

# Unannounced Care Inspection Report 4 February 2021



## Ballyclare Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 107a Doagh Road, Ballyclare, BT39 9ES**  
**Tel No: 028 9334 0310**  
**Inspector: Mandy Ellis**

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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 nursing care for up to 34 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Janet Montgomery	<b>Registered Manager and date registered:</b> Dorothy Burns  17 December 2018
<b>Person in charge at the time of inspection:</b> Dorothy Burns	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 21

### 4.0 Inspection summary

An unannounced inspection took place on 4 February 2021 from 09.30 to 16.50 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.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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>	4	1*

\*The total number of areas for improvement includes one under the standards which has not been met and is stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dorothy Burns, 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 we met with five patients and eight staff. Ten questionnaires were left in the home to obtain feedback from patients and their relatives/ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. One negative comment received was feedback to the manager for action as required.

We provided the manager with 'Tell Us' cards for distribution to patients and their relatives to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 25 January to 7 February 2021
- the home's registration certificate
- three patients' care records
- five patients' supplementary care charts in regard to repositioning
- six patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

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

## 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 28 January 2020.

<b>Areas for improvement from the last care inspection</b>		
<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>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.  This relates specifically to the use of correct fluid and white sticky labels in records retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the duty rota confirmed the practice of using correction fluid and sticky white labels has ceased.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44.8  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that the following actions are taken to promote patient safety: <ul style="list-style-type: none"> <li>• Replacement of a damaged commode chair.</li> <li>• Replacement of a damaged falls mat.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All commodes and falls mats viewed on inspection were in working order and not damaged.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Several pull cords throughout the home were still not covered on the day of inspection. This area for improvement is not met and will be stated for a second time.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that appropriate actions are taken following the incidence of a patient who is receiving anticoagulation therapy having an unwitnessed fall.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records following falls for two patients evidenced the appropriate actions were taken post fall and neurological observations were recorded in accordance with the home falls policy and procedures.	

#### Areas for improvement from the last medicines management inspection

<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>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time  <b>To be completed by:</b> 8 September 2018	The registered person shall ensure that the systems in place for recording tasks which are delegated to care assistants are reviewed to ensure they are robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new system has been introduced to record delegated tasks to care assistants. The records for the administration of topical creams was reviewed and together with additional information sent to RQIA post inspection, the recording of delegated tasks to care assistants is now robustly documented and overseen by the registered nurse.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 25 January to 7 February 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- "I love my job".
- "This is a great home".
- "This is a homely wee home, I love it here".

### 6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

### 6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

The home was clean, tidy and fresh smelling throughout.

On two occasions a chair and a walking aid was observed in use to prop open patients' bedroom doors; this was discussed with the manager and the items were moved during the inspection. Bedroom doors are designated fire doors and should not be propped open. This was identified as an area for improvement in order to comply with the regulations.

The patients' bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients. However, the surface of a number of beds were observed damaged and worn and in need of replacement or refurbishment. This was discussed with the manager who agreed to audit all the beds in the home and take action as appropriate. This will be followed up on a future inspection.

The covering of emergency pull cords was identified as an area for improvement from a previous care inspection. Multiple pull cords throughout the home remain uncovered; the manager acknowledged this had not been done and agreed to action as soon as possible after the inspection. This area for improvement has not been met and will be stated for the second time.

We observed the door to the treatment room was open and the room was unattended. No medicine trolleys were in the room at the time; however, there was a sign on the door to state it should be locked at all times. This was brought to the attention of the manager who acknowledged that the door should have been locked. The room was being used on the day of inspection as the home was carrying out COVID- 19 swabbing. This will be followed up on a future inspection.

A review of the storage areas throughout the home found a number of continence products stored outside their original packaging. It was also noted the last shelf within the store rooms did not allow for adequate cleaning and dusting of the space between it and the floor; a build-up of debris was seen. This was discussed with the manager who agreed to review the spacing of the shelves to ensure adequate cleaning of the stores. An area for improvement was identified in regard to infection prevention and control.

Within the communal bathrooms multiple patients' toiletries were noted within storage units. Individual toiletries should be stored in the patients' own bedrooms for their individual use. This will be included in the area for improvement in regard to infection prevention and control.

We identified one bathroom not being used as set out in the homes statement of purpose. The room was observed cluttered and used to store various items. The importance of this room being used for the purpose for which it was registered was discussed with the manager, who agreed to review the use of the room. This will be reviewed at a future inspection.

We observed thickening agents in a patient's bedroom and on shelving in the dining room. Thickening agents should be kept secured when not in use; an area for improvement was made.

#### **6.2.4 Care delivery**

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients were nicely dressed with good attention to detail with their personal care needs evident. Patients spoken with commented positively about the care they received; they told us:

- "I am well looked after".
- "I like it here, they look after me well".
- "The girls are great".
- "They're quite good".



We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; six were received within the timeframe for inclusion in this report. All six questionnaires indicated a satisfied or a very satisfied response to all aspects of the care provision in the home.

A selection of thank you cards and messages were reviewed and the written comments included:

- “May I take this opportunity to thank each and every one of you for the excellent job you are doing”.
- “Thank you so much for looking after our dad”.
- “It is of great salve to us at that dad found a haven at Ballyclare Nursing home to spend the last months of his life”.

On the day of the inspection the home was closed to visitors and had no current care partners. Window visits were facilitated and families were keeping in touch with their loved ones virtually or on the telephone. This was discussed with the manager who provided information that it was a company decision to remain closed to visiting. As the home did not have a current outbreak of infection the manager agreed to discuss visiting arrangements with the company directors. Communication received post inspection from the manager advised the home have reopened to visiting and this has benefited both patients and families.

We observed the serving of the lunch time meal. We saw the staff attend to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising.

Review of three patients’ care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. The charts reviewed were accurately recorded.

### **6.2.5 Governance and management arrangements**

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, PPE, accidents and falls, wound care and care records. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body. The records reviewed were not up to date and the records showed gaps in the regular monitoring of staff registration status. This was discussed with the manager who acknowledged the gaps. Correspondence received after the inspection provided RQIA which assurance the records have been updated and staff are up to date with their registration. An area for improvement was identified.

### Areas of good practice

Areas of good practice were identified in relation to care delivery, teamwork, staff interaction with patients and care records.

### Areas for improvement

Four new areas for improvement were identified. These were in regard to fire safety, infection prevention and control, the storage of thickening agents and the monitoring of the registration status of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

## 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs. The home was clean, tidy and fresh smelling. Four new areas for improvement were made and are outlined in the body of the report and in section 7.2.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Burns, 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 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 27 (4)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure bedroom doors are not propped open.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff have been reminded of the risks attached to propping doors open and are aware this is not acceptable practice. Any doors that need to be held open for longer periods are reported to maintenance to have the appropriate equipment installed</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2021	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• continence aids are stored in their original packaging</li> <li>• the storage of patients' toiletries in communal bathrooms</li> <li>• shelving within storage areas to allow for adequate cleaning of the floor.</li> </ul> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All continence aids are now stored in original packaging            Patient's toiletries are returned to their own rooms after use            Shelving in storage areas has been adjusted to allow for complete floor cleaning in storage areas</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All thickening agents are securely stored after use. All staff have been reminded of the risk of incorrect storage to residents</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (5)(d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> NMC and NISCC registration checks are now up to date and continue to be checked at least monthly or when otherwise required</p>
<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.</p> <p>Ref: 6.2.2 and 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been completed</p>

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



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