



The **Regulation** and
Quality Improvement
Authority

Antrim Care Home
RQIA ID: 1434
88 Milltown Road
Antrim
BT41 2JJ

Inspector: Aven Donnelly
Inspection ID: IN024145

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**Unannounced Care Inspection
of
Antrim Care Home**

11 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 11 February from 12.45 to 15.15 hours.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 11 January 2016.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hutchinson Homes Janet Montgomery	Registered Manager: Sharon Smyth
Person in Charge of the Home at the Time of Inspection: Sharon Smyth	Date Manager Registered: Sharon Smyth – application not yet submitted
Categories of Care: RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 53
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £623 - £633

3. Inspection Focus

The focus of this inspection was to assess the day to day operations of the home since registration on 25 January 2016.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with the responsible person
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- incident and accident notifications
- the previous care inspection report

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, three care staff, two nursing staff and two ancillary staff members.

The following records were examined during the inspection:

- the statement of purpose
- the patient's guide
- complaints records
- accidents and incidents
- staffing arrangements in the home
- three patient care records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 11 January 2016. No requirements or recommendations were made.

5.2 Additional Areas Examined

5.2.1. Comments of Patients and Staff

As part of the inspection process patients and staff were consulted. There were no patient representatives present on the day of inspection. All comments were generally positive. Some comments received are detailed below.

Patients

'It's good enough here'
 'I have no reason to complain'
 'It (the change in ownership) hasn't affected me'.

Staff

'It's ok here'
 'The change to the new owners has been smooth'
 'There haven't been many changes. Everything was communicated well'
 'It was all of a shock, but the new owners are on the ball'
 'There have been no problems'
 'It's all fine here'.

5.2.2. Incident and Accidents

A review of the incidents and accidents was conducted. The incident/accident reporting format required improvement; however discussion with the responsible person confirmed that plans were in place for the accidents/incidents to be recorded electronically.

It was noted that two patients had fallen in the home, since 25 January 2016. The review of the care records confirmed that the trust had been appropriately notified of the incidents and prompt action had been taken in each case. However, a review of the care records did not evidence that the relevant risk assessments and care plans had been updated in response to these incidents. A recommendation was made in this regard.

5.2.3. Statement of Purpose and Service User Guide

The Statement of Purpose and the Service User Guide were submitted to RQIA in draft format on 08 December 2015. Final versions were not available for inspection, therefore the draft versions were reviewed. A review of the draft Statement of Purpose identified that the document required further development. For example, there were no details regarding the qualifications and or experience of the responsible person or manager. The status or constitution of the home was not included. There was no information provided regarding the organisational structure, categories of care, admission criteria, number and size of rooms. A recommendation has been made in this regard.

A review of the draft Service User Guide also identified that the document required to be further developed. For example, the terms and conditions in respect of patient services provided to patients, including the amount and method of payment of charges were not outlined in sufficient detail. The arrangements for dealing with complaints were included; however, there was no information provided as to the process to follow, should complainants remain dissatisfied with the management of complaints. There was no reference to the review processes regarding quality of care and the contact details for RQIA were not included. A recommendation has also been made and is incorporated into the above recommendation.

5.2.4. Registered Manager Status

Ms Sharon Smyth had recently been appointed as the permanent manager of the home. Application to register with RQIA was in the process of being undertaken.

5.2.5. Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

Areas for Improvement

The falls risk assessment should be reviewed in response in changes to the residents' condition and the care plan amended accordingly.

The Statement of Purpose and Service User Guide should be reviewed. Provider Guidance on the Development of a Statement of Purpose is available on the RQIA website.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 22.6 Stated: First time To be Completed by: 11 April 2016	The falls risk assessment should be reviewed in response in changes to the residents' condition and the care plan amended accordingly. Ref: Section 5.2.2		
	Response by Registered Person(s) Detailing the Actions Taken:		
Recommendation 2 Ref: Standard 34.4 Stated: First time To be Completed by: 11 April 2016	The Statement of Purpose and Service User Guide should be reviewed. The above documents should be submitted to RQIA with the returned QIP. Ref: Section 5.2.3		
	Response by Registered Person(s) Detailing the Actions Taken:		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to RQIA Office

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>The falls risk assessment should be reviewed in response in changes to the residents' condition and the care plan amended accordingly.</p> <p>Ref: Section 5.2.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been advised to review the falls risk assessment after any changes. This will be made easier for them through the introduction of Epic-care, which will send a prompt to remind them to re-assess and update care plan</p>		
<p>Recommendation 2</p> <p>Ref: Standard 34.4</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>The Statement of Purpose and Service User Guide should be reviewed.</p> <p>The above documents should be submitted to RQIA with the returned QIP.</p> <p>Ref: Section 5.2.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Copy of Patient Guide, patient agreement and Statement of Purpose enclosed</p>		
<p>Registered Manager Completing QIP</p>	<p><i>Harriet Smyth</i></p>	<p>Date Completed</p>	<p>9/4/16.</p>
<p>Registered Person Approving QIP</p>	<p><i>[Signature]</i></p>	<p>Date Approved</p>	<p>9.4.2016</p>
<p>RQIA Inspector Assessing Response</p>	<p><i>A Donnelly</i></p>	<p>Date Approved</p>	<p>15/04/16</p>

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