

Inspection Report

26 July 2023



Ballyclare Nursing Home

Type of service: Nursing
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Telephone number: 028 9334 0310

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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	Registered Manager: Mrs Fransisca Ndro – not registered
Responsible Individual: Mrs Janet Montgomery	
Person in charge at the time of inspection: Mrs Fransisca Ndro	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: 32
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 26 July 2023, from 9.30 am to 6.45 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.

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 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 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, 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 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, Deputy 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 described the staff as "lovely" and "very good." 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, one patient commented; "I am quite content here". A relative spoken with expressed no concerns about the care their loved one receives.

Two student nurses were on placement; they both commented on the positive learning experience achieved during their time in the home and that the staff had made every effort to make them feel welcome.

There was no response from the staff online survey within the allocated timeframe and no questionnaires were returned.

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 6 February 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 13 (1) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure the following in regards to fire safety: <ul style="list-style-type: none"> • corridors and escape routes are maintained clear at all times • bedroom doors are not propped open. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second 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: Repositioning records were observed time specific but patients were not repositioned as prescribed in their care plans.</p> <p>This area for improvement is partially met and is stated for a third time.</p>	<p>Partially met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</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>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 46</p> <p>Stated: Second time</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>Not met</p>

	<p>Action taken as confirmed during the inspection: Manual handling equipment and wheelchairs were observed not effectively cleaned.</p> <p>This area for improvement is not met and is stated for a third time.</p>	
<p>Area for Improvement 4</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> <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 5</p> <p>Ref: Standard 41</p> <p>Stated: First 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 the duty rota did not evidence the use of correction fluid however, several entries were noted not to have the full name of staff.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First 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>Not met</p>

	Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity.	
	<p>Action taken as confirmed during the inspection:</p> <p>There was limited evidence that meaningful activities were delivered to patients.</p> <p>This area for improvement is not met and is stated for a second time.</p>	

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. The manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals showing a record of staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

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.

There was no evidence that the manager monitored patient dependency levels to ensure there was sufficient staff on duty at all times. Review of the duty rota, observation of patient acuity and feedback from staff raised concern that the current staffing levels may not be sufficient to meet the current needs of the patients accommodated, particularly during the night time. This was discussed with the manager who agreed to review the staffing, an area for improvement was identified.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the new manager approachable.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Care records reviewed included the recommendations of the dietician and/or the speech and language therapist (SALT) where required.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of care records for a new patient evidenced these had not been developed in a timely manner. Furthermore, care records for a patient who had recently been readmitted to the home, provided no evidence of these having been reviewed or updated following the readmission. Two areas for improvement were identified.

Further review of care records for other patients evidenced that care plans and risk assessments were in place to direct the care required. However, it was noted that a number of care plans required updating and in addition the review of care plans and risk assessments was inconsistent. An area for improvement was identified.

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 recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. The use of bed rails and alarm mats had been appropriately care planned and consent obtained where this is applicable.

Review of care plans for patients who required wound care did not clearly identify all the wound care required and one patient still had a care plan in place for a wound that was healed. An area for improvement was identified.

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 as prescribed in their care plans. Repositioning records reviewed were incomplete, some entries illegible and if a patient required the assistance of two staff, this was not always evident. An area for improvement has been stated for a third time.

Examination of records and discussion with the deputy manager confirmed that the risk of falling and falls were generally 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. The appropriate care records were reviewed and updated post fall.

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.

A review of the environment identified thickening agents in patient bedrooms and nutritional supplements in a dresser in the dining room, both these items should be securely stored when not in use. An area for improvement was identified.

A number of bed rail protectors were observed worn and in need of replacement, the deputy manager agreed to audit all the bed rail protectors and replace them as necessary.

The flooring in the laundry room was observed uneven; staff had attempted to fix the area with tape, this was discussed with the deputy manager who agreed to follow up. This will be reviewed on the next inspection.

The above environmental deficits were discussed with the deputy manager and it was established that the home did not routinely audit the environment, given the inspection findings it was suggested that an environmental audit should be implemented. This is included as an area for improvement with regard to governance audits, see section 5.2.5 and 6.0.

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 valid fire risk assessment was available for review.

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.

Discussion with patients regarding the activity provision did not provide assurance that activities were routinely delivered. Further review of activity records did not evidence that meaningful activities were routinely offered to patients, the documentation reviewed evidenced that the activity staff member included the provision of hairdressing services, assisting with meals and running errands as an activity. Furthermore; a number of patients did not have a documented activity recorded for a number of months. This was discussed with the manager. An area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Francisca Ndoro has been appointed home manager since 3 July 2023 and plans to submit her application to RQIA to be the registered manager of Ballyclare Nursing Home.

Staff commented positively about the new manager and described her as supportive and approachable.

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 a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. Gaps were evident in the regular auditing of wounds and restraint and the actions from a number of care plan audits had not been evidenced as completed. An area for improvement was identified.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 the Care Standards for Nursing Homes (Dec 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	4*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Noby Jacob, Deputy 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 To be completed by: Ongoing from the date of inspection (14 June 2022)	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 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: First time To be completed by: With immediate effect	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: 5.2.1 Response by registered person detailing the actions taken: Staffing levels and dependency are now being reviewed with the manager and Senior Management team on a 2 weekly basis. Consider is being given to recruiting a twilight care assistant
Area for improvement 3 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: This has been discussed with staff and the manager will ensure compliance through regular audits
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all nutritional supplements and thickening agents are stored securely. Ref: 5.2.3 Response by registered person detailing the actions taken: A suitable storage facility has been provided for staff to store supplements and thickening agents securely

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 9 Stated: First time To be completed by: 28 February 2023	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. Ref: 5.1
	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.
Area for improvement 2 Ref: Standard 41 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance, with specific reference to: <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. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: All correct fluid has been removed from the home and staff made aware they are not to use it. The off duty has been redesigned and staff names typed to ensure easy recognition
Area for improvement 3 Ref: Standard 23 Stated: Third time To be completed by: With immediate effect	The registered person shall ensure that repositioning records are time specific and patients are repositioned as per their care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: This has been discussed with staff and will be audited on a weekly basis by the Manager/Deputy until good practice is embedded.

<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: Third time</p> <p>To be completed by: 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 with reference to, but not limited to, manual handling equipment and wheelchairs.</p> <p>Ref: 5.1 and 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2023</p>	<p>Response by registered person detailing the actions taken: A cleaning rota has been implemented and all staff aware of this. A weekly audit will also be carried out to ensure compliance</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>Response by registered person detailing the actions taken: A weekly plan of meaningful activities is now completed and reviewed by the manager</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the importance of completing timely assessments and care plans, and the Home manager will audit on Day 5 post admission for any new residents</p>

<p>Area for improvement 7</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.2</p>
<p>Area for improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Staff have been reminded to update all relevant risk assessments and care records on return from hospital. Home manager will audit this to ensure compliance</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: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the importance of accurate record keeping and a wound audit will be completed by the manager</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2023</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: 5.2.3 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A full audit plan has been drawn up for completion by the home manager and deputy manager and will be reviewed by the Quality Improvement Manager to ensure compliance and actions arising followed through</p>

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