



# Unannounced Care Inspection Report 31 August 2018



## Nightingale Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 34 Old Eglis Road, Dungannon, BT71 7PA**  
**Tel No: 02887752666**  
**Inspector: Heather Sleator**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 46 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd</p> <p><b>Responsible Individual:</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager:</b> Bijini John</p>
<p><b>Person in charge at the time of inspection:</b> Maria Tennyson – Registered Nurse until 10.15 hours Leena Mary Correa – Registered Manager of Dungannon Care Home from 10.15 hours</p>	<p><b>Date manager registered:</b> 27 June 2017</p>
<p><b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia.</p> <p>Residential Care (RC) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.</p>	<p><b>Number of registered places:</b> 46</p> <p>There shall be a maximum of 3 patients in category NH-PH, a maximum of 10 residents in category RC-I and a maximum of 2 residents in category RC-PH.</p>

### 4.0 Inspection summary

An unannounced inspection took place on 31 August 2018 from 09.20 to 17.05.

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.

The term 'patient' is used to describe those living in Nightingale Care Home which provides both nursing and residential care. A manager from another home within the Four Seasons group assisted the inspection, in the absence of the registered manager, and for the purposes of this report will be referred to as the manager.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, training, adult safeguarding and the home's environment. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas for improvement under the regulations were identified in relation to the induction of new staff, adhering to the recommendations of other professionals in respect of the position of patients when being assisted with meals and the safe management of substances hazardous to health.

Areas for improvement under the standards were identified regarding effective staff communication; contemporaneous recording and ensuring effective communication mediums are present for patients with different linguistic skills.

The area for improvement regarding the provision of activities in the home, identified at the previous care inspection, has been carried forward for review at the next inspection.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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>	3	*5

\*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Leanna Mary Correa, 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 28 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 November 2017.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 17 patients and nine staff. There were no patients' visitors/representatives who wished to meet with us at the time of the inspection. A period of observation of care practice at the time of the serving of the midday meal was undertaken. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then 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.

The following records were examined during the inspection:

- duty rota for all staff from 13 August to 31 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 the most recent inspection dated 28 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 20 September 2017

Areas for improvement from the last care inspection		
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 12 (1) (a) and (b)  <b>Stated:</b> Second time	The registered persons shall ensure that, bowel records are maintained accurately. Where there is evidence that the patients' bowel habits are not in keeping with that identified in the bowel assessment and care plan, evidence of the appropriate action taken must be recorded, by registered nurses, in the daily progress notes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patient care records evidenced that from the date of the last inspection staff had commenced monitoring patients' bowel function using a validated tool (Bristol Stool Chart).	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered persons shall review the staffing arrangements within the home, to ensure that the patients' needs are being met in a timely manner. Consideration must particularly be given to the deployment of staff within the home; and to the provision of the planned twilight staff. The allocation sheet should also be accurately maintained to reflect the deployment of staff within the home.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The review of the staffing arrangements for the home evidenced that daily allocation sheets were completed and staff confirmed that they adhered to the allocation of duties. The duty rota evidenced that twilight staff were rostered to work from 19.00 hours to 23.00 hours. Refer to 6.4 for further comment.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 15 (1) (a) <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that a comprehensive pre-admission assessment is undertaken for all patients, to ensure that any specific equipment required is identified and sought in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> The pre admission assessments of two patients who had been admitted to the home from the date of the previous inspection evidenced that a comprehensive pre assessment had been completed.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (1) (a) and (b) <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that patients are repositioned in keeping with their care plans.</p> <p><b>Action taken as confirmed during the inspection:</b> The review of five patients' repositioning records evidenced that patients had been repositioned in accordance with their assessed needs. Refer to 6.4 regarding retrospective recording.</p>	<b>Met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 15 (2) (a) and (b) <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that wound assessments are undertaken as appropriate; and the wound dressing regimens are included in the patient care plans.</p> <p><b>Action taken as confirmed during the inspection:</b> The review of the wound care management for one patient evidenced that this was completed in accordance with NICE guidelines and the care standards for nursing homes.</p>	<b>Met</b>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	The registered persons shall implement a robust system to manage alerts received in relation to medication, equipment and devices; and Chief Nursing Officer (CNO) alerts regarding staff who have sanctions imposed on their employment by professional bodies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the system implemented to address the identified issues was satisfactory.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	The registered persons shall ensure that the recruitment processes are reviewed to ensure that employment histories are fully recorded and any gaps in employment histories are identified and explored prior to any offer of employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of two recruitment and selection records evidenced that the requested information was present. Refer to 6.4 for further detail.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time	The registered persons shall ensure that records are maintained of staff inductions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of two recruitment and selection records evidenced that two staff members had completed an induction training programme when they commenced in the home. Refer to 6.4 regarding induction.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered persons shall review the current system for checking the nurses' registrations with the NMC to ensure that it is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A robust system for the monitoring of staff with their professional body was in place and was reviewed.	



<b>Area for improvement 5</b> <b>Ref:</b> Standard 22.6 <b>Stated:</b> First time	The registered person shall ensure that the falls risk assessment is undertaken in response to patients' falls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of one patient's care records evidenced that the post falls management guidelines were adhered to.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure that a variety of activities are provided within the home, on a regular basis.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 13 August to 31 August 2018 evidenced that the planned staffing levels were generally adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were generally met by the levels and skill mix of staff on duty. However, we observed that two patients who were having their breakfast in bed were poorly positioned and this did not facilitate the patients eating their breakfast comfortably. We also observed that repositioning records and nutritional records were not completed contemporaneously, and had been completed retrospectively by late morning on the day of the inspection. This was discussed with the registered manager of the home, by telephone, following the inspection on 25 September 2018, and has been identified as an area for improvement under the care standards.

Staff spoken with were not satisfied that there was always sufficient staff on duty to meet the needs of the patients and stated that this was due to a recent increase in short notice staff sickness. This was also discussed with the registered manager who stated that this was no longer an issue and there was now a full complement of staff. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

There were no relatives available during the inspection to comment on the provision of care in the home. We also sought relatives' opinion on staffing via questionnaires however there were no questionnaires completed and returned prior to the issue of the report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Nightingale. Comments received from patients included; "it's a good home, the wee girls (staff) are great" and "I'm well looked after".

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. A completed application form was not present in one of the records selected for review; the applicant had submitted their curriculum vitae (CV). This was later discussed with the registered manager who stated that the information in the individual's CV provided the required information, enabled her to review the applicant's employment history and identify if there were any 'gaps' in employment. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, we observed that a new staff member had commenced duty on the day of inspection. In discussion with the staff member it was confirmed that a general orientation to the home had not occurred and that the staff member was working alongside a more experienced staff member. To ensure any member of staff is equipped to safely care for patients a more structured approach to the first day of employment and induction should be provided. This has been identified as an area for improvement under regulation.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and the completion of online training modules. Records evidenced good compliance with mandatory training. The manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision and supervision and annual appraisal was in place and reviewed.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. We reviewed accidents/incidents records for the period April - July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally adhered to. The registered manager completed an IPC audit on a monthly basis. We observed that one sluice room was unlocked throughout the inspection. Cleaning agents were visible and therefore accessible to patients. This contravenes the Control of Substances Hazardous to Health Regulations. This was discussed with the registered manager and has been identified as an area for improvement under regulation. There was evidence of the inappropriate storage of equipment in two bathrooms; this was also discussed with the registered manager by telephone following the inspection and has been identified as an area for improvement under the care standards. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. The registered manager confirmed that there was an on-going refurbishment programme in place and it was proposed that the vanity units in 10 patients' bedrooms were to be refurbished, once completed a further 10 bedrooms will be prioritised for refurbishment. This is good practice.

Fire exits and corridors were observed to be clear of clutter and obstruction. The manager stated the most recent fire risk assessment had been completed on 7 August 2018 and any actions identified had been addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding and the home's environment.

### **Areas for improvement**

Areas for improvement under regulation were identified in relation to the control of substances hazardous to health and the induction and orientation of newly appointed staff.

Areas for improvement identified under the care standards were in relation to the appropriate storage of equipment in the home and contemporaneous recording of supplementary care needs.

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

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of four patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The Southern Health and Social Care Trust have implemented a system similar to a virtual ward round with the dietetics team in the Trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis. However, as previously discussed in 6.4 records should be maintained contemporaneously and not retrospectively.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed. We observed the serving of the midday meal. Two patients in specialised seating were observed being assisted with their meal whilst the chairs remained in the 'tilt' position. The review of the patients' care records evidenced that the speech and language therapist had recommended that the patients were in an upright position when eating. The failure of staff to do so increased the risk of choking or aspirating. This was identified as an area for improvement under regulation.

Discussion with staff evidenced that nursing and care assistant/s had been required to attend a handover meeting at the beginning of each shift. Care staff stated that they no longer attended a handover meeting due to a change in the shift pattern. Staff were guided by a daily allocation sheet and a registered nurse informing them of any specific areas to be aware of in relation to patient care. This was discussed with the registered manager by telephone following the inspection who stated that care staff were given a report on the wellbeing of patients. As care staffs' perception differed from the registered manager, communication between staff should be reviewed and discussed at the next staff meeting/s. This has been identified as an area for improvement under the care standards.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls and the delivery of wound care.

## Areas for improvement

An area for improvement was identified under regulation in relation to ensuring patients are positioned at mealtimes, in accordance with the recommendations of other health care professionals, to minimise the risk of choking.

An area for improvement was identified under the care standards regarding ensuring that there is effective communication in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. As discussed in 6.4 patients should be positioned in a manner which is conducive to eating independently, facilitating a good nutritional intake and reducing the risk of choking or aspirating.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. However, the needs of a patient with limited communication could have been improved through referral to the social work department, interpreting services within the trust and staffs' own knowledge of the patient. This was discussed with the registered manager by telephone and has been identified as an area for improvement under the care standards.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, we did not review the provision of activities with the personal activities leaders (PAL's) at the time of the inspection and an area for improvement identified at the previous inspection of September 2017 has been carried forward for review at the next inspection.

The environment of the home had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs, and the provision of clocks and prompts for the date.

We observed the serving of breakfast and the lunchtime meal. Patients were assisted to the dining room or had their meals in their bedroom or lounge areas. Whilst tray service was observed there was a lack of consistency of approach as we observed staff serve a patient a bowl of cereal for breakfast in the lounge, tray serve was not used nor did the patient receive tea or toast. This was unsatisfactory. As discussed in 6.5 staff did not assist a small number of patients into a comfortable position for eating their meal.

Patients able to communicate indicated that they enjoyed their meal and commented, "the food is good, couldn't complain about it". Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you sincerely for your love and devotion when caring (relative)."

"We are comforted in the knowledge that our (relative) felt at home with you and was happy in your care."

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Comments received from patients' included:

"It's grand here though I'm a bit lonely."

"I would go to the manager if I had any concerns."

"Staff are very good, they're very helpful."

"I'm well looked after."

"Plenty of feeding in here."

"Need more staff, girls are running all the time."

"The food is good, couldn't complain about that."

"There's a lot to look after, I'm a bit bored."

"It's a very good home, the wee girls are great."

Relative questionnaires were also provided however we received no responses within the timescale specified.

In discussion with staff they confirmed that they were in receipt of an annual appraisal, staff meetings took place fairly regularly, staff had completed training in respect of adult safeguarding procedures and that they felt confident in going to the manager if they had any concerns. Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date were shared with the manager for their information and action as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the environment of the home.

## Areas for improvement

The following area was identified for improvement under the care standards regarding ensuring all patients have a meaningful medium for communication.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Leena Mary Correa, Manager, as part of the inspection process. The timescales commence from the date of inspection. Feedback was also given by telephone to the registered manager of Nightingale Care Home, Bijini John, on 25 September 2018.

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 provider 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Identified issues have been discussed with staff via supervision. Manager will continue to monitor compliance.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	The registered person shall ensure that newly appointed staff receive a structured induction to the home commencing on their first day of employment.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Registered Manager will ensure that a mentor is allocated for all new staff and complete an orientation of the Home as part of their first day induction.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.  <b>Ref:</b> 6.5  <b>Response by registered person detailing the actions taken:</b> The identified residents care plan has been reviewed. Registered Manager has discussed this with Registered Nurses under supervision and will monitor compliance in accordance with the SALT & OT guidelines.
<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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2017	The registered person shall ensure that a variety of activities are provided within the home, on a regular basis.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  <b>Ref:</b> 6.2

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure that the outcome of care delivered is monitored and recorded contemporaneously.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has completed supervision with all staff in relation to contemporaneously recording. Registered Manager will continue to monitor the compliance.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure that the storage of equipment used by patients is appropriate and in accordance with infection prevention and control guidelines.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The identified two bathrooms were decluttered following inspection. Registered Manager will continue to monitor.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure that communication between all grades of staff is frequent and effective so as staff receive clarity regarding the daily life of the home and the roles and responsibilities of the different staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All staff do receive a handover in the beginning of each shift. It was advised to care staff that on arrival they must report to the nurse in charge to get their hand over. This has been informed to all staff and will discuss further at the next staff meeting which is planned for 31st October.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 7 (3) and (9)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall that an effective and meaningful communication medium is made available to meet the needs of patients' linguistic backgrounds.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Identified resident has very limited communication, a care management review is planned and will discuss assistance from external support, i.e. an interpreter. All other residents who require assistance from an interpreter is in place and supported with use of flash cards.</p>

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



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