

# Inspection Report

6 February 2023



## Ballyclare Nursing Home

Type of service: Nursing

Address: 107a Doagh Road, Ballyclare, BT39 9ES

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Hutchinson Homes Limited  <b>Responsible Individual:</b> Mrs Janet Montgomery	<b>Registered Manager:</b> Mr Noby Jacob – not registered
<b>Person in charge at the time of inspection:</b> Mr Noby Jacob	<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> 28
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors. Patient bedrooms are located over the two floors. Patients have access to communal lounges and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 February 2023, from 9.10 am to 6.10 pm 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 were well presented in their appearance and appeared happy and settled in the home.

Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Noby Jacob, Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff.

who were helpful and friendly. Patients' comments included: "The care in here is good and the food is excellent" and "I am getting well looked after."

Relatives also shared positive comments regarding the care and attention their loved one receives from the staff.

No questionnaires were returned. One staff member completed some of the staff survey and shared the following comment; "this home is very good and we all are very happy to provide the service to elderly people".

### **5.0 The inspection**

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

Areas for improvement from the last inspection on 04 August 2022		
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 13 (4) <b>Stated:</b> First time	The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21 (5) (d) <b>Stated:</b> Third time	The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 21 (a) <b>Stated:</b> Second time	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.	<b>Met</b>
	<ul style="list-style-type: none"> <li>• All wounds should have detailed individual care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure evidence of all pre-employment checks is retained in the home and available for inspection.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that neurological observations are consistently recorded in line with best practice guidance in the event of an actual / suspected head injury.</p>	<b>Not met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records did not evidence neurological observations were consistently recorded in accordance with the home's fall policy.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14(2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and assure the quality of nursing and other services in the home.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered person shall ensure staff training in manual handling is updated and this training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that repositioning records are time specific and patients are repositioned as per their care plan.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of repositioning records evidenced a time specific entry however, the records reviewed evidenced gaps in the repositioning regime and the care plans reviewed did not state the actual prescribed repositioning schedule for the patient.  This area for improvement has been partially met and has been stated for a second time.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that the records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records did not evidence the exact nature of the meals consumed by patients.  This area for improvement has not been met and has been stated for a second time.	

<b>Area for improvement 6</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated in reference to, but not limited to, manual handling equipment and wheelchairs.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of wheelchairs and moving and handling equipment were observed not clean.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure food thickening agents are stored safely and securely at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another.

Discussion with staff raised concern regarding the morning routine, staff raised concern regarding the timely serving of breakfast for one identified patient and also that patients remained in the dining room, many in wheelchairs until breakfast had been served to all patients and then the patients were assisted to the lounge area. This was discussed with the manager and he agreed to discuss this with staff and review the morning routine. An area for improvement was identified.



The duty rotas accurately reflected the staff working in the home over a 24-hour period. A review of the duty rota did not evidence that the nurse in charge in the absence of the manager was clearly identified, furthermore, the full names of all staff working in the home including agency staff was not evident. An area for improvement was identified.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care in regard to gaining consent and an appropriate care plan. However, it was established the manager did not regularly audit the use of restraint to ensure it remained proportionate. The manager agreed to implement a restrictive practice audit and this will be reviewed at a future inspection.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned regularly and a number of patient care plans did not identify a repositioning schedule. An area for improvement was partially met and is stated for a second time.

Discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. A review of neurological observations identified the observations were not completed as per the nursing homes local falls policy. An area for improvement has not been met and is stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the meals were covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home. Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to.

A selection of food and fluid intake records were reviewed; the records were well documented by the staff however; the records did not provide detail as to the actual food consumed by the patient. For example, staff documented; "full dinner" or "full pudding". An area for improvement was not met and is stated for a second time.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient such as family photos and sentimental items from home.

Manual handling equipment was observed stored in the foyer of the home which in the event of an emergency would obstruct the safe evacuation of the home. This was discussed with staff who moved the equipment to a more appropriate storage area. Furthermore, a bedroom door upstairs was observed being held open with a chair. An area for improvement was identified.

Despite an area for improvement from the previous care inspection manual handling equipment and wheelchairs were observed not effectively cleaned. An area for improvement was stated for a second time.

The hairdressing room was observed unlocked with access to hairdressing products and nail polish. This room should be locked when not in use. An area for improvement was 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 could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Patients were observed listening to music, doing puzzles, chatting with staff and watching TV.

Discussion with patients regarding the activity provision did not provide assurance that activities were routinely delivered. This was discussed with the manager who did advise at times the activity staff member had been deployed to assist in the kitchen due to staff shortage.

Given the feedback from patients the manager was asked to review the provision of activities in the home to ensure patients have purpose and meaning to their day. An area for improvement was identified.

Visiting 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 a change in the management of the home since the last inspection. Mr Noby Jacob, is acting manager in the home at present.

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

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion. As discussed above the manager did not audit restrictive practices but agreed to implement this going forward.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

### 6.0 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
<b>Total number of Areas for Improvement</b>	4*	6*

\*the total number of areas for improvement includes one Regulation and three standards that have been stated for a second time. One regulation is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Noby Jacob, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection	The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that neurological observations are consistently recorded in line with best practice guidance in the event of an actual / suspected head injury.  Ref: 5.1 and 5.2.2  <b>Response by registered person detailing the actions taken:</b> Staff have been reminded Via email, flas Staff meeting and signing the Monthly Falls adudit to Adhere the best practice Following an unwitnessed fall.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in regards to fire safety: <ul style="list-style-type: none"> <li>• corridors and escape routes are maintained clear at all times</li> <li>• bedroom doors are not propped open.</li> </ul> Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> The Door propped open on the day of Inspection Fitted with Door Gurad. Equipements parked on corridors removed and escape routes are now clear.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</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 as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated.</p> <p>This is with specific reference to ensuring the hairdressing room remains locked at all times when not in use.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Hair Dressing Room is Now kept Locked all the time.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</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 repositioning records are time specific and patients are repositioned as per their care plan.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff Nurses have been informed to make necessary changes to the care plans to ensure Turing Regieme is stated and this should reflect on the Turning charts in bed rooms.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 February 2023</p>	<p>The registered person shall ensure that the records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staffs have been informed via Flash Staff meeting, Memo signed by staff. This is checked and Monitored By staff Nurses on a daily basis.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 February 2023</p>	<p>The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated in reference to, but not limited to, manual handling equipment and wheelchairs.</p> <p>Ref: 5.1 and 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A daily Cleaning Rota is already in place, House Keeping staff allocated to do an extra cleaning to ensure an affective Cleaning System.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</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 that the morning routine is reviewed to ensure that it is flexible and responsive to the needs of the patients; this includes ensuring that patients are provided with breakfast timely and that patients are transferred to the lounge within a reasonable timeframe after eating their breakfast.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff members are available in the dining room to facilitate the same. Patients are Transferred to the Lounge with in a reasonable time frame.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</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 that the staff duty rota is maintained in keeping with legislation and best practice guidance, with specific reference to:</p> <ul style="list-style-type: none"> <li>• the duty rota does not evidence the use of correction fluid</li> <li>• the full name of all staff is always recorded.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Duty Rota Redesigned to accommodate the full name of all staff members.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2023</p>	<p>The registered person shall ensure that the activity provision to all patients is understood to be an integral part of the care process and is planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The activity programme at Ballyclare is an exceptional programme and the activity officer there provides an excellent service which is planned and delivered to suit the needs of residents. She also offers individual one-to-one opportunities with those who can and wish to avail of the same.</p> <p>Record keeping will be enhanced to reflect this reality of the provision and the involvement of the residents will be recorded.</p>

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



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