



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 22 & 23 October 2019



## Antrim Care Home

**Type of Service: Nursing Home**

**Address: 88 Milltown Road, Antrim BT41 2JJ**

**Tel no: 02894428717**

**Inspectors: Lyn Buckley and Joseph McRandle**

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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 registered nursing home which provides care for up to 51 patients.

### 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> Sharon Smyth 10 June 2016
<b>Person in charge at the time of inspection:</b> Jane Stewart – deputy manager until 10:45 hours. Sharon Smyth – manager.	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51

### 4.0 Inspection summary

An unannounced care inspection took place on 22 and 23 October 2019 from 10:00 to 16:20 hours on day one and from 10.30 to 12.30 hours on day two. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care, medicines management and finance inspections; 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 leadership and management, staff knowledge and skills in the delivery patient care, the management of patients' monies and the general financial arrangements.

One area for improvement was made regarding staff recruitment.

Patients described living in the home as being a very good experience. Patients unable to voice their opinions or views were seen to be relaxed and comfortable in their surrounding and in their interactions with other patients and with staff.

Comments received from patients, people who visit them, other healthcare professionals 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, and enhance practice and patients' experience.

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, 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 15 May 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 May 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 previous inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home on 22 October 2019.

The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 October 2019

- 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
- one staff recruitment and induction files
- six patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 July 2019
- RQIA registration certificate
- three patients' finance files
- a sample of financial records including; patients' personal allowance monies and valuables, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records from the patients' comfort fund and patients' personal property
- a sample of records of reconciliations of patients' monies and the financial policies and procedures.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance is 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 inspections

Areas for improvement identified at the last finance inspection have been reviewed and assessed as met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	The registered person shall ensure the following in relation to the nutritional care of patients: <ul style="list-style-type: none"> <li>• a comprehensive and patient centred nutritional risk assessment will be completed/regularly reviewed</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of patient care records and discussion with nursing staff evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that patients' care plans are completed in a timely manner in keeping with best practice guidelines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of patient care records, discussion with nursing staff and review of the manager's monitoring system evidenced that this area for improvement has been met.</p>	

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have a continuous supply of their medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of medicine administration records for a sample of patients evidenced that this area for improvement has been met.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time</p>	<p>The registered person shall develop a system which ensures that detailed care plans are developed in a timely manner.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of patient care records, discussion with nursing staff and review of the manager's monitoring system evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>The registered person shall review the management of incidents to ensure that all notifiable medicine related incidents are reported to management and RQIA.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the manager evidenced that this area for improvement has been met.</p>	
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## 6.2 Inspection findings

### 6.3 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 staffing levels and that these levels could be reviewed and altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 14 to 27 October 2019 which confirmed that the planned staffing levels were achieved. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were respectful, attentive and kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. Nine were returned; three from patients and six from family members. All who responded indicated that they were very satisfied that there was enough staff to help; that they felt protected and free from harm; that they could raise concerns with staff; and that the environment was safe and clean. Additional comments recorded about staff and staffing levels included:

“All staff have been friendly and helpful including catering, domestic and maintenance. It really just feels like one big family.”

“Staff is very good.”

“Although I am very satisfied with my father’s care and safety, I believe the home would benefit from more staff to be on hand. At times they are under pressure due to staff numbers.”

We saw that patients’ needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

We reviewed one staff recruitment record and discussed the recruitment process with the manager. Records pertaining to the recruitment process were not available in the home for inspection. The manager did provide evidence that the appropriate checks had been completed by email on 23 October 2019. This confirmed that staff were recruited safely. However, an area for improvement was made to ensure that when recruitment records are maintained at an head office or central office that the manager retains evidence of their oversight of the recruitment process in the home.

A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review.

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patient or staff practice, fire safety and IPC.

We reviewed six patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage identified care needs. Risk assessments and care plans had been reviewed at least every month and they were reflective of the nursing care needs of the patients we reviewed. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall.

### Areas for improvement

One area for improvement was identified in relation to staff recruitment records in this domain.

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

### 6.4 Is care effective?

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

Patients unable to express their opinion and views were relaxed and comfortable. Interactions between them and staff were observed to be respectful, caring and kind. Patients able to voice their views confirmed that they received the good care and that staff were respectful, caring, kind and attentive. Patients also said they trusted the staff to do the right thing; that they were kept informed of any changes in their care and if they had a concern they would talk to the nurse in charge or the manager. One patient said that the experience they had had of the home had "totally changes" their view and understanding of nursing homes. This view was repeated by other patients when they spoke with us about their experience of the home

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal or had a fall; and how to relieve pressure on the skin for those



patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the mid-morning snack and the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients were very complimentary about the food.

Patients said that they enjoyed their meal and that they had the choice of where and what to eat. We saw that the majority of patients ate their lunch in one of the dining rooms. Other patients choose to eat in their bedroom or in one of the lounge areas.

A review of patient care records regarding nutritional care confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff said that the home was good because they had a great team of staff who worked well together to support and care for the patients. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

We also had the opportunity to speak with a healthcare professional aligned to the home. They said that the care they observed on a regular basis was effective, compassionate and well led. They said the attention to detail "was amazing" and that they were "very impressed with this home."

Patients and family members who responded to our questionnaires indicated that they were very satisfied that care was effective.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 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.**

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. The menu choice sheet for the lunch time meal indicated patients' individualised choices were reflected; and both patients and staff told us that the

kitchen could easily accommodate any menu preferences and wishes. As we said previously patients were very complimentary regarding the meal time experience and the food.

During the meal times observed we saw that staff were providing support to patients as they needed it. It was clear that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and/or jewellery. We also heard staff chatting with patients about various topics of interest relevant to the patient and where they were from or their particular interest.

Patients told us that they were receiving good care from friendly, caring, respectful staff and as discussed previously they were very complimentary regarding the home in general and staff in particular.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

“To all the lovely staff, a big thank you for the outstanding care.”

“A big thank you to all the staff for all the excellent care given to our mother during her stay.”

“We cannot stress how grateful we are to all of you for your care. It was amazing.”

As discussed previously we also provided questionnaires for patients and family members; nine were returned. All indicated that they were very satisfied that care was safe, effective, compassionate; and that the service was well led. Comments regarding staff from the respondents are recorded in section 6.3. Other comments recorded included:

“Feeling listened to and advocated for has really stood out for me in this experience.”

“My mother had been in the home... and we are very satisfied with all aspects of her care.”

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.6 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.**

Since the last care inspection in January 2019 there has been no changes in the management arrangement for the home

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We saw that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager's evaluation of the information produced by the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls. We were satisfied that the manager was aware of the number and type of wounds occurring in the home; and that any potential restrictive practice, such as the use of bed rails or pressure alarm mats, were appropriately managed. However, the manager did not clearly evidence her oversight of these areas. Advice was provided and we will review these areas again during subsequent care inspections.

The responsible individual's monthly quality monitoring reports from January 2019 were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed.

We also invited staff to provide comments via an online questionnaire. None were received.

### **Management of patients' monies**

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included: records of the reconciliations of patients' monies and valuables; records of patients' personal property; records of transactions undertaken on behalf of patients; the system for purchasing toiletries on behalf of patients; and the financial policies and procedures. Of the total number of areas for improvement all were assessed as met.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded; two signatures were recorded against each entry in the patients' transaction books and receipts were available from each of the purchases reviewed.

A review of a sample of payments to the hairdresser and podiatrist showed that the details of the transactions were recorded. Two signatures were recorded against each entry in the patients' transaction books. The hairdresser and podiatrist had signed the records along with a member of staff.

## 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 Sharon Smyth, 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 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 35.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019	<p>The registered person shall ensure that when recruitment records are held centrally at a head office that the manager maintains evidence of their oversight, of the recruitment process, in the home.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Records pertaining to the recruitment process are available for review post recruitment as required under legislation. A computerised system is now also available with key documents accessible in scanned format.</p>

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



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