

Inspection Report 8 and 9 June 2021



Antrim Care Home

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual Mrs Janet Montgomery	Registered Manager: Mrs Sharon Smyth Date registered: 10 June 2016
Person in charge at the time of inspection: Mrs Sharon Smyth	Number of registered places: 51
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 51 patients. Patients' bedrooms are located on the ground floor. There is a separate dementia unit and the home also provides intermediate care arrangements for patients who require a period of rehabilitation. Patients have access to communal lounges, dining rooms and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 8 and 9 June 2021, from 9.30 am to 5.00 pm both days by a care Inspector.

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.

Patients mostly spoke positively about their experience in the home. Two patients spoken to told us at times they had to wait to be attended to. These comments were passed to the manager to address. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. Addressing the areas for improvement will further enhance the quality of care and services in Antrim Care Home.

Areas requiring improvement were identified in regard to the dining experience, recording of repositioning, access to chemicals and attention to detail in cleaning of equipment.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed the information held by RQIA about this home. This included the previous areas for improvement, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Sharon Smyth, Registered Manager, at the end of the inspection.

4.0 What people told us about the service

Seventeen patients were consulted individually or in small groups, five staff and three patients' relatives were also consulted. Patients spoken to were positive about the care they received and their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with patients.

There were no patient, relative or staff questionnaires returned following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Relatives spoken with told us they were very satisfied with the service provided in Antrim Care Home.

Further comments received from patients and staff are included in the main body of this report.

5.0 The inspection

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

The last inspection was undertaken on the 17 and 18 November 2020 by a care inspector

Areas for improvement from the last inspection on 17 – 18 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that in relation to infection prevention and control the following is addressed <ul style="list-style-type: none"> • inappropriate storage of items/ equipment in the identified bathrooms • storage of items on the floor of the linen store. 	Not met
	Action taken as confirmed during the inspection A review during the inspection evidenced that this area for improvement was not met and is discussed further in section 5.2.3. This are for improvement will be stated for second time.	
Area for Improvement 2 Ref: Regulation 27 (2) (b) (d) (i) Stated: First time	The registered person shall ensure the damaged floor to the identified bathroom and stained floor in the identified sluice room is addressed.	Met
	Action taken as confirmed during the inspection: The floor to the bathroom was renewed and the floor in the sluice was deep cleaned.	

Area for Improvement 3 Ref: Regulation 27 (4) (d) (iii) Stated: First time	<p>The registered person shall ensure that equipment is stored safely and away from the fire doors to ensure that they are clear from any obstruction that would impede in the event of an evacuation of the home.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	Met
Area for Improvement 4 Ref: Regulation 16 Stated: First time	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of but not limited to:</p> <ul style="list-style-type: none"> • wound care • weight management • manual handling • up to date multi -disciplinary recommendations e.g. SLT. <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is discussed further in section 5.2.2. This area for improvement will be stated for second time.</p>	
Area for Improvement 5 Ref: Regulation 13 (1) (b) Stated: First time	<p>The registered person shall that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and is discussed further in section 5.2.2</p> <p>This area for improvement will be stated for a second time.</p>	Not met

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41.7 Stated: Second time	The registered person shall ensure that the competency assessment for nurse in charge of the home is further developed to include responding to complaints; including those raised by staff.	Met
	Action taken as confirmed during the inspection: Records reviewed evidenced that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 16.11 Stated: Second time	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.	Met
	Action taken as confirmed during the inspection: Records reviewed evidenced that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient and the registered nurses have oversight of the supplementary care records. This is including but not limited to: <ul style="list-style-type: none"> the food and fluid intake charts bowel monitoring records. 	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

Area for Improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that robust processes are in place to ensure that effective communication is maintained between staff ensuring that the handover sheet is accurate and reflective of the patients' current needs. Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	Met
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure when deficits are identified during the auditing process an action plan is developed. Any actions taken as a result of this action plan must be clearly documented. Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with an induction programme to prepare them for working with patients in the home. This was confirmed by one recently recruited staff member.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that agency staff were used as required.

Staff said that they were generally satisfied with staffing levels. During the inspection it was noted that there were enough staff in the home to respond to the needs of the patients in a timely way; staff were observed to be very attentive to the patients.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics such as infection prevention and control, patient handling, adult safeguarding and fire safety.

A small number of staff were still to complete their mandatory fire training. It was also observed that dementia training had not been completed for the staff including those who worked in the dementia unit. This was discussed with the manager who advised that she would arrange the training, this was confirmed following the inspection.

Those staff with more experience said that they recognised the importance of supporting new or less experienced staff to help them to develop in their role.

Patients said staff were “Very friendly” and one patient commented “We are very well looked after.” Two patients spoken with told us at times that they had to wait to be attended to. On the day of inspection it was observed that the needs of the patients were met in a timely manner. Comments from the patients were passed to the manager to review and address as needed.

Staff said that they were kept informed through patient information handover meetings at the start of each shift. Staff were conversant in relation to how to raise concerns and who they could go to. They said that they felt comfortable in approaching the manager, deputy manager or nurse in charge at any time and felt confident that concerns would be addressed.

There were suitable systems in place to ensure staff were recruited properly, provided with appropriate training and also to ensure that patients’ needs were met by the number and skill mix of the staff on duty.

5.2.2 Care Delivery and Record Keeping

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

Staff were observed to be prompt in recognising patients’ needs, early signs of distress and also non-verbal cues especially in those patients who had difficulty in making their wishes known. Staff demonstrated their knowledge of how best to communicate with individual patients; they were respectful, understanding and sensitive to their needs.

The serving of the lunch time meal was observed. Patients spoken with were unaware of what was being served as the menu had not been appropriately displayed and when serving the meal staff were observed not to explain what the food on offer. Patients spoken with told us that they were given options when they chose the meal but could not recall what the options were. The patients advised us that they enjoyed their meals. The lunchtime experience was discussed with the manager including the observed combinations of food on offer and an area for improvement was identified.

Patients were mostly positive in regards to their meals and described the food as “excellent” and were observed to be enjoying their meal:

A sample of care plans were reviewed, these evidenced risk assessments were completed on admission and reviewed thereafter. We observed that some of the care plans had not been updated with sufficient detail to direct the required care. This was observed in the records relating to wound care and manual handling. An area for improvement was stated for a second time.

However improvement in the care records pertaining to weight management and the detail in the evaluation of the daily records of care was observed.

We observed that the recording of the repositioning of patients at times lacked details and some gaps were evident. This was discussed with the manager to ensure the time the care was provided is accurately recorded. An area for improvement was identified.

Post falls records were reviewed for two unwitnessed falls. One record showed us that neurological observations were not consistently recorded and the care plan or risk assessment had not been updated following a fall. This was discussed with the manager at the time of inspection who was advised to contact the Falls Prevention Team for further advice for post falls management. An area for improvement was stated for a second time.

We reviewed care records for the management of the use of bedrails. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed, but there was no written evidence of consultation with the patient, and or relative and consent for use had not been obtained when appropriate. This was discussed with the manager who advised she would review this. Progress will be reviewed at the next inspection.

Patients spoken with were happy with the care provided and said "We are very well looked after" and "staff are friendly". One of the patient's relative's spoke positively about the home and told us their parent was very well cared for and that their mother had also been well supported during COVID-19 pandemic. They had been assisted to take on the care partner role.

Care delivery and record keeping will be enhanced through compliance with the areas of improvement identified

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, bright and inviting. Communal rooms were tidy and decorating was being carried out in the home. Patients' bedrooms were cosy and clean with lovely examples of their own personal belongings and memorabilia. Patient's had access to televisions and music in their own rooms and also in communal sitting rooms.

In some identified bathrooms there was inappropriate storage of open packets of wipes, incontinence products and equipment on the floor of the linen store. These were shown to the manager and an area for improvement in this regard was stated for a second time.

Cleaning chemicals and perfumes were accessible in the communal bathroom in the dementia unit which posed a potential risk to patients. An area for improvement was identified.

We observed that some of the wheelchairs and manual handling equipment was not effectively cleaned between use, this was discussed with the manager and an area for improvement was identified.

We also identified various areas of chipped paint to door frames and walls. We discussed this with the manager who advised that the ongoing painting and repair was part of the current maintenance works within the home. Progress with this will be reviewed at the next inspection.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period in addition to the regular cleaning schedule.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) was provided to all visitors before proceeding further into the home. Visiting arrangements were in place in keeping with the current guidance.

The home's environment was generally well managed to provide a comfortable and safe environment. The home's environment will be improved through compliance with the area of improvement identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example patients chose when they got up, if they wanted to stay in their room or go to the communal lounge. Activities were ongoing in the home and the activity therapist was observed engaging 1:1 with patients in conversation and also group activities. The provision of activities will be reviewed further during the next inspection.

Staff recognised the importance of maintaining good communication with families especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in management arrangements since the last inspection. The manager confirmed that the home was operating within its registered categories of care.

Staff were aware who the person in charge of the home was their own role in the home and staff advised they knew how to raise concerns or worries about the patients, care practices or the environment.

We reviewed a sample of governance audits in place to monitor the quality of the service provided. Audits focusing on infection prevention and control and hand hygiene were not available to view on inspection. A sample was provided post inspection. Further detail was required in the recording of the accident/incident audits. The development of the auditing system in the home was discussed with the manager to include oversight of patients' weights and use of restraint in the home. An area for improvement was stated for a second time.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due.

There was an up to date fire risk assessment completed for the home on 5 October 2020 no action plan was required.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

There were systems in place to ensure that patients were safely looked after in the home. Compliance with the area for improvement will enhance the systems to monitor quality of care provided to the patients

6.0 Conclusion

The home was warm, welcoming and patients were relaxed in communal rooms or their own bedrooms. Activities were taking place and patients were enjoying each other's company.

As a result of this inspection four new areas for improvement were identified in respect of the dining experience, recording of repositioning, access to chemicals and attention to detail in cleaning of equipment. Three areas for improvement under the regulations and one under the standards will be stated for a second time

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager. Compliance with the areas for improvement will enhance the service provided at Antrim Care Home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

* The total number of areas for improvement includes three under regulation and one under the standards that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Smyth, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that in relation to infection prevention and control the following is addressed</p> <ul style="list-style-type: none"> • inappropriate storage of items/equipment in the identified bathrooms • storage of items on the floor of the linen store. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Additional storage had already been purchased and was installed on the second day of the inspection to ensure incontinence products were stored appropriately. Staff have been reminded to use the cupboards and the housekeeper will ensure ongoing compliance. An alternative storage solution for items in the linen cupboard has been agreed which will eliminate the need for the floor to be used for storage</p>
Area for improvement 2 Ref: Regulation 16 Stated: Second time To be completed by: 1 September 2021	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of but not limited to:</p> <ul style="list-style-type: none"> • wound care • weight management • manual handling • up to date multi-disciplinary recommendations e.g. SLT. <p>Ref:5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff nurses have been reminded of the importance of ensuring assessments and care plans are accurate and up to date. A new system will be introduced where staff nurses give the manager a written handover of any changes to residents care for the previous 24 hour period, which will be audited daily by the HM</p>
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: Second time	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Ref: 5.1 and 5.2.2</p>

To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: The HCH policy and procedure will be shared with staff to ensure they are all aware of the best practice guidance in recording neurological observations following an unwitnessed fall
Area for improvement 4 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure the patients are protected from hazards to their health. This is stated but not limited to the access to chemicals and perfumes in the bathroom in the dementia unit. Ref 5.2.3
	Response by registered person detailing the actions taken: Staff have been reminded to keep all cleaning chemicals locked away and additional storage has been put in place to ensure this is implemented
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 1 September 2021	The registered person shall ensure when deficits are identified during the auditing process an action plan is developed. Any actions taken as a result of this action plan must be clearly documented. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: All audits have an identified action plan which is given to the named nurse, completed and returned to the HM - this process will continue to be monitored
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 31 August 2021	The registered person shall ensure that the dining provision for patients is managed in such a manner as to promote a compassionate and person centred dining experience for patients at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have been reminded to ensure that residents are aware of the dish they are being served, especially those who are on a modified diet.

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing.</p>	<p>The registered person shall ensure repositioning charts are completed in full at the time of the repositioning and that the nursing staff evaluate the effectiveness of this care.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: The importance of accurate recording of re-positioning has been discussed with care staff and will be monitored on a daily basis by senior care staff</p> <p>Response by registered person detailing the actions taken: The cleaning regime has been updated and will continue to be monitored on a daily basis and between patient use</p>

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