

Inspection Report

28 April 2022



Nightingale Care Home

Type of service: Nursing Home
Address: 34 Old English Road,
Dungannon, BT71 70A
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 (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Ms Maria Tennyson – not registered
Person in charge at the time of inspection: Ms Maria Tennyson	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: 26
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 28 April 2022 from 9.50 am to 6.10 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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.

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 and members of the senior management team 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. Patients' comments included "I have everything I need", "Staff are very attentive", "(the staff) are the best in here" and "The staff are very friendly."

Staff views were mixed, some staff said they were satisfied with staffing levels and there was good team work, whilst others said staffing levels were inadequate and teamwork was not always effective. Staff said that whilst the Manager was very supportive and approachable, concerns raised regarding staffing levels had not been addressed by senior management. A staff member also said they did not always have access to incontinence pads and that newly appointed staff did not have appropriate moving and handling training.

Comments raised by staff were shared with the management team during the inspection and later with the Responsible Individual who agreed to investigate and action where necessary. The Responsible Individual provided verbal assurances of the action taken in response to the

concerns raised followed by written confirmation from the Regional Manager. RQIA were assured that the management team had taken the necessary action to address the concerns raised with ongoing monitoring.

5.0 The inspection

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

The most recent inspection was a medicines management inspection carried out on 3 August 2021. There were no areas for improvement as a result of the inspection.

5.2 Inspection findings

5.2.1 Staffing Arrangements

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 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.

Review of training records evidenced that a number of staff were required to update their mandatory training. The Manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance.

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).

Competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager had been completed and were available during the inspection.

On review of two weeks staff duty rotas there were some inconsistencies noted with the maintenance of the duty rota for week commencing 25 April 2022. For example; the Managers hours were not clearly recorded as to whether they were office or nursing hours; the Nurse in charge in the absence of the Manager was not highlighted and there was a number of scoring out resulting in the original entry not being able to be read. Details were discussed with the management team and an area for improvement was identified.

The management team provided evidence that patient dependency assessments had been completed and that the staffing levels were in accordance with the assessed needs of the patients. However, observation of care delivery to three identified patient's highlighted delays in relation to assistance with personal care; these delays were discussed with the management team along with comments from staff as mentioned above in section 4.0 for consideration and action, as appropriate. Following the inspection, the Regional Manager provided verbal confirmation that the deployment of staff had been reviewed so as to ensure that patients' personal care needs are met in a timely manner.

There was evidence that group supervisions had been provided with details of the topics discussed. However, there was no evidence of twice yearly supervisions and yearly appraisals for individual staff. The management team acknowledged that a system for individual supervision/appraisal was required and following the inspection provided verbal confirmation that relevant action had been taken to address this.

Patients said that they felt well looked after by the staff and were very happy in Nightingale Care Home. One patient commented “(I’m) well cared for in here” and another patient referred to the staff as being “Very kind.”

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 patients’ favourite music or television programme for those who were on bed rest.

Patients were generally well presented but it was noted that some patients’ personal care needs, had not been fully attended to by staff. This was discussed with the management team and an area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. On review of repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan. It was further identified that only one staff signature was recorded on charts where patients required assistance of two staff. This was discussed with the management team and an area for improvement was identified.

The use of hoist slings specific to when a patient is seated was discussed with the Manager and the potential to impact patients’ skin integrity; following the inspection verbal confirmation was received from the Regional Manager that the use of hoist slings had been reviewed and relevant action had been taken.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Whilst some patients were seated within the dining room, most patients were either seated within one of lounges or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice.

Patients who choose to have their lunch in their bedroom or lounges had trays delivered to them and whilst the food was covered on transport it was noted that the desserts came from the kitchen uncovered. This was discussed with the management team who agreed to have desserts covered going forward.

There was a choice of meals offered and patients said they very much enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient’s likes and dislikes. However, a menu was not displayed within the home or the main dining room. This was discussed with the Manager and an area for improvement was identified.

Staff told us how 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, there was conflicting information within one patient’s care plan, SALT

assessment and supplementary recording chart regarding their dietary recommendations. This was discussed with the management team who acknowledged the shortfalls in the documentation and agreed to have these records amended. Following the inspection verbal confirmation was received from the Manager that the patient's care records had been reviewed to reflect the recommendations made by SALT.

Some patients required assistance with their meals to ensure they were appropriately and safely positioned to reduce the risk of choking. However, observation of staff highlighted one instance when staff did not ensure that a patient was repositioned appropriately before assisting them with their meal. This was discussed with the management team who acknowledged that this was not good practice and agreed to communicate with relevant staff and to monitor during daily walk arounds. This was identified as an area for improvement.

Review of three patients' care records evidenced that whilst the majority of care plans and risk assessments were reviewed regularly, a number were overdue. Deficits were also identified in relation to the meaningful evaluation of care plans and daily progress notes which were not fully reflective of patients' care delivery. Care records for one patient did not contain clear follow up information regarding a prescribed medication which had not been administered on the date required and/or carried forward in the nurses' diary. This information was shared with the pharmacy inspector at RQIA and the Manager was requested to submit a retrospective notification. The above details were discussed with the management team and an area for improvement has been identified.

Confidential patient information was not securely stored within two areas of the home. Details were discussed with the management team and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. There was surface damage to radiator covers and paintwork on a number of walls throughout the home. The management team advised that paint touch ups were ongoing and that a schedule of refurbishment was planned to commence in July 2022.

Whilst most corridors and fire exits were clear of clutter and obstruction an identified lounge door was observed to be obstructed with a patient's chair preventing the door from closing in the event of the fire alarm being activated. This was brought to the attention of staff who positioned the patient and the chair away from the door. It was further observed that an identified bathroom was being used to store multiple equipment and boxes. This was discussed with the management team who confirmed following the inspection that all unnecessary items had been removed from the bathroom.

Observation of the environment highlighted some areas in which medicines and/or cleaning items were not securely stored; the importance of ensuring that all areas of the home are hazard free was discussed with the management team 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. For example, the home

participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and IPC guidance.

There were a number of practices which were not in keeping with IPC best practice. For example; a member of staff was observed wearing nail polish which would inhibit effective hand hygiene; one staff member was observed wearing their face mask incorrectly; a further staff member was observed carrying a used incontinence pad and not wearing appropriate PPE and incontinence pads were observed outside of packaging. The above details were discussed with the Manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. One patient said; "Staff are great" and "(I'm) Happy here."

During the inspection a number of patients participated in making 'mock tails' with the activity coordinator. 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.

Patients commented positively about the food provided within the home with comments such as; "The food is great. Nearly too much to eat", "(The staff) always make you something else if you don't like the menu" and "The food is very good here."

Visiting and care partner 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 in the management of the home since the last inspection on 3 August 2021. Maria Tennyson has been the Acting Manager since 25 December 2021. The Manager said she felt very supported by senior management.

Review of accidents/incidents records and a patient's care records as mentioned above in section 5.2.2, confirmed that two notifications were required to be submitted retrospectively to RQIA. Details were discussed with the management team and an area for improvement was identified.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, IPC and hand hygiene. Environmental audits were not available during the inspection and IPC audits did not contain the date or signature of the person completing the audit and/or any action plan from the deficits identified. Following the inspection the management team provided written confirmation that an

audit on the environment had been completed and agreed to ensure that audits contained the full audit cycle going forward. An area for improvement was identified.

Discussion with the Manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual. Copies of the report were available within the home and provided detailed information in relation to the conduct of the home. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Following the inspection written confirmation was received from the Regional Manager of the actions taken to address the above deficits. RQIA were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required.

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	8

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Maria Tennyson, Manager, Gail Chambers, Peripatetic Nurse Manager and Mary Stevenson, Regional 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 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: Stores locked and all staff reminded regarding importance of securing these areas. This will be monitored within management walk rounds.
Area for improvement 2 Ref: Regulation 13 (7)	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.

Stated: First time To be completed by: With immediate effect	Ref: 5.2.3 Response by registered person detailing the actions taken: These were urgently addressed at time of inspection. Compliance will be monitored within internal governance systems, during management walk rounds and also during Reg 29 visits
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all notifiable events are submitted to RQIA without delay. Ref: 5.2.5 Response by registered person detailing the actions taken: outstanding Reg30 submitted Review completed to assure none other missed Internal governance system in place to review accidents /incidents on a daily and monthly basis Compliance will be monitored during Reg29 visits
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staffing rotas include: <ul style="list-style-type: none"> • the person in charge in the absence of the manager • the hours worked by the manager are clearly reflected on the duty rota as to whether they are management or nursing hours • amendments to the rota should ensure that the original entry can be read. Ref: 5.2.1 Response by registered person detailing the actions taken: This has been addressed at time of inspection. All staff involved in writing and making amendments have been reminded of the importance of this. Ongoing review by Senior Management during support and Reg29 visits
Area for improvement 2 Ref: Standard 6.14 Stated: First time	The registered person shall ensure that patients' dignity and personal care needs are maintained. Ref: 5.2.2

To be completed by: With immediate effect	Response by registered person detailing the actions taken: Face to face training is taken place with all individual staff to ensure all aware of expectations and a Personal Care audit has been introduced. This will be monitored closely within management walk rounds and also REG 29 visits
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have been reminded of the importance of consistency of care plan direction and actual care delivery as well as completion of records in a contemporaneous manner and that 2 staff sign off record where assistance of 2 required. Home Manager and Peripatetic Manager are monitoring this on walk round as well as within REG 29 visits Repositioning Audits are also introduced
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 28 May 2022	The registered person shall ensure that a daily menu is displayed in a suitable format/location and is reflective of the meals being served. Ref: 5.2.2
	Response by registered person detailing the actions taken: Menu has been reviewed and pictorial table menus are in use
Area for improvement 5 Ref: Standard 12.24 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff have been reminded of importance of safe positioning to avoid risk of choking and in accordance with SALT recommendations Compliance will be monitored during walk rounds and within REG 29 visits
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. Ref: 5.2.2

To be completed by: 28 May 2022	Response by registered person detailing the actions taken: Action list to address same was shared with Lead Inspector just after her visit Ongoing monitoring within internal governance systems and also within senior management visits
Area for improvement 7 Ref: Standard 37 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Nurses and Care Assistant staff have been reminded of their responsibilities in relation to GDPR, in particular to lock office door when not in use This is being monitored within management walk rounds and senior management visits
Area for improvement 8 Ref: Standard 35 Stated: First time To be completed by: 28 May 2022	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: All staff completing audits have been reminded of the importance of dating and signing the audit and also regarding completion of a comprehensive audit

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