

# Inspection Report

**Name of Service:** Nightingale Care Home

**Provider:** Healthcare Ireland No 2 Ltd

**Date of Inspection:** 16 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 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
<p>This is a nursing home which is registered to provide general nursing care for up to 35 patients. Nightingale Care Home also provides care for patients living with a physical disability other than sensory impairment and those with mental health needs.</p> <p>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.</p> <p>This home shares the same building as Nightingale Residential Care Home and the same manager is responsible for both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 January 2025 from 09.50 am to 5.55 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last pharmacy inspection on 4 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the environment, the provision of activities and the management of care records. 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.

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. Refer to Section 3.2 for more details.

This inspection resulted in two new areas for improvement being identified. As a result of the inspection, one area for improvement regarding medicines management has been carried forward for review at a future inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they 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.

Patients said, "I'm well cared for. The staff are nice and I like my room as it's comfortable. I'm offered the choice of attending activities which I enjoy and if I would like to go to the dining room for meals. I prefer to go to the dining room for my meals" and "I find staff friendly and kind. They give me choices and don't force me to do anything I don't want to do. Sometimes I join in the activities and other times I like my own company and stay in my room. I also like to have meals in my room. When I buzz for assistance they generally come to me quickly. I'm content and comfortable and I have no concerns at all."

Visiting professionals spoken with said, "We're in and out of the home often and we find staff accommodating. We have no issues".

Following the inspection, we received no patient, patient representative or staff questionnaires within the timescale specified.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with 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. Patient call systems were noted to be answered promptly by staff.

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, dignity and respect.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on each table, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. However, while patients had received the correct assessed dietary recommendation by the speech and language therapist (SALT) not all staff were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrate how to modify the consistency of drinks. An area for improvement was identified.

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 told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time.

Activities for patients were provided which involved both group and one to one activities such as playing games, puzzles, reminiscence sessions and arts and crafts.

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

### **3.3.4 Quality and Management of Patients' Environment**

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm 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, shower chairs, walking aids and wheelchairs were noted to be effectively cleaned.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

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.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Iulia Nicolae has been the registered manager in this home since 17 May 2024.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. However, it was noted that while there was a process in place to monitor the registration status of care staff with the NISCC, the system requires to be reviewed to ensure the manager has the oversight to effectively monitor records. An area for improvement was identified.

Review of staff supervision and appraisals evidenced that they had commenced. However, evidence of the manager's oversight of progress was unclear and unavailable to view for 2024. The manager advised that arrangements are in place that all staff members have regular supervision and an appraisal completed this year. It was noted that the manager had an overview monitoring system in place for 2025. This will be reviewed at the next inspection.

Patient, patients' representative and staff meetings were held on a regular basis. Minutes were available.

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

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1

\* the total number of areas for improvement includes one which is carried forward for review at the next inspection.



Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Iulia Nicolae, Registered Manager, and Karen Agnew, Regional Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (4 July 2024)	The registered person shall ensure that medication administration records are clearly maintained.  Ref 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (16 January 2025)	The registered person shall ensure that a robust system is put in place to monitor the registration status of care staff with NISCC.  Ref 3.3.5
	<b>Response by registered person detailing the actions taken:</b> The NISCC check matrix has been reviewed to ensure it captures all the required staff. All staff who require to be registered with NISCC are registered and the matrix is cross referenced with the duty rota to ensure accuracy.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> (28 February 2025)	The Registered Person shall ensure that staff demonstrate knowledge and understanding of the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and are able to demonstrate how to modify the consistency of drinks.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> The manager has met with the identified carer to discuss her feedback to the RQIA Inspector - refresher training was identified for this carer and IDDSI Training and the Use of the Safety Pause training has been provided in the care Home by the SALT team at SHSCT.

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





The Regulation and  
Quality Improvement  
Authority

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