

# Inspection Report

14 March 2024



## Hamilton Care Home

Type of service: Nursing Home  
Address: 168 Ballycorr Road, Ballyclare, BT39 9DF  
Telephone number: 028 9334 9808

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Hamilton Nursing Home Ltd  <b>Registered Person:</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> Sarah Kelly – 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> 35
<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 room and a courtyard.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 March 2024, from 9.05 am to 2.15 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.

The home was clean with a welcoming atmosphere. Staff were seen to work well together and to communicate in a professional manner with each other and in a warm and reassuring manner towards the patients.

Patients were happy to engage with the inspector and share their experiences of living in the home. The patients expressed positive opinions about the home and the care provided.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Hamilton care 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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

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

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

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. One patient said, "This is a great home", while another patient said, "I am very well attended to".

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The staff are unbelievable, this is like a five-star hotel".

Staff spoken with said that Hamilton care home was a good place to work and that the management team were very approachable. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

One relative returned a questionnaire which confirmed they were very satisfied with all aspects of the care and services provided to their loved one in Hamilton care home.

No response was received from the online staff survey.

## 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 25 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> Third and final time	The registered person shall ensure the following in regards to the repositioning of patients:  That patients are repositioned in keeping with their prescribed	<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 2</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and care records are reviewed and updated to the reflect the fall.	<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 3</b> <b>Ref:</b> Regulation 14 (2) <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is stated in relation to: <ul style="list-style-type: none"> <li>• Locking the hairdressing room or ensuring hair products are securely stored within the hairdressing room.</li> <li>• Ensuring storage units in communal areas do not contain any items that potentially could be hazardous to patients.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b>  Ref: Standard 18  Stated: First time</p>	<p>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.</p>	<p><b>Carried forward to the next inspection</b></p>
	<p><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></p>	
<p><b>Area for improvement 2</b>  Ref: Standard 4  Stated: First time</p>	<p>The registered person shall ensure that where a patient has a wound; wound care plans are in place and kept up to date to reflect the actual wound care required.</p>	<p><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Wound care plans were on place however, care plans were still in place for wounds that were healed.  This area for improvement was stated for a second time.</p>	
<p><b>Area for improvement 3</b>  Ref: Standard 31  Stated: First time</p>	<p>The registered person shall ensure that the destruction/disposal of controlled drugs is completed by and the record signed by the two members of staff involved. As per legislative requirements, professional standards and guidelines.</p>	<p><b>Carried forward to the next inspection</b></p>
	<p><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></p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

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.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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

### 5.2.2 Care Delivery and Record Keeping

Staff were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

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

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. The care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well 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.

However, the review of care records specifically for patients who required wound care, evidenced that these did not accurately reflect the wound care required and care plans were still in place for wounds that were healed. Furthermore; there was evidence that some wounds had not been dressed as prescribed. An area for improvement was stated for a second time and a new area for improvement was identified in regard to the dressing of patients wounds as prescribed.

### 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.

It was observed within communal bathrooms that cisterns and window sills were used to store items such as wipes, staff water bottles and boxes of gloves were also observed on top of other furniture throughout the home. This was discussed with the Manager who agreed to address.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed this included the television sporting schedule as this was an important week for the Cheltenham horse racing and the Rugby world cup.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

#### **5.2.5 Management and Governance Arrangements**

Staff members 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. A wound care audit was completed however; this was not effective in identifying some of the deficits in the patient wound care observed on this inspection. This was discussed with the Manager who agreed to revise the audit so that the audit will include a section to review that patient wounds have been dressed as prescribed. This will be followed up on the next inspection.

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. Mr Patrick Hamilton is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

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 appropriate action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\*the total number of areas for improvement includes three standards; one that has been stated for a second time and two that are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lucy Hamilton, Registered 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 Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 March 2024</p>	<p>The registered person shall ensure that where a patient has a wound; wound care plans are in place and kept up to date to reflect the actual wound care required.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been fully addressed. All residents with wounds have a care plan in place. The care plan clearly states in highlighted writing that the specific wound dressing plan and frequency of dressing changes is found on the open wound assessment form. Wound care plans and correlating wound assessment forms are audited every Monday by either the deputy nurse manager or the registered manager.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 March 2024</p>	<p>The registered person shall ensure that where a patient has a wound that the wound is redressed as prescribed in the patient's care plan.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>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.</p> <p>Ref: 5.1</p> <p><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></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (26 September 2023)</p>	<p>The registered person shall ensure that the destruction/disposal of controlled drugs is completed by and the record signed by the two members of staff involved. As per legislative requirements, professional standards and guidelines.</p> <p>Ref: 5.1</p> <p><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></p>

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



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