

Inspection Report

17 January 2024



Ballyclare Nursing Home

Type of service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Telephone number: 028 9334 0736

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Hutchinson Homes Ltd Responsible Individual: Mrs Janet Montgomery	Registered Manager: Mr Noby Jacob – not registered
Person in charge at the time of inspection: Princy Abraham- Registered Nurse	Number of registered places: 34
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: 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 17 January 2024 from 9.30 am to 6.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection on 26 July 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were well presented in their appearance and appeared happy and settled in the home.

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

RQIA discussed the ongoing absence of a permanent manager for Ballyclare Nursing Home with the support manager at the conclusion of this inspection and the Responsible Individual after the inspection. As a consequence of the ongoing instability of the management arrangements lack of progress was seen with the Quality Improvement Plan; where some areas

for improvement have been ongoing since 4 August 2022. RQIA were advised that recruitment for a new permanent manager for the home has been successful and the new manager is due to commence employment in the next few months and that the home will continue to have support from the senior management team.

RQIA were assured that the delivery of care and service provided in Ballyclare Nursing Home was compassionate. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team 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 Maria Bothwell, Support 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 safe and well looked after by the staff who were helpful and friendly. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Ballyclare Nursing Home, patients' comments included; "I am very happy here", "I have no complaints" and "the food is beautiful".

One questionnaire was returned from a relative who indicated from their response that they were very satisfied with the care and services provided to their loved one in Ballyclare Nursing Home.

Compliments received are kept and shared with staff as appropriate.

There was no response from the staff online survey within the allocated timeframe.

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 26 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures.	Not met
	Action taken as confirmed during the inspection: Care records reviewed confirmed individual patient dependency levels are assessed by the registered nurses on an ongoing basis. However, no evidence was provided on inspection or afterwards of the ongoing managerial oversight of the overall patient dependencies within the home that contributes to determining staffing levels. This area for improvement has not been met and is stated for a second time.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all nutritional supplements and thickening agents are stored securely.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the environment did not identify any thickening agents inappropriately stored. However, nutritional supplements were identified not securely stored within the dining room.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 9</p> <p>Stated: First time</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> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: Second time</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"> • the duty rota does not evidence the use of correction fluid • the full name of all staff is always recorded. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: Third time</p>	<p>The registered person shall ensure that repositioning records are time specific and patients are repositioned as per their care plan.</p> <p>Action taken as confirmed during the inspection: Review of repositioning records confirmed they were time specific, however, the records evidenced that some patients were not repositioned as prescribed in their care plan.</p> <p>This area for improvement has been partially met and has been subsumed into a new area for improvement under regulation</p>	<p>Partially met</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: Third time</p>	<p>The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated with reference to, but not limited to, manual handling equipment and wheelchairs.</p> <p>Action taken as confirmed during the inspection: A review of a selection of wheelchairs confirmed they were clean. However, manual handling equipment was observed to not be effectively cleaned.</p> <p>This area for improvement has been partially met and has been subsumed into a new area for improvement under regulation.</p>	<p>Partially met</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: Second time</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>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Not met</p>	
<p>Area for Improvement 6</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>		<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient.</p> <p>The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a selection of new patient care records identified that they were not commenced within the required timeframe nor did they fully reflect the assessed needs of the patient.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>	
<p>Area for Improvement 7</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>		<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a patient's care records who had a hospital admission identified that the care records were not reviewed timely following readmission to the nursing home.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

<p>Area for Improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient has a wound, specific wound care plans are developed and kept under regular review.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of wound care records did not provide evidence that the wound care plan was specific to identify all the wound care required and inconsistencies were noted in the dressings used by the nursing staff.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make provision for the nursing, health and welfare of patients.</p> <p>Completed audits should be conducted on a regular basis, and evidence completion of associated action plans:</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> • The home's environment • Care records • Wound care • Restrictive practice • Patient dependency. <hr/> <p>Action taken as confirmed during the inspection: A review of audits did not evidence a regular environmental or patient dependency audit.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role and were satisfied with the current staffing levels. Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

There were systems in place to ensure staff were trained and supported to do their job. Gaps were evident in a number of mandatory training topics. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Review of records evidenced that regular checks were done to ensure the registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) however, there was gaps identified in the regular checks made to ensure that the care staff registrations with the Northern Ireland Social Care Council (NISCC) were up to date. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Patients commented positively about the food and that they got "plenty to eat".

A selection of care records was examined; generally, there was evidence that the quality of the care records needed improvement so that they fully reflected all the assessed needs of the patients. As stated in section 5.1; new patient care records were not commenced timely nor did they fully reflect all the assessed needs of the patients, repositioning records did not evidence that patients were repositioned as prescribed, wound care plans lacked detail and patients who had returned from a hospital stay did not have their records reviewed following readmission to the home until the following month. All these deficits were discussed in detail with the support manager who agreed to follow up with individual staff to ensure the care records were updated.

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. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

It was observed the home was dealing with a leak on the day of inspection, assurance was provided that the source of the leak had been identified and that it would be addressed by the end of the day so that it would not adversely affect the patients or staff working in the affected area.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

A system was in place to clean manual handling equipment and wheelchairs, although a selection of wheelchairs was observed clean, manual handling equipment was not. This was discussed with the support manager who agreed to review the current system for cleaning the patient equipment. An area for improvement was partially met and subsumed into a new area for improvement under regulation.

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 also confirmed that they could remain in their bedroom or go to a communal room as desired.

Patients were observed engaging in their own activities for example; listening to music, doing puzzles, reading and watching TV. The weekly planned activities were displayed in the foyer; planned activities included a religious service, crafting and games.

The activity staff member was observed providing a number of patients with nail care and reading to another patient who was resting in bed.

Activity records were maintained by the activity staff member. It was discussed with the support manager how the records could be improved to evidence a more meaningful content. The support manager agreed to action and further review the records, the stated area for improvement is carried forward for validation at the next inspection.

5.2.5 Management and Governance Arrangements

There has been a further management change since the last inspection. Mr Noby Jacob, the current deputy manager is acting up to the manager's position in the absence of a permanent manager; however, discussion with the management team advised that a new manager has been recruited and will start within the next few months.

A system of auditing was in place for a number of areas to monitor the quality of care and other services provided to patients. However, some of the audits included in section 5.1 were not available for review. An area of improvement was stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	7*	6*

*the total number of areas for improvement includes two areas under regulation and four areas under the standards that have been stated for a second time. One regulation and two standards are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Maria Bothwell, Support 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 (4) Stated: 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. Ref: 5.1
To be completed by: Ongoing from the date of inspection (14 June 2022)	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.
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: Second time	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures. Ref: 5.1
To be completed by: 31 January 2024	Response by registered person detailing the actions taken: Monthly dependency reviews are carried out to ensure staffing levels meet the needs of the residents over the 24 hour period. Additional recruitment is ongoing to meet the need of the twilight shift in particular

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure that all nutritional supplements and thickening agents are stored securely.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A secure storage area is available and this is being monitored daily to ensure all supplements are stored safely</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2024</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Mandatory updates are ongoing throughout the year, and any outstanding sessions have either been completed or arranged for the next few weeks</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure care staff registration with the Northern Ireland Social Care Council (NISCC) audits are completed regularly.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Monthly NISCC checks are in place and this will be monitored on an ongoing basis</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: This has been discussed with the staff team; daily audits are in place to ensure compliance in all aspects of re-positioning of patients</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated with reference to, but not limited to, manual handling equipment.</p> <p>Ref: 5.1 and 5.2.3</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</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: 5.1</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 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: 5.1 and 5.2.4</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient.</p> <p>The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p> <p>To be completed by: 18 January 2024</p>	<p>Response by registered person detailing the actions taken: This has been discussed with the staff nurses and audits in place for 5 day post admission to ensure compliance</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: This has been discussed with the staff nurses and audit in place to ensure compliance</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 18 January 2024</p>	<p>The registered person shall ensure that where a patient has a wound, specific wound care plans are developed and kept under regular review.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: This has been discussed with the staff, and wound care audit in place to ensure compliance</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2024</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make provision for the nursing, health and welfare of patients.</p> <p>Completed audits should be conducted on a regular basis, and evidence completion of associated action plans:</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> • The home’s environment • Care records • Wound care • Restrictive practice • Patient dependency. <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The governance aspects of care have been reviewed and some audits delegated to staff nurses to ensure all areas are audited on a regular basis</p>

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