspector.

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

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement have been stated for a second time in relation to infection prevention and control (IPC) and repositioning records.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients 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 patients 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 provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients 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. A number of patients also said that they would like more of a variety of activities especially in the afternoon. Patients' comments included: "This is the best place to be", "Staff are all lovely", "I love it here" and "They (staff) couldn't do enough for you." One questionnaire was received from a relative who indicated that they were very satisfied with the overall provision of care within the home.

Staff said that management were approachable, teamwork was great and that they felt well supported in their role. Staff said that staffing levels were occasionally affected due to short notice absenteeism but that staffing levels had recently improved. Staff also said they were aware of the homes ongoing recruitment drive. One staff member said: "Really enjoy working here" and a further staff member said: "Staff morale improving" and "Good improvements since the last inspection". There was no feedback from the staff online survey.

Comments received during the inspection were shared with the Manager to review and action as 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 28 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Partially met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	

Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for improvement 1 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure that staffing rotas include:</p> <ul style="list-style-type: none">the person in charge in the absence of the managerthe hours worked by the manager are clearly reflected on the duty rota as to whether they are management or nursing hoursamendments to the rota should ensure that the original entry can be read. <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 2 Ref: Standard 6.14 Stated: First time	<p>The registered person shall ensure that patients' dignity and personal care needs are maintained.</p> <p>Action taken as confirmed during the inspection: Observation of the delivery of care and discussion with the manager evidenced that this area for improvement had been met.</p>	

Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that patients are repositioned in accordance to their assessed needs as detailed within their care plan and that repositioning charts are signed by two staff where assistance of two is required.	Partially Met
	Action taken as confirmed during the inspection: Review of care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that a daily menu is displayed in a suitable format/location and is reflective of the meals being served.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Standard 12.24 Stated: First time	The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations.	Met
	Action taken as confirmed during the inspection: Observation of the delivery of care and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 6 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that daily progress notes and the evaluation of care plans are reflective of the delivery of care.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with the manager evidenced that this area for improvement had been met.	

Area for improvement 7 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 8 Ref: Standard 35 Stated: First time	The registered person shall ensure that IPC audits contain the date and signature of the person completing the audit; an action plan, time frame and the person responsible where deficits have been identified.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A system was in place to ensure staff were recruited correctly to protect patients.

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

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 moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients. As mentioned above in section 4.0 staff also said that staffing levels were occasionally affected due to short notice absenteeism but that staffing levels had recently improved. Comments were shared with the Manager to review and action as necessary.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager.

The inspector requested a sample of registered nurses competency and capability assessments for taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of care records and repositioning charts evidenced inconsistencies in the recommended frequency of repositioning. It was further identified that a number of charts had been signed by one staff member where the patient required assistance of two staff. This was discussed in detail with the Manager and an area for improvement has been stated for a second time.

Care records specific to wound care identified a number of discrepancies including; the location of the wound; the recording of the date of dressing renewal and the recommended type of dressing was not consistently adhered to. Details were discussed with the Manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the meals were covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT. However; care records contained inconsistencies in the recommended dietary requirements as per SALT assessment. Details were discussed with the Manager and an area for improvement was identified.

Care records reviewed in relation to catheter care evidenced that whilst a care plan was in place to direct staff on the recommended frequency of catheter renewal, there was no recorded evidence of when the catheter had been renewed. Details were discussed with the Manager and an area for improvement was identified.

Review of three patients' care records evidenced that whilst the majority of care plans and risk assessments were reviewed regularly, a number were overdue. Not all care files had a photograph of the patient; signed consent for the use of bedrails and the overall maintenance of care records was not in keeping with NMC guidelines. This was identified as an area for improvement.

Details of the above care record discrepancies were discussed with the Manager who acknowledged the shortfalls in the documentation and confirmed that similar deficits had already been identified by senior management during a recent care record audit and that relevant communication had been forwarded to appropriate staff regarding the importance of accurately recording such information within patients' care records.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, an identified bedroom door was observed propped open at the request of the patient despite there being an appropriate door holding device linked to the fire alarm system. Details were discussed with the Manager and an area for improvement was identified.

The home was warm, clean and comfortable. There was evidence that a number of bedroom walls had been painted since the last inspection, however, bedroom furniture and a number of walls throughout the home remained scuffed and in need of redecoration. It was further noted that whilst some patients' bedrooms were personalised with items important to them, a number of bedrooms and corridor areas lacked character. This was discussed with the Manager and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff member wearing a wrist watch; incontinence pads outside of packaging; a number of light pull cords stained/uncovered and wipes/toilet roll on top of toilet cisterns. Details of these and any other IPC issues identified during the inspection were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice. An area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

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

During the inspection, a number of patients were participating in writing their 'New Year hopes and wishes' and attaching them onto an activity tree assisted by the activity co-ordinator. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished. As mentioned above in section 4.0 a number of patients said they would like more of a variety of activities especially in the afternoon. This was discussed with the Manager to review and action as necessary.

Patients commented positively about the food provided within the home with comments such as; "The food is great", "Great choice of food" and "The food is very nice".

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

5.2.5 Management and Governance Arrangements

There has been a change to management arrangements for the home since the last inspection with Ann Keppler now the home Manager. The Manager said they felt well supported by senior management and the organisation.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion.

Review of the homes record of complaints evidenced inconsistencies in the recording of complaints; the action taken and whether the complainant was satisfied with the outcome. This was discussed with the Manager and an area for improvement was identified.

The home was visited each month by a representative of the Registered Person 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann Keppler, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Staff were reminded regarding their responsibilities in relation to infection prevention and control. Areas discussed have been given urgent focus including with increased infection prevention and control audits
Area for improvement 2 Ref: Regulation 19 (1) (a) (3) (a) (b) Schedule 3 Stated: First time To be completed by: 4 February 2023	The registered person shall ensure that care records are maintained in accordance with legislative requirements. Ref: 5.2.2
	Response by registered person detailing the actions taken: Similar deficits were identified internally and each nurse received communication directing immediate improvement within a defined timescale. A care plan audit planner is in place to review ongoing compliance. Senior Management are also reviewing within REG29 visits.
Area for improvement 3 Ref: Regulation 27 (4) (a) (b) Stated: First time To be completed by: From the date of inspection	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that relevant action is taken regarding the propping open of the identified fire door to ensure the safety of all patients. This should be discussed with the fire safety specialist/fire risk assessor. Ref: 5.2.3
	Response by registered person detailing the actions taken: This concern has been resolved
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure that patients are repositioned in accordance to their assessed needs as detailed within their care plan and that repositioning charts are signed by two staff where assistance of two is required.

<p>To be completed by: From the date of inspection</p>	<p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Nurses and care staff have been reminded of their responsibilities in regards to completion of these records, frequency of repositioning being consistent with individual care plan, 2 staff to sign where assistance of 2 required and monitoring of standard of completion on each shift. There is ongoing monitoring by Home Manager in Daily walkround and within internal governance systems. Senior management will also continue to audit during Reg 29 visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring wound care the following action is taken:</p> <ul style="list-style-type: none"> • the location of the wound is consistently recorded within care records • the recommended wound care dressings are adhered to • the date of dressing renewal is accurately maintained within wound care assessment and evaluation records. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded of their responsibilities in this area. Home Manager is monitoring weekly within internal governance system and Senior Managers are auditing within REG29 visit to ensure improvements are sustained</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that care records are accurately maintained with the most up to date SALT recommendations.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded of their responsibilities in this area. Home Manager is monitoring weekly within internal governance system and Senior Managers are auditing within REG29 visit to ensure improvements are sustained. A recent SHSCT SALT review has taken place within the Home with positive outcome.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p>	<p>The registered person shall ensure that contemporaneous records are maintained for any patient requiring a catheter. With specific reference to ensuring that a record of each catheter renewal is clearly documented.</p>

Stated: First time To be completed by: From the date of inspection	Ref: 5.2.2
	Response by registered person detailing the actions taken: Nursing staff have been reminded of the importance of this recording. Template now provided for same. Compliance will remain a focus within internal governance systems.
Area for improvement 5 Ref: Standard 44.1 Stated: First time To be completed by: 4 April 2023	The registered person shall ensure that the home is decorated to an acceptable standard. Ref: 5.2.3
	Response by registered person detailing the actions taken: The refurbishment programme is being updated and ongoing maintenance work is being completed. Senior Management will continue to monitor

Area for improvement 6 Ref: Standard 16.11 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that records are kept of all complaints including the details of the complaint, the result of any investigations, the action taken and whether or not the complainant is satisfied with the outcome. Ref: 5.2.5
	Response by registered person detailing the actions taken: This shortfall has been addressed and family were satisfied with outcome of the investigation.

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