



Unannounced Follow Up Care Inspection Report 6 January 2020



Nightingale Care Home

Type of Service: Nursing Home

Address: 34 Old Eglis Road, Dungannon BT71 7PA

Tel no: 028 8775 2666

Inspector: Jane Laird

www.rqia.org.uk

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 nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Limited Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Jennifer Willis - registration pending
Person in charge at the time of inspection: Jennifer Willis, manager	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: 28

4.0 Inspection summary

An unannounced inspection took place on Monday 6 January 2020 from 10.00 to 16.45.

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.

During this inspection we identified evidence of good practice in relation to governance arrangements and maintaining good working relationships. It was also positive to note that all areas for improvement that had been identified at the last care inspection have been met.

Areas of improvement were identified in relation to ensuring appropriate staffing levels in accordance to the dependency levels of patients, ensuring that equipment is available to meet the assessed needs of patients, provision of activities, management of complaints and staff competency and capability assessments.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	3	2

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

4.2 Action/enforcement taken following the most recent inspection dated 13 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 30 December 2019 to 12 January 2020
- incident and accident records
- staff competency and capability assessments
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- a sample of monthly monitoring reports from December 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of doors, door frames and radiator covers in multiple areas throughout the home. A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.	Met
	Action taken as confirmed during the inspection: The inspector received a copy of the refurbishment plan with the returned QIP on 20 November 2019 and confirmed during the inspection that this area for improvement had been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> Supervision of patients when in bed during meal times <p>Action taken as confirmed during the inspection: Review of the supervision practices at meal times evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p> <p>Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid intake recording charts:</p> <ul style="list-style-type: none"> Fluid target should be recorded on daily intake chart over 24 hours. Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records evidenced that this area for improvement had been met.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of supplementary charts and care records evidenced that this area for improvement had been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC • Hand hygiene • Environment 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of governance records/audits confirmed that this area for improvement had been met.</p>		

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 10.00 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed and staff were attending to their needs.

We reviewed staffing rotas from 30 December 2019 to 12 January 2020 and identified that a number of shifts had been cancelled at short notice. Discussion with the manager confirmed that where possible shifts were 'covered' with available staff and/or agency. In addition recruitment for suitably skilled and experienced care assistants was on-going. Staff spoken with confirmed what the manager had discussed with us and that they had some concerns

about the review of staffing taking into consideration patients assessed needs and dependency levels. While we were satisfied that staffing arrangements were kept under review and that the home was recruiting new staff; an area for improvement was made to ensure that patients’ dependency levels are considered as part of any staffing review. This is discussed further in 6.2.2.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

Areas for improvement

An area for improvement was identified in relation to patient dependency levels.

	Regulations	Standards
Total number of areas for improvement	0	1

6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible. However, a number of patients still required to be assisted with their personal care at 11.45 hours. Details were shared with the manager and as previously discussed in 6.2.1 an area for improvement has been made in relation to patient dependency levels.

Patients’ bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Nightingale Care Home was a mostly positive experience.

Patient comments included:

- “Very good staff working here.”
- “Staff are looking after me well.”
- “Nothing to do here. Just sit in the room”
- “Happy. No concerns.”
- “Staff are very friendly.”
- “Some excellent staff here

Patient representative's comments included:

- “Most of the time this home is really good”
- “Short staffed a lot recently”
- “Some very good staff here”

We spoke with patient representatives during the inspection who were satisfied with the provision of care overall within the home but did raise concerns regarding the availability of identified equipment to ensure that personal care was attended to. This was discussed in detail with the manager and an area for improvement was identified.

On discussion with patients regarding the activities within the home and on review of records there were a number of deficits identified. Patients were unaware of what activities were scheduled for the week as this information was not displayed. Records of activities participated by patients were reviewed and there was no date or level of participation recorded. This was discussed in detail with the manager who agreed to review this and an area for improvement was identified.

Areas for improvement

Areas for improvement were identified in relation to ensuring that relevant equipment is available and the provision of activities.

	Regulations	Standards
Total number of areas for improvement	1	1

6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patients. We reviewed the management of nutrition, patients' weight, management of falls and wound care. There was evidence of regular communication with families and other healthcare professionals within the care records. A system was also in place to audit patient care records and each patient had a key worker.

It was positive to note improvements in supplementary record keeping since the previous inspection. Review of repositioning charts for three patients clearly stated the frequency of repositioning on individual charts and the condition of their skin; which was also reflected in a sample of care plans. Daily fluid intake charts for three patients evidenced that a daily target, the consistency of food/fluids and the 24 hour total were accurately recorded.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. Since the last inspection positive improvements had been made where new floors had been fitted to various areas within the home, multiple bedrooms had been redecorated with new furniture and paint work throughout. The manager confirmed that work was ongoing and scheduled to the remaining areas within the home.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager and deputy manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Infection, prevention and control (IPC), care records, hand hygiene and environment audits were also carried out monthly and an action plan with timeframes was implemented where deficits were identified.

On review of care records and discussion with patient representatives it was identified that a number of concerns raised by relatives had not been entered into the complaints ledger. This was discussed with the manager who acknowledged that there were deficits in the recording of the complaints and lack of evidence available to provide assurances that the complainants were satisfied with the outcome. This was identified as an area for improvement.

Competency and capability assessments for taking charge of the home in the absence of the manager and medicines management competency assessments were reviewed and a number were overdue. This was discussed with the manager who agreed to have these assessments completed and an area for improvement was identified.

Areas for improvement

Areas for improvement were identified in relation to the management of complaints and competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	2	0

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 and Maria Tennyson, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (c) Stated: First time To be completed by: 6 February 2020	<p>The registered person shall ensure that the treatment and other services provided to each patient are provided by means of appropriate aids or equipment.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Registered Manager has conducted a full review of assessed equipment required to meet identified residents. All required equipment is in place. Manager will continue to monitor and should other equipment be required, same will be sourced.</p>
Area for improvement 2 Ref: Regulation 24 Stated: First time To be completed by: 6 February 2020	<p>The registered person shall ensure that all complaints received are:</p> <ul style="list-style-type: none"> • appropriately recorded and investigated • provide whether or not the complainant is satisfied with the outcome • relevant staff are provided with training on how to manage complaints <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Registered Manager has reviewed the complaints process with staff under supervision. This will allow staff to identify a complaint and report appropriately on datix. Manager or delegated person will complete investigation as per process and record appropriately on completion if complainant is satisfied with outcome. Complaint analysis will be completed and used as a reference as well as used to identify trends.</p>
Area for improvement 3 Ref: Regulation 20 (3) Stated: First time To be completed by: 6 February 2020	<p>The registered person shall ensure that competency and capability assessments are completed and regularly updated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • medicines management • any nurse who is given responsibility of being in charge of the home in the absence of the manager <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Registered Manager has commenced a review of competency matrix to include nurse in charge and medication. A plan is in place to progress competencies and on completion the matrix will be</p>

	updated.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) 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 the patient dependency levels are kept under review to ensure staffing arrangements in the home meet patients' assessed needs. Ref: 6.2.1 Response by registered person detailing the actions taken: Registered Manager completes the CHES dependency tool at least monthly. Predicative staffing will be guided from the CHES outcome following discussion with senior management.
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 6 February 2020	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. Ref: 6.2.2 Response by registered person detailing the actions taken: Registered Manager has met with PALs and reviewed current documentation used to record activities. Advice given on how to collate resident interests from themselves individually or next of kin. Utilise this information in planning activities on a one to one or in group and record who participated and effectiveness of activities. Format of displaying activities discussed. Pals will be encouraged to link up with other Pals within FSHC to share ideas.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care