

# Inspection Report

18 October 2022



## Hamilton Care Home

**Type of service: Nursing Home**  
**Address: 168 Ballycorr Road,  
Ballyclare, BT39 9DF**  
**Telephone number: 028 9334 1396**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Hamilton Nursing Home LTD  <b>Responsible Individual :</b> Ms Lucinda Dawn Hamilton	<b>Registered Manager:</b> Ms Lucinda Dawn Hamilton  <b>Date registered:</b> 5 June 2008
<b>Person in charge at the time of inspection:</b> James Campbell - Registered Nurse	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 36 patients. The home is a two storey building. All patient bedrooms are on the same floor, laundry, staff and office areas are located on the lower level of the building. Patients have access to communal lounges, dining rooms and a courtyard.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 October 2022, from 9.10 am to 4.15 pm by a care inspector.

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

One new area for improvement was identified during the inspection in regard to fire safety.

Patients said that living in the home was a good experience. 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 Hamilton Nursing Home was safe, effective, and compassionate and that the home was well led.

### 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 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.

The findings of the inspection were discussed with Lucinda Hamilton, Manager at the conclusion of the inspection.

### 4.0 What people told us about the service

During the inspection we spoke with 12 patients, seven staff and three relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Hamilton Nursing Home. Patients described the staff as "brilliant", "very good" and "kind". Patients also told us, "Everything is perfect, this is a lovely home", "the staff work very hard and do the best they can" and "the staff go the extra mile." The three relatives we engaged with told us they were very happy with the care their loved one received, they commented on the cleanliness of the home, how the staff are always friendly and that communication with the home was good.

Staff said that the management team are very approachable, teamwork was great and that they felt well supported in their role. One staff member said, "this is a really nice place to work".

No questionnaires were returned or no feedback was received 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?**

<b>Areas for improvement from the last inspection on 10 March 2022</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> <li>• That patients are repositioned in keeping with their prescribed care</li> <li>• That repositioning records are accurately and comprehensively maintained at all times</li> <li>• That the type and/or setting of pressure relieving mattress is effectively managed and documented in the patients care plan.</li> </ul>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>                      Review of care records did not evidence that patients were always repositioned in keeping with their prescribed care and deficits were identified in the associated repositioning records and care plans.</p> <p>This area for improvement has not been met and is stated for a second time.</p> <p>This is further discussed in section 5.2.2.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal on every occasion.	<b>Carried forward to the next inspection</b>
	<p><b>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.</b></p>	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	<p>The registered person shall ensure that a robust regular system of governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>This specifically relates to care record audits and falls audits.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 41.7 <b>Stated:</b> First time	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	<p>The registered person shall ensure that the provision of activities in the home is reviewed to ensure a contemporaneous record of activities delivered is retained.</p> <p>Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>An activity schedule should also be displayed for patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There was evidence that this area for improvement was met.</p>	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure wound care audits are completed regularly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall ensure that when medicines are administered “when required” for the management of distressed reactions, the reason for and the effect of their use, are recorded on every occasion.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

A system was in place to ensure that staff completed their training; the Manager has good oversight with staff compliance with the required training.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

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.

## 5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 furthermore; care plans did not identify the name of the assessed mattress and it was noted within the repositioning records that those patients who required the assistance of two staff to reposition, the documentation did not consistently evidence two staff signatures. An area for improvement was stated for a second time.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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.

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 for weight loss or gain.

### 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.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The annual fire risk assessment was not available for review on inspection however, this was forwarded to the inspector after the inspection and there was evidence the Manager was actively addressing any recommendations from the fire risk assessor.

A review of the fire drill records for the home evidenced these were out of date and staff had not received a recent fire drill, this was discussed with the Manager and the importance of fire drills was stressed, an area for improvement was identified. Written confirmation was received from the home on 26 October 2022 confirming fire drills have taken place and staff are now up to date with this requirement.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

### 5.2.4 Quality of Life for Patients

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

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed per week in the patients' bedrooms. Activities included; bingo, crafts, games, baking, Halloween decorating and religious services. Activity records were maintained which included patient engagement with the activity sessions in the home; we discussed with the Manager how these records should be improved to evidence a more meaningful content. This will be followed up on the next inspection.

### 5.2.5 Management and Governance Arrangements

This inspection incorporated a post registration inspection as the home has now registered with RQIA as a limited company; Hamilton Nursing Home LTD with Ms Lucinda Dawn Hamilton as Responsible Individual.

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.



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 vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	1*

\*the total number of areas for improvement includes one Regulation which has been stated for a second time and one Regulation and one standard which are carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal on every occasion.</p> <p>Ref: 5.1</p>
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• That patients are repositioned in keeping with their prescribed care</li> <li>• That repositioning records are accurately and comprehensively maintained at all times</li> <li>• That the type and/or setting of pressure relieving mattress is effectively managed and documented in the patients care plan.</li> </ul> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This has been fully addressed. Senior carers at present are cheking the turns charts are filled in correctly and residents are repositioned within the planned timeframe. Charts are also being audited by the staff nurse and management. We are currently in the process of changing to Person Centre Software which is paperless recording system were all charts will be filled in from handheld devices as the action is done ensuring all charts are filled in a timely manner. This will be fully implemented by the end of January 2023.</p> <p>All residents who are on an airflow mattress - the type and brand of the mattess is now documented in their care plan.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (f)  <b>Stated:</b> First time	<p>The registered person shall ensure all staff employed in the home has taken part in a fire drill at a minimum once a year.</p> <p>Ref: 5.2.3</p>

<b>To be completed by:</b> 31 October 2022	<b>Response by registered person detailing the actions taken:</b> This has been fully addressed.
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<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2022	The registered person shall ensure that when medicines are administered “when required” for the management of distressed reactions, the reason for and the effect of their use, are recorded on every occasion.  Ref: 5.1
	<b>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.</b>

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



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