



# Unannounced Care Inspection Report 25 August 2020



## Nightingale Care Home

**Type of Service: Nursing Home**

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

**Tel no: 02887752666**

**Inspector: John McAuley**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 35 persons. The home shares the same site with a registered residential care home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd  <b>Responsible Individual(s):</b> Amanda Mitchell	<b>Registered Manager and date registered:</b> Jennifer Willis  (Pending)
<b>Person in charge at the time of inspection:</b> Jennifer Willis	<b>Number of registered places:</b> 35
<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> 32

### 4.0 Inspection summary

An unannounced inspection took place on 25 August 2020 from 09.20 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer Willis, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 18 patients and eight staff. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. 'Have we missed you cards' were also placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received in time for inclusion to this report.

The following records were examined during the inspection:

- Duty rota
- Competency and capability assessments
- IPC records
- Fire safety records
- Care records
- Monthly monitoring reports
- Accident and incident reports
- Quality assurance audits
- Complaints

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2020.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (c)  <b>Stated:</b> First time	The registered person shall ensure that the treatment and other services provided to each patient are provided by means of appropriate aids or equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was recorded on how this was actioned by the manager and this was also discussed accordingly.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 24  <b>Stated:</b> First time	The registered person shall ensure that all complaints received are: <ul style="list-style-type: none"> <li>• appropriately recorded and investigated</li> <li>• provide whether or not the complainant is satisfied with the outcome</li> <li>• relevant staff are provided with training on how to manage complaints</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff training in management of complaints has been put in place with the format of recordings these amended.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure that competency and capability assessments are completed and regularly updated.  With specific reference to: <ul style="list-style-type: none"> <li>• medicines management</li> <li>• any nurse who is given responsibility of being in charge of the home in the absence of the manager</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of four assessments was undertaken and these were found to be appropriately in place.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the patient dependency levels are kept under review to ensure staffing arrangements in the home meet patients' assessed needs.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patients' dependencies was in place but this was not in keeping with staffing levels in the afternoons and evenings in terms of numbers of patients. This has been stated as an area of improvement under legislation.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure the programme of activities is displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate with the date and level of participation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A programme of activities was in place with good reporting of participation in same.	

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. An inspection of a sample of four of these assessments found that these were appropriately in place.

Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity. However they did declare that the staffing levels in the afternoon and evening periods did not reflect patients' dependencies. This was described in detail in terms of assistance required and corresponding staffing levels. For example, there were many patients that required the assistance of two staff with personal care interventions but because of the numbers of staff during these periods, this level of assistance was hindered. An area of improvement has been made in respect of same.

Agency staff on duty stated that they were employed on a regular basis to the home and had received a good induction and felt included in the staff team.

### **6.2.2 Safeguarding patients from harm**

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy throughout. Patients' bedrooms were comfortable and tastefully furnished. Bathrooms and toilets were clean and hygienic.

A programme of redecoration and refurbishment of corridors and patients' bedrooms had commenced but has been put on hold with the current COVID-19 pandemic.

The grounds of the home were well maintained.

### **6.2.4 Infection prevention and control**

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

### **6.2.5 Fire safety**

The home's most recent fire safety risk assessment was dated 4 July 2019. This assessment had corresponding evidence recorded on actions taken with recommendations made.

Fire safety checks on the environment were maintained on a regular and up-to-date basis, as was fire safety drills. Fire safety training for staff was not up-to-date and was identified as an area of improvement to address. The manager gave assurances that plans were in place to address this promptly.

### 6.2.6 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff.

Patients were cared for in one of the two communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

It was identified from inspection of a sample of patients' care records that the spiritual care of patients has been restricted due to the COVID-19 pandemic and subsequent visiting to the home. The importance of this was explained and it was advised to examine solutions to this situation, such as using technology to facilitate patients' individual needs. This has been identified as an area of improvement to put in place.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "I'm alright here. Everyone is very good. No problems."
- "It's grand. All okay."
- "It's very good here and so is the food."
- "No problems or complaints."
- "Couldn't be better."

### 6.2.7 Dining experience

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients' individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed.

The menu was displayed appropriately with provision of choice and alternative.

Tables were nicely set with choice of condiments for those patients who wished to have their meals in the dining room.

### 6.2.8 Care records

An inspection of three patients' care records was undertaken. Care plans were well written and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans. Records of patients' daily progress and well-being largely contained repetitive statements of care given and had little or no actual account of the patient's well-being. This was identified as an area of improvement to review with staff accordingly.



There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

### 6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager's line manager, Mary Stevenson, made herself available for support, advice and feedback at the conclusion. The manager assisted in this inspection with competence and good knowledge of her roles and responsibilities.

The two most recent monthly monitoring reports (26 June 2020 and 30 July 2020) on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from 1 April 2020 was undertaken. These events were found to be managed and reported appropriately.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

#### Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from residents and staff and the pleasant atmosphere and ambience of the home.

#### Areas for improvement

Four areas of improvement were identified during this inspection. These were in relation to staffing levels, fire safety training, spiritual care and progress records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

### 6.3 Conclusion

Patients were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff demonstrated a good understanding of infection, prevention and control measures in place. Feedback from patients evidenced that they were satisfied with the standard of care being provided. The four areas of improvement made during this inspection received good assurances from the manager that these would be duly acted on.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Willis, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### **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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20(1)( a )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>25 September 2020</p>	<p>The registered person shall review the staffing levels particularly in the afternoon / evening time so that they are in keeping with patients' dependencies.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels are reviewed against occupancy and dependency levels and discussed with Regional Area Manager on a regular basis. We have been recruiting for a twilight shift (4pm-10pm) as discussed and are currently introducing this shift to provide extra assistance with evening tea meal and with supper as well as additional support assisting residents to bed. There has been positive feedback from staff in relation to this move and effectiveness of allocation in relation to outcome for residents will continue to be monitored.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(4)( e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>25 September 2020</p>	<p>The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been completing a module fire safety awareness on the new elearning platform EVOLVE. Practical fire training has been carried out with staff teams and attendance reported on a matrix which allows easy identification of staff members requiring updates. The Home Manager has updated the fire folder at front of home with Healthcare Ireland paperwork and this is easily accesible by the nurse in charge should it be required. This includes contingency plans for loss of gas,power,fuel, water and also the emergency fire evacuation plan. The individual PEEPS form part of the care file for each resident.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11(14)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall examine solutions to restrictions to patients receiving spiritual care, such as using technology to patients' individual needs.</p> <p>Ref: 6.2.6</p>
<p><b>To be completed by:</b> 25 September 2020</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff teams are currently completing Spirituality Awareness module on new elearning EVOLVE platform to raise awareness. Activity Leaders continue to provide church/mass services on IPAD for residents on a weekly basis and for some residents there is contact from clergy on weekly basis. End of life visits are accommodated for all clergy to attend according to resident's expressed wishes.</p> <p>Activity leaders provides music and hymns for all residents and also provide a 1-1 reading of scriptures and poetry.</p> <p>Church services , music etc have been sourced in different languages for residents who's first language is not English. Staff have been reminded of importance of documenting any practices where they are delivering spirituality care and the outcome of same.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' progress records are meaningful and account for their well-being.</p> <p>Ref: 6.2.8</p>
<p><b>To be completed by:</b> 25 October 2020</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Home manager has held nurse meeting and discussed the documentation improvements required in relation to progress notes. Supervision completed with nursing staff and SCA in relation to this documentation and providing information that is descriptive, holistic and individualised for each resident and notes outcome of interventions.</p> <p>Effectiveness will be monitored within care file auditing by management in the Home and by senior management including during REG 29 visits.</p>



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