

# Inspection Report

8 February 2024



## Nightingale Care Home

Type of service: Nursing

Address: 34 Old English Road, Dungannon, BT71 7PA

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 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> Ms Iulia Nicolae – not registered
<b>Person in charge at the time of inspection:</b> Ms Iulia Nicolae, Manager	<b>Number of registered places:</b> 35  There shall be a maximum of 3 patients in category NH-PH
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> 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 8 February 2024 from 10.00 am to 4.15 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 throughout the inspection in relation to staffing, staff training and communication between patients, patients' representatives, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

One area for improvement has been identified regarding health and safety.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions 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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the area for improvement will further enhance the quality of care and service 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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 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 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.

The findings of the inspection were discussed with Ms Iulia Nicolae, Manager, and Karen Agnew, Regional Area Manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients and staff spoken with provided positive feedback about Nightingale Care Home. Patients told us that they felt well cared for, enjoyed the food and that staff were kind and attentive. Staff told us that the manager was approachable, that they felt well supported in their role and there are enough staff on duty to meet patients' needs.

A patient spoken with commented: "I'm very happy and content here. The staff are nice, helpful, take time for you and importantly will listen to you."

Following the inspection no completed questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

#### 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 4 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 19 (1) (a) (3) (a) (b) Schedule 3  <b>Stated:</b> First time	<p>The registered person shall ensure that care records are maintained in accordance with legislative requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	Met
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (a) (b)  <b>Stated:</b> First time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time	<p>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> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	Met
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	<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"> <li>the location of the wound is consistently recorded within care records</li> <li>the recommended wound care dressings are adhered to</li> <li>the date of dressing renewal is accurately maintained within wound care assessment and evaluation records.</li> </ul>	

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that care records are accurately maintained with the most up to date SALT recommendations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time	The registered person shall ensure that the home is decorated to an acceptable standard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 16.11  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff spoken with told us that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2023/2024 evidenced that staff had attended training regarding Deprivation of Liberty Safeguards (DoLS), adult safeguarding, first aid, moving and handling, dementia awareness, dysphagia awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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 area manager, Ms Mary Stevenson, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy and respect.

### 5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.



Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails and alarm mats. Care plans were in place for the management of bedrails.

Care records regarding nutrition, pressure relief and catheter management were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Records regarding weight showed that nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Supplementary charts for patients who require to be assisted by staff to reposition for pressure relief evidenced that patients were assisted to change their position in accordance with the frequency identified in their care plan. It was noted that charts were signed by two staff where the patient was assessed as requiring the assistance of two staff to change position.

Review of records regarding wound management evidenced that they were clearly documented and well maintained to direct the care required and confirmed that dressing regimes had been adhered to. Appropriate risk assessments and evaluations had been completed and included the date of when the dressing was next due to be renewed.

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

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in both dining rooms. The daily menu was displayed on each table showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.



Patients able to communicate indicated that they enjoyed their meal.

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

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

It was noted that refurbishment of the home was underway as a communal lounge and a dining room had been redecorated. The manager confirmed that a refurbishment action plan is in place and redecoration of a second lounge is planned for the near future. This will be reviewed at the next inspection.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Equipment used by patients such as hoists were noted to be effectively cleaned.

The kitchen, treatment room, sluice and cleaner's store were observed to be appropriately locked when staff were not present. However, it was observed in three areas of the home, that the door to rooms that stored hot water heating systems were unlocked and easily accessed. This was discussed with the manager as it could cause potential harm to patients' health and welfare and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members 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 Patients**

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as making Valentine's Day decorations, quizzes, puzzles, arts and crafts. Patients were observed to enjoy colouring in and completing word searches in the lounge with staff.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### **5.2.5 Management and Governance Arrangements**

Since the last inspection there has been change in the management arrangements. Ms Iulia Nicolae has managed the home since 13 November 2023. The manager confirmed that she is well supported in her role by senior management. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls, care plans and complaints.

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.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Patients said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff and patient representative meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

## 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Iulia Nicolae, Manager, and Karen Agnew, Regional Area 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.  Ref: 5.2.3
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Locks were installed on the doors identified on 09.02.24

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



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