

# Inspection Report

11 May 2021



## Nightingale Care Home

Type of service: Nursing  
Address: 34 Old Eglis 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

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual(s):</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> Mrs Jennifer Willis  <b>Date registered:</b> 22 January 2021
<b>Person in charge at the time of inspection:</b> Mrs Jennifer Willis	<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> 28
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides nursing care for up to 35 patients. The nursing home shares the same building with a registered residential care home and the same manager is responsible for both services.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 11 May 2021 from 9.30am to 2.00pm 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.

As a result of this inspection, three areas requiring improvement were identified relating to: staff training, records of spiritual care details and the genre of music played in the home.

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.

RQIA were assured that the delivery of care and service provided in Nightingale Care Home was safe, effective, compassionate and well led.

The findings of this report will provide the manager 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 the 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 persons in charge at the conclusion of the inspection.

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

During the inspection we spoke with 18 patients and seven staff. No questionnaires were returned and we received no feedback via the staff online survey. Patients spoke positively about the care that they received and on the quality of their interactions with staff. Patients confirmed that staff treated them with respect and that they could raise concerns with staff if needed. Staff acknowledged the difficulties of working through the COVID-19 pandemic but all staff agreed that Nightingale Care Home was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed assisting the patients.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Nightingale Care Home was undertaken on 25 August 2020 by a care inspector.

Areas for improvement from the last inspection on 25 August 2020		
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 20 (1) (a) <b>Stated:</b> First time	The registered person shall review the staffing levels particularly in the afternoon/evening time so that they are in keeping with patients' dependencies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the duty rota and discussion with the manager and staff confirmed that staffing levels had been increased to reflect patients' dependencies.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (4) (e) <b>Stated:</b> First time	The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of fire safety records confirmed that all staff had completed fire safety training and that a system was in place which allowed the manager to monitor ongoing staff compliance in this area.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 11 (14) <b>Stated:</b> First time	The registered person shall examine solutions to restrictions to patients receiving spiritual care, such as using technology to patients' individual needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Solutions to patients receiving spiritual care have been put in place with use of technology, television and clergy visits.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that patients' progress records are meaningful and account for their well-being.	
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of patients' care records evidenced that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure that staff were safely recruited. In addition, all staff were provided with a comprehensive induction programme to prepare them for meeting patients' needs.

There were systems in place to ensure that staff were appropriately trained and supported to do their job. For instance, staff received regular mandatory and additional training in a range of topics. Staff spoke positively about the level of communication between staff and management. Staff training is considered further in Section 5.2.2.

Staff said there was good team work within the home and that they felt well supported in their roles. Staff also said that they were satisfied with the staffing levels within the home which allowed them to safely meet patients' needs.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota also identified the person in charge when the manager was not on duty. Any person in charge of the home during the manager's absence had completed a competency and capability assessment.

The manager confirmed that the number of staff on duty was regularly reviewed to reflect the dependency of patients.

It was noted that there was enough staff in the home to respond to patients in a timely way and to assist them with making choices about how they wished to spend their day, for example, patients could choose to have a lie in and enjoy breakfast in bed.

It was observed that staff responded compassionately and promptly when providing assistance to patients.

Patients spoke highly when describing the provision of meals.

Patients told us about the quality of their care from staff; one patient said, "The staff are lovely" whilst another patient stated, "I am very happy here and well cared for."

In summary, there were robust systems in place to ensure that staff were safely recruited and effectively trained; the number and skill mix of staff on duty were safely managed in order to ensure that the needs of patients were being met.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

The manager is identified as the home's adult safeguarding champion; this gives the manager responsibility for implementing regional adult safeguarding policy within the home.

Inspection of staff training records confirmed that all staff had completed adult safeguarding training on an up-to-date basis. Staff stated they were confident about reporting concerns about patients' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Inspection of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive interventions were required. It was good to note that whenever restrictive interventions were being used, patients who had capacity to do so were actively involved in the consultation process and their informed consent was obtained. This is good practice.

While the manager confirmed that registered nurses had completed training relating to the Mental Capacity Act (Northern Ireland) 2016 and associated Deprivation of Liberty Safeguards (DoLS). Not all staff had completed required training in this area; an area of improvement was made. The manager confirmed that any necessary DoLs arrangements were in place for patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Staff were observed seeking patients' consent when delivering personal care with statements such as; "Would you like to...or can I help you with..."

In summary, there were robust adult safeguarding systems in place to ensure that patients were safely cared; effective arrangements were also in place to ensure and that staff were trained commensurate with their role. An area for improvement was identified in regards to DoLs training for staff.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

There was evidence that the environment was clean and tidy with a good standard of décor and furnishings being well maintained. Patients' bedrooms were personalised with

items important to the patient. There was also evidence in the home of art work undertaken by patients as part of the activity programme provided.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. The home's most recent fire safety risk assessment was dated 16 November 2020. Corresponding evidence was in place to confirm that the four recommendations from this assessment had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

In summary, the environment of the home was well maintained to meet the needs of patients; there was also evidence of personalisation within patients' bedrooms and within communal areas. A programme of refurbishment was in place and remains ongoing.

#### **5.2.4 How does this service manage the risk of infection?**

Feedback from the manager and observation of the environment confirmed that there were robust systems and processes that in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes to the needs of the patients. In addition, care records were accurately maintained and reflected the needs of the patients. The manager had good knowledge of individual patients' needs, their daily routines, wishes and preferences.

Patients who were less able to mobilise independently required close attention to their skin care. These patients were assisted by staff to change their position regularly.

Patients who required help with repositioning and/or required wound care had this clearly recorded in their care records. There was evidence that, where needed, nursing staff had consulted with the Tissue Viability Nurse (TVN) and were following any recommendations they had made.

Inspection of records and discussion with the manager and staff confirmed that risks associated with falling were well managed. For example, when a patient experiences a fall, it is good practice to review the incident in order to determine how and why it occurred, and if anything more can be done to prevent further falls. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure that accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may require a range of support with meals; this can range from gentle encouragement to full assistance from staff. During the dining experience, it was observed that staff worked hard to ensure patients were enjoying their meals and the overall dining experience.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the patients.

One patient made the following statement; "I'm cared for very well. I won't have any worries about this place."

In summary, arrangements are in place to ensure patients receive the right care at the right time and there was good staff communication with patients.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the patients' needs and the care being provided. Where possible, patients were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. The details pertaining to patients' spiritual care such as religion and clergy contacts were not adequately recorded and an area for improvement was identified.



In summary, 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.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or reside in areas of choice. Patients were observed to be comfortable and at ease in their environment and interactions with staff. Depending on the assessed needs of the patient, we observed additional support being provided by staff as required. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

A discussion was held with the manager regarding the suitability of music which was playing on a radio within two patients' bedrooms. The manager acknowledged that this type of music was not in keeping with the patients' preferences and an area of improvement was identified.

In summary the home supports patients to have meaning and purpose to their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager and they felt that they would be received positively in this respect.

A system of quality assurance audits was in place in the home to help monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the

home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 6.0 Conclusion

Observation of the environment, feedback from patients, relatives and staff, and review of records provided assurance that this service is providing safe, effective, and compassionate care; and that the service is well led by the manager/management team.

As a result of this inspection three areas for improvement were identified in respect of staff training, records of spiritual care details and genre of music played in the home. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Willis, 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 Care Standards for Nursing Homes (April 2015)

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 17(7)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2021	<p>The registered person shall ensure that robust training arrangements are in place for staff; this relates specifically to the completion of Deprivation of Liberty safeguards training.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>          Post inspection all nursing staff have completed level 2 and 3, all other staff have now completed DOL level 2 all new staff coming through will complete this on induction. Register of completed training held.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 11 June 2021	<p>The registered person shall ensure that patients' spiritual care such as religion and clergy contact details are adequately recorded.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>          All resident care files monitored and all relevant information in relation to religious denominations are recorded. All clergy contacts accessible for ease of reference to staff in nursing office. Clergy have now recommenced visiting residents also.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9(5)  <b>Stated:</b> First time  <b>To be completed by:</b> 12 May 2021	<p>The registered person shall ensure the genre of music played for patients is appropriate to their personal preference.</p> <p>Ref: 5.2.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>          Staff in all departments reminded in debriefs to be mindful of what music is being played in resident's bedroom areas and communal areas. Confirmation of individual likes and dislikes of music type is being collated, findings will be shared with staff and this genre of music will be made available.</p>

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



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