



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Hamilton Care Home</b>
<b>Establishment ID No:</b>	<b>1444</b>
<b>Date of Inspection:</b>	<b>15 July 2014</b>
<b>Inspector's Name:</b>	<b>Lorraine O'Donnell</b>
<b>Inspection ID:</b>	<b>18382</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of Home:</b>	Hamilton Care Home
<b>Address:</b>	The Plantain 168 Ballycorr Road Ballyclare BT39 9DF
<b>Telephone Number:</b>	028 93341396
<b>E mail Address:</b>	lucy_hamilton@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Heather Hamilton
<b>Registered Manager:</b>	Ms Lucinda Dawn Hamilton
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Rachel Corry
<b>Categories of Care:</b>	NH-I ,RC-I ,RC-MP(E) ,RC-PH(E)
<b>Number of Registered Places:</b>	24
<b>Number of Patients Accommodated on Day of Inspection:</b>	23
<b>Scale of Charges (per week):</b>	£632.00
<b>Date and Type of Previous Inspection:</b>	21 November 2013, Primary unannounced inspection
<b>Date and Time of Inspection:</b>	15 July 2014 10:00 - 12:30 hours
<b>Name of Inspector:</b>	Lorraine O'Donnell

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

### 1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the requirements and recommendations made during the previous inspection visit.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Hamilton Private Nursing Home is situated on an attractive site on the edge of Ballyclare.

The facilities are provided on one level and are comprised of twenty single and two double bedrooms, two sitting rooms, dining room, toilet, bathing and shower facilities, a kitchen laundry, and staff office.

Car parking is available in the designated car park and an area for wheelchair users and emergency vehicles is available at the front of the home.

The approved building work to extend the premises to provide additional accommodation and en-suite bedrooms in line with the Nursing Homes Minimum Standards had commenced.

The maximum occupancy is 24 and the home is currently registered to provide care under the following categories:

### Nursing Care

I Old age not falling into any other category

### Residential Care (Maximum of three residents)

I Old age not falling into any other category

MP (E) Mental disorder excluding learning disability or dementia  
over 65 years

PH (E) Physical disability other than sensory impairment over 65  
years

There were no residential clients in the home at the time of inspection, 23 patients were receiving nursing care.

The certificate of registration was appropriately displayed and accurately reflected the categories of patients accommodated

### **3.0 Summary**

This summary provides an overview of the services examined during an unannounced secondary care inspection to Hamilton Care Home. The inspection was undertaken by Lorraine O'Donnell on 15 July 2014 from 10:00 to 12:30 hours.

The inspector was welcomed into the home by Ms Rachel Corry, registered nurse, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Rachel Corry and Mr Patrick Hamilton, director, during and at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and relatives. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 21 November 2013 four requirements and five recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that the four requirements and four recommendations had been fully complied with and one recommendation was substantially complied with. Details can be viewed in the section immediately following this summary.

### **Conclusion**

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the themes inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, one recommendation is restated recommendation. This recommendation is detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, registered nurses and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (2)	<p>The registered person shall ensure that persons working at the nursing home are appropriately supervised.</p> <p>The registered person must prepare a plan for compliance with this regulation that includes the following information:</p> <ul style="list-style-type: none"> <li>• Date by which staff that will be facilitating formal supervision meetings will be trained in supervision techniques. The training should include detail of the requirement to report any serious and/or recurring issues arising to the manager;</li> <li>• Development of a policy and procedure that defines the arrangements of individual formal supervision meetings for all grades of staff, taking into account any requirements specified by professional regulatory bodies into consideration and the date this procedure will be implemented;</li> <li>• Development of a template to record the details of formal</li> </ul>	<p>The inspector examined records which evidenced that the registered manager and a director had received training for trainers in supervision and appraisals on 8/3/14. Additional records examined evidenced that sixteen staff had received training on supervision on 29/1/14.</p> <p>The policy and procedure documents were examined by the inspector. The policy had been updated 13/1/2014 and included the formal arrangements for supervision meetings for all grades of staff.</p> <p>The inspector was shown the template that is used by staff to assist them structure and record their supervision meeting. The inspector met with two staff and discussed the supervision process. The staff confirmed they were familiar with the policy and procedure for supervision and they confirmed they received supervision sessions in accordance with the policy.</p> <p>The inspector examined the timetable for scheduled supervision of staff.</p>	Compliant

		<p>supervision meetings;</p> <ul style="list-style-type: none"> <li>• A timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in the policy and procedure with each member of staff.</li> </ul> <p>A copy of the plan must be forwarded to RQIA with the return of this Quality Improvement Plan.</p>		
2.	29 (2) & 29 (3) and (4) (c)	<p>Where the registered provider is an organisation or partnership, the nursing home shall be visited in accordance with this regulation by –</p> <p>(a) The responsible individual or one of the partners, as the case may be</p> <p>Visits under paragraph (1) or (2) shall take place at least once a month or as agreed by the Regulation and Quality Improvement Authority and shall be unannounced</p> <p>The person carrying out the visit shall</p> <p>(c) Prepare a written report on the conduct of the nursing home</p>	<p>The registered provider carries out an unannounced inspection once per month and prepares a report. The inspector examined the reports completed following these inspections for the following months November 2013 to June 2014. These reports were in accordance with Regulation 29.</p>	Compliant



3.	17	<p>The registered person/registered manager must ;</p> <ul style="list-style-type: none"> <li>• prepare an annual quality report</li> <li>• submit a copy of the report to RQIA along with the return of the completed QIP</li> <li>• make patients and their representatives aware of the function and availability of the annual quality report.</li> </ul>	<p>The inspector examined the annual report dated December 2013. The director informed the inspector that patients and their representatives were made aware of the availability of the annual report by means of a note attached to invoices which had been sent to them. A copy of this correspondence was examined by the inspector. Some consideration was given to displaying a notice inform patients and their representatives of the availability of these reports.</p>	Compliant
4.	29(5)(c)	<p>The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report.</p>	<p>As stated in previous action taken by the registered manager relating to the annual report, the director informed the inspector that patients and their representatives were made aware of the availability of the annual report by means of a note attached to invoices which had been sent to them. A copy of this correspondence was examined by the inspector</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	5.5	It is recommended the identity of patients' primary nurse is made known to patients and their representatives. This information should be contained in the Patient Guide.	The inspector examined the patients' guide and evidenced it included the name of the patient's primary nurse.	Compliant
2.	28.1	The registered manager should verify the staff members' competency and sign and date the completed induction training record.	The inspector examined records that all staff had completed a staff induction programme. These records had been signed by the staff member and the registered manager. While these records do not indicate competency has been assessed, the inspector examined the policy relating to staff induction which states the induction record, also relates to competency assessment. The inspector discussed this with the director and advised the records should clearly indicate competency assessment.	Substantially compliant
3.	29.4	It is recommended staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	The records examined by the inspector indicate staff receives supervision in accordance with Nursing Homes Minimum Standards.	Compliant

4.	11.2	The home's wound management policy should be updated to state the notification procedure where a patient has a pressure ulcer of Grade 2 or above.	The inspector examined the home's wound management policy which has been updated 25/2/2014 and includes the notification procedure in accordance with the Minimum Standards for nursing homes.	Compliant
5.	30.9	It is recommended that staff meetings take place on a regular basis and at least quarterly.	The inspector examined records of staff meeting which had taken place in January and April 2014.	Compliant

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

Since the previous care inspection 21 November 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Hamilton Care Home.

### **5.0 Additional Areas Examined**

#### **5.1 General Environment**

The inspector as part of the inspection process was able to review the general environment in the home. This included all the bedrooms, lounges, dining rooms and all the bathroom/shower/toilet areas. All areas were clean and well maintained. No mal odours were evidenced throughout the home. The planned building work had commenced at the home and a temporary ramp had been constructed at the entrance.

#### **5.2 Patient Views**

The inspector spoke with four patients individually and with others in small groups. Patients comments were positive in regard to staff and all expressed they really enjoyed the meals provided. One patient discussed the building work and stated were there was some noise associated with the building, it did not disrupt their routine.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Rachel Corry, registered nurse and Mr Patrick Hamilton, director, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



## Quality Improvement Plan

### Unannounced Secondary Inspection

Hamilton Care Home

15 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Rachel Corry and Mr Patrick Hamilton during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

**These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	28.1	The registered manager should verify the staff members' competency and sign and date the completed induction training record.	Three	As registered manager I will sign and date all new members of staff's induction training record and competency.	Immediate from date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing Qip</b>	Lucy Hamilton
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Heather Hamilton

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Lorraine O'Donnell	14/11/14
Further information requested from provider			