



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 January 2020



Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 028 9334 0310
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 34 patients.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Dorothy Burns 17 December 2018
Person in charge at the time of inspection: Dorothy Burns	Number of registered places: 34 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
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: 27

4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 09.50 hours to 15.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Ballyclare Nursing Home which provides nursing care.

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

An area for improvement in respect of a previous medicines management inspection was not reviewed as part of this inspection and is carried forward to the next inspection.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a clear understanding of the individual needs of the patients and there was evidence that they worked well as a team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Four areas for improvement were identified during the inspection in relation to record keeping, infection control, maintenance of equipment and the actions required in relation to falls management.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

We would like to thank the patients, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*5

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dorothy Burns, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 10 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

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. One patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 20 January to 2 February 2020
- incident and accident records
- two patient care records
- patient care charts including food and fluid intake charts
- staff induction records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October, November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (5) Stated: First time	<p>The registered person shall ensure that staff understand and adhere to the regional and professional guidelines for the use of a potential restrictive practice. Patient care records should accurately reflect that the guidelines have been adhered to.</p>	Met
	<p>Action taken as confirmed during the inspection: It was identified that all staff have completed training on Deprivation of Liberty (DOL). Staff demonstrated that they adhere to the regional and professional guidelines for the use of a potential restrictive practice.</p> <p>Care records included details of any agreed restrictions in place.</p>	
Area for improvement 1 Ref: Regulation 17 Stated: First time	<p>The registered person shall ensure that systems are maintained for the reviewing of the quality of nursing and other services in the home that include consultation with patients and their representatives. A report should be available in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: There is a system for reviewing the quality of services provided and an annual quality report has been completed.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that care plans are kept under review and updated in response to the changing needs of patients.	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that care plans are reviewed monthly or as required. Staff record daily the care and support provided to individual patients.	
Area for improvement 2 Ref: Standard 39.1 Stated: First time	The registered person shall ensure that the induction training records for newly appointed staff are available and evidence that induction training had been satisfactorily completed.	Met
	Action taken as confirmed during the inspection: Staff induction records viewed indicated that new staff had received appropriate induction training at the commencement of employment.	
Area for improvement 3 Ref: Standard 12.5 Stated: First time	The registered person shall ensure that the management of individual's fluid intake has been assessed and where need is identified a care plan identifying when action is to be taken when the desired daily intake is consecutively not achieved.	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that individual patients fluid intake had been assessed. Care plans included details of actions to be taken if the desired daily intake was not achieved. We discussed with the manager the benefits of recording the desired daily intake for each patient on their daily nutritional intake record.	

Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure the patients dining experience is reviewed with specific attention given to: <ul style="list-style-type: none"> • The system in place for patients who cannot come to the dining room • The use of the microwave • The noise level in the dining room 	Met
	Action taken as confirmed during the inspection: We viewed that dining experience and noted that the above areas for improvement have been satisfactorily addressed.	
Area for improvement 5 Ref: Standard 7 Stated: First time	The registered person shall ensure that the views and opinions of patients and their relatives about the running of the home are sought formally at least once a year.	Met
	Action taken as confirmed during the inspection: We viewed evidence that a satisfaction survey had been distributed to patients and their relatives requesting that they provided their views in relation to the quality of the service provided. The manager stated that this process will be completed regularly.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that the systems in place for recording tasks which are delegated to care assistants are reviewed to ensure they are robust.	Carried forward to the next care inspection
	This area for improvement was not assessed as part of this inspection and will be carried forward.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home; the manager was registered in December 2018. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative staff, an activities co-ordinator and housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was displayed appropriately and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's staff rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met.

It was identified that on a number of occasions correction fluid and white stickers had been used to make amendments to the staff rota information. This was discussed with the manager and an area for improvement identified.

Discussions with a number of patients and relatives during the inspection identified that they had no concerns with regards to receiving the appropriate care and support to meet their needs.

The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs. Staff stated that on occasions staffing levels may be reduced when staff cancel shifts at short notice, they stated that the manager endeavours to access agency staff as required.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with patients and relatives provided assurances that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients and relatives stated that the manager and staff are very caring and approachable.

Discussions with staff, patients and relatives, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Call bells were noted to be answered promptly. Interactions between staff and patients were observed to be compassionate and appropriate. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

A number of the patients and relatives consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of the dining room, lounges, and a sample of bedrooms, bathrooms, and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction; one fire door which we noted was difficult to open was attended to immediately by the maintenance person.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, handwashing and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. There were no malodours detected in the home.

The lounge areas were observed to be clean, warm and welcoming; drinks were available for patients. A sample of patients' bedrooms viewed were clean, warm and well decorated and had been personalised to the individual interests and preferences of patients. We noted that a falls mat in the room of one of the patients was damaged; this was discussed with the manager and an area for improvement was identified.

Bathrooms were clean, fresh and uncluttered; however it was identified a commode chair was damaged and required to be replaced. In addition we noted that a number of pull cords were required to be appropriately covered in keeping with best practice with regards to infection prevention and control (IPC). An area for improvement was identified.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

The laundry room was clean and fresh; the sluice rooms were locked and cleaning chemicals were appropriately stored.

6.2.3 Care records

Care records are retained electronically; the review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and likes/dislikes. The records viewed included referral information pre-admission assessments, risk assessments and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT).

Care plans viewed provided details of the care required by individual patients. Staff record at least twice daily the care provided to patients. It was noted that care plans and risk assessments are required to be reviewed at least monthly by the patients identified named nurse. It was identified that neurological observations had not been completed following the incidence of a patient who was receiving anticoagulation therapy having an unwitnessed fall. This was discussed with the manager and an area for improvement identified.

There was evidence that patients weights are reviewed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of SALT and dietetic input into the assessment and care planning of patients if required.

Discussions with staff, patients and relatives, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

6.2.4 Dining experience

We noted that mid-morning patients were offered a range of hot and cold beverages and a selection of biscuits or cakes. Staff were observed offering patients a choice of food and drinks.

We observed the serving of the mid-day meal; the atmosphere the dining room was calm and relaxed. Food served was noted to be appetising and well-presented and portion sizes were noted to be adequate. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms. Food temperatures were checked prior to transporting the food to patients. A number of patients indicated that the food was good and that they had a choice as to what they wanted to eat; comments included: "Food is good."; "Nice."; "Lovely."

The dining room was observed to be well presented and clean, and table settings were noted to be appropriate; napkins, condiments and cutlery were provided. Staff were wearing appropriate protective clothing with regards to food hygiene good practice when serving the meal. A menu board was displayed and matched the food provided.

It was noted that a number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary; where required patients were provided with appropriate clothing protection. The cook was observed monitoring the serving of the meal, the food intake and ensuring that patients had enough food and were happy with their choice.

6.2.5 Activities

There was evidence that a varied programme of activities is available to patients in the home; they included craft, religious services, hairdressing and musical activities. Activities planned are clearly detailed on a notice board that is centrally located within the home. Staff described how they support and encourage patients to be involved in a range of activities.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that no complaints had been received by the home since the previous inspection. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

The home has received a number of compliments from relatives, comments included:

- “Big thank you for all your brilliant care.”
- “My sister and I cannot thank you enough for all the care my mother was given. Mum was very happy and never had any complaints.”
- “Often whilst in the home we could reflect on the dedication demonstrated by every member of your team.”

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process. A record is retained of actions taken and outcomes of referrals made.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients and relatives who spoke to us could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff are approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been reported appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke with six patients, three relatives and five staff members. In addition we spoke to small groups of patients in the dining room or lounge areas. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments

- “No complaints at all, I am very happy.”
- “Staff are great, no problems.”
- “This is my home.”
- “Food is good, if I don't like it they get me something else.”
- “Happy, good; I have no problems.”
- “Great place; staff are lovely.”

Relatives' comments

- “I have no complaints my mother is well looked after; the staff are very good.”
- “Would soon report any problems.”
- “Very good place, couldn't say a bad word; the staff are great.”
- “Staff look after them (patients) so well. The place is spotlessly clean.”
- “Staff would do anything for the residents. **** (patient) is very happy.”
- “I visit every day and I have no complaints.”
- “I am always made welcome.”
- “Staff are so good; they have been here for years.”

Staff comments

- “Very good care.”
- “Staffing levels can go up and down as staff cancel at short notice, we get agency if we can.”
- “Patients are safe.”
- “Very happy working here, I am here 10 years.”
- “The manager is very approachable.”
- “I love it here, it is a nice place and residents are well looked after.”
- “I have worked here four years and I have no problems.”
- “Patients are well cared for.”
- “The manager is good; I have no problems and can raise concerns.”
- “Patients are very safe.”

Patients and relatives stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was compassionate; they indicated that they were unsatisfied that the care was well led. One comment received in relation to staffing was discussed with the manager prior to the issuing of the report and will be raised in the forum of a relatives/patients meeting.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The manager completes a range of audits on a monthly basis in areas such as medication and infection prevention and control.

In addition the home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The monitoring visits are completed by the organization's senior managers.

We reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that an action plan is generated to address any identified areas for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives.

Comments received included:

- "Care is brilliant and issues are dealt with straightaway."
- "My father knows he is loved here, the staff make him feel loved and valued."
- "Staff are very good to us."

Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, health and safety, dining experience, care records, environmental matters and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to record keeping, infection control, maintenance of equipment and actions taken following a patient falling.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Burns, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2018</p>	<p>The registered person shall ensure that the systems in place for recording tasks which are delegated to care assistants are reviewed to ensure they are robust.</p> <p>Ref: 6.1</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 care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This relates specifically to the use of correct fluid and white sticky labels in records retained.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: All staff are aware that any amendments must be carried out in line with good practice and legislative requirements. Use of correction fluid or sticky labels is prohibited</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the following actions are taken to promote patient safety:</p> <ul style="list-style-type: none"> • Replacement of a damaged commode chair. • Replacement of a damaged falls mat. <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Damaged equipment has been removed</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</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> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Plastic covers have been obtained and fitted to all pullcords</p>

<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that appropriate actions are taken following the incidence of a patient who is receiving anticoagulation therapy having an unwitnessed fall.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been advised and are fully aware of appropriate actions to take in the event of a patient who is receiving anticoagulant therapy having an unwitnessed fall and will carry these out</p>
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Please ensure this document is completed in full and returned via Web Portal



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