

Inspection Report

30 July 2021



Ballyclare Nursing Home

Type of service: Nursing (NH)
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

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Mrs Janet Montgomery	Registered Manager: Mrs Dorothy Burns Date registered: 17 December 2018
Person in charge at the time of inspection: Kathleen Kelly – 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: 15
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 30 July 2021, from 9.20 am to 4.00 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.

Seven new areas requiring improvement were identified as outlined in the Quality Improvement Plan. An area for improvement in relation to the monitoring of staff professional registration has been stated for the second time.

Patients told us that they were well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients, staff and relatives are included in the main body of this report.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in Ballyclare Nursing Home was safe, effective, compassionate and that the home was well led.

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 and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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

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

At the end of the inspection Sharon Bell, Manager of Clareview Nursing Home and Andrea Cardosa, Staff Nurse, were provided with details of the findings.

4.0 What people told us about the service

We spoke with seven patients, 11 staff and one relative during the inspection. No questionnaires were returned. We received three staff responses from the online survey, the responses and comments made were discussed in detail with Sharon Bell (Manager Clareview nursing home) for her appropriate action.

Patients expressed no concerns about the care they received and confirmed that all of the staff were good. Patients also told us that the food was good. One patient told us "This is my home and I am very settled here". A relative commented on how communication in the home was good and how their loved one was well looked after and enjoyed the company.

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 4 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4)(c) Stated: First time	The registered person shall ensure bedroom doors are not propped open.	Met
	Action taken as confirmed during the inspection: Bedroom doors were not observed to be propped open.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • continence aids are stored in their original packaging • the storage of patients' toiletries in communal bathrooms • shelving within storage areas to allow for adequate cleaning of the floor. 	Met
	Action taken as confirmed during the inspection: Continence aids were observed stored in their original packaging. Patient toiletries were not observed in communal bathrooms. Storage area shelving has been reviewed and now allows for appropriate cleaning of the floor.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <hr/> <p>Action taken as confirmed during the inspection: Thickening agents were appropriately stored in a secure area within the dining room.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (5)(d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.</p> <hr/> <p>Action taken as confirmed during the inspection: A system is in place for checking staff registration. Registered Nurse checks were up to date. Care staff registration checks were not observed up to date.</p> <p>This area for improvement has been partially met and has been stated for the second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.</p> <hr/> <p>Action taken as confirmed during the inspection: Pull cords were observed appropriately covered.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Recruitment procedures were not checked on this inspection and will be reviewed at a future inspection.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure that staff completed the necessary training relevant to their role.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the management team.

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. We observed the use of correction fluid on the duty rota to correct mistakes or if the duty rota had been altered. This was discussed with staff and it was explained how any amendments should be dated and signed and the use of correction fluid is not recommended. An area for improvement was identified.

The nurse in charge in the absence of the manager is required to have undergone a competency and capability assessment for this role to ensure that they had the necessary knowledge and understanding prior to taking charge. Review of these competency and capability assessments evidenced they were not up to date. An area for improvement was identified.

Review of records highlighted that there was a lack of robust governance arrangements for the monitoring of the professional registration of staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC), but the checking of care staff registrations with the Northern Ireland Social Care Council (NISCC) were not consistently done. An area for improvement will be stated for a second time. Assurance received from the home after the inspection confirmed all care staff are appropriately registered with NISCC.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients' needs, their daily routine, likes and dislikes.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained. It was observed the repositioning documentation required updating to enable staff to clearly document repositioning as prescribed in the patients plan of care, this was discussed with staff and will be followed up on a future inspection.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Patients who required care for wounds had this recorded in their care records. A review of care records in regards to the care of a number of wounds evidenced inconsistencies in the frequency of dressing change, the type of dressings to be used and the updating of care records if a change in the wound was observed. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. There was a variety of drinks available. Patients told us they enjoyed the food provided in the home.

Patients who choose to have their lunch in their bedroom or lounge areas had trays delivered and the food was covered on transport. The menu was clearly displayed and reflected the food served.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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.

There was evidence throughout the home of 'homely' touches. Patients' artwork, newspapers, magazines and jugs of juice or water were available in lounges and bedrooms and patients were offered suitable drinks and snacks between their main meals.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The most recent fire risk assessment was undertaken on 5 October 2020 with no areas to action identified.

Inappropriate storage of patient equipment was observed in several communal bathrooms. This was discussed with staff and an area for improvement was identified.

We identified one bathroom not being used as set out in the homes statement of purpose. The room was observed cluttered and used to store various items. The use of this bathroom as storage space was discussed at the previous care inspection but no progress had been made in the clearing of this room or in the progress of a variation submission to RQIA to change the purpose of this room. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with Department of Health and IPC guidance.

There was no evidence that staff use of PPE and hand hygiene had been recently monitored by the manager. It was observed that staff did not consistently don PPE prior to assisting patients with moving and handling tasks although PPE was used appropriately otherwise; an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients who were able and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

Patients were observed listening to music, chatting with staff, reading, colouring in and watching TV. Discussion with staff advised the activity staff member was on leave and the care staff provided patients with activities during the afternoon.

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

5.2.5 Management and Governance Arrangements

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.

RQIA were advised on inspection that there was no manager at present in the home due to unforeseen circumstances. Management systems are to be in place to assure the safe delivery of the quality of care within nursing homes; therefore in the absence of a manager RQIA requested from the directors of Hutchinson Homes that alternative management arrangements need to be considered and appropriately communicated with RQIA as soon as possible.

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. Review of the wound audits did not evidence the consistent auditing of this aspect of care delivery. An area for improvement was identified.

Complaint records were reviewed and no complaints had been recorded since 2018. There was also no way to determine if the manager regularly reviewed any complaints / expressions of dissatisfaction in order to drive improvement and improve care delivery. This was discussed with staff how a monthly audit should be implemented to oversee all complaints or expression of dissatisfaction; this will be followed up on a future inspection.

Messages of thanks including any thank you cards and emails received were kept and shared with staff.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

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.

There was no evidence that staff, patient or relatives meetings had been conducted recently, this was discussed with the staff who agreed to plan meetings as soon as possible. This will be followed up on a future inspection.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. There were safe systems in place to ensure staff were trained properly; and that patients' needs were met by the number and skill of the staff on duty. Care was provided in a caring and compassionate manner.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner. Arrangements are required to assure RQIA of the ongoing managerial arrangements for the home. Compliance with the areas for improvement will enhance the service provided at Ballyclare Nursing Home.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	5

*the total number of areas for improvement includes one area under regulation that is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Bell, Manager (Clareview Nursing Home) and Andrea Cardoso, Staff Nurse, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (5)(d) (i)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: There is a Robust system in place to allow regular monitoring of Staff Registration with NMC and NISCC. A company wide process is being sought to allow this to happen in a more effective manner also. It is planned that the first Monday of each month a spreadsheet will be printed and checked then issued to each home for further consideration and responding to any deficiencies.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • All wounds should have detailed individual care plan • The frequency of dressing change should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff Nurses are fully aware of accurate care documentation and ensure it reflects accurately .This was corrected at the time of Inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2021</p>	<p>The registered person shall review the use of the identified bathroom and if necessary submit a variation to registration to RQIA.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Equipment no longer in use is being removed. Should a change be deemed necessary to the use of this room a variation will be submitted.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Duty sheet is computerised and maintained in keeping with legislation and best practice guidance. All staff reminded that tippex is not to be used.</p>
Area for improvement 2 Ref: Standard 41.7 Stated: First time To be completed by: 30 August 2021	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Registered Nurses competency and capability assessments are in progress , will be completed.</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	<p>The responsible person shall ensure communal bathrooms are not used to store patient equipment.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There are no more Storage in communal bathrooms, All equipment removed.</p>
Area for improvement 4 Ref: Standard 46.2 Stated: First time To be completed by: With immediate effect	<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> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been reminded of PPE compliance through verbal/written communications,Flash meetings and pictorial communication in home.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Wound care audits • PPE compliance audits • Hand hygiene audits. <p>Ref: 5.2.3 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Robust Auditing system in place for wound care, PPE, and Hand hygiene.</p>

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