



Unannounced Follow-up Care Inspection Report 20 August 2019



Hamilton Care Home

Type of Service: Nursing Home (NH)
**Address: The Plantain, 168 Ballycorr Road,
Ballyclare BT39 9DF**
Tel No: 028 9334 1396
Inspector: James Lavery

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Heather Hamilton Responsible Individual: Heather Hamilton	Registered Manager and date registered: Linzi Tweedy – acting no application required
Person in charge at the time of inspection: Upon arrival: Staff Nurse Nicky Quinn 09.01 onwards: Linzi Tweedy	Number of registered places: 36 Category NH-PH for 2 identified patients only. 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. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 35

4.0 Inspection summary

An unannounced inspection took place on 20 August 2019 from 06.20 to 12.40. This inspection was undertaken following information which was received via the RQIA duty desk. The issues raised were in relation to some aspects of care delivery to patients.

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.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- care practices, including assisting patients into and out of bed
- infection prevention and control (IPC) practices
- Control of Substances Hazardous to Health (COSHH) regulations compliance
- managerial arrangements / governance arrangements

Several patients were spoken with during the inspection and each one expressed a high level of satisfaction with the care they received. One patient told the inspector “I’m well looked after ... I get up whenever it suits me ...” Further comments from patients and staff are referenced in the body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

The term ‘patients’ is used to describe those living in Hamilton Care Home which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*12

*The total number of areas for improvement includes two under the standards which have each been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Linzi Tweedie, manager, and Heather Hamilton, responsible individual, 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

The most recent inspection of the home was an unannounced finance inspection undertaken on 1 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 November 2018.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals 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 kept

The following records were examined and/or discussed during the inspection:

- the care records for two patients concerning rising/retiring times
- supplementary care records relating to staff observation of patients overnight
- the staff duty roster
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- RQIA registration certificate

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 the most recent inspection dated 1 November 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criterion 8 Stated: Second time	The registered provider should ensure that following a suspected or confirmed head injury that neurological observations are carried out in accordance with best practice guidelines, documented and responded to appropriately. The registered provider should ensure that a local protocol is developed to guide staff.	Carried forward to the next care inspection
	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.	

Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall ensure that staff are aware of the contact details for the duty, out of hours social worker and their role in adult safeguarding.	Carried forward to the next care inspection
	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.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that staff adheres to the home's dress code policy in accordance with best practice in infection prevention and control.	Not met
	Action taken as confirmed during the inspection: Upon our arrival to the home, it was observed that the nurse in charge was not adhering to the home's dress code policy. This was discussed with the member of staff and manager before completion of the inspection. This area for improvement has not been met and is stated for a second time.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that for patients presenting with behaviours which challenge that a care plan is put in place with specific detail of the type of behaviour, the triggers for such behaviour and the actions staff should take to manage these.	Carried forward to the next care inspection
	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.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are in place to manage the care of patients presenting with an infection.	Carried forward to the next care inspection
	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>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the arrangements for a keypad exit on the front door are reviewed in accordance with best practice and the Deprivation of Liberty (DoLs) guidelines.</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>Carried forward to the next care inspection</p>
<p>Areas for improvement from the last finance inspection</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a receipt is provided to any person making a deposit of cash to the home. Receipts should be signed by the person making the deposit and the member of staff receiving the cash. If the person making the deposit is unwilling or unable to sign, two members of staff should sign.</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>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that hairdressing and private podiatry treatment records are signed by the person providing the treatment and countersigned by a member of staff who can verify that the patient received the treatment.</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>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of income and expenditure are maintained for the patients' comfort fund in the same fashion as individual patients' monies. The bank account used to administer the fund should be reconciled at least quarterly with the reconciliation signed and dated by two people.</p>	<p>Carried forward to the next care inspection</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.	
Area for improvement 4 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that records of patients' property which they have brought to their rooms are reconciled and signed and dated by two staff at least quarterly.	Carried forward to the next care inspection
	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.	
Area for improvement 5 Ref: Standard 2.8 Stated: First time	The registered person shall ensure that individual patient agreements are updated to reflect the current terms and conditions applicable for individual patients. Any change to a patient's agreement should be agreed in writing by the patient or their representative.	Carried forward to the next care inspection
	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.	

This inspection focused largely on those issues previously outlined in section 4.0. The majority of areas for improvement from the last care inspection on 19 July 2018 and finance inspection on 1 November 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Care practices

Upon our arrival to the home, we were granted access via the main entrance which is secured by means of an electronic keypad. The nurse in charge introduced herself and advised that the majority of patients were asleep and still in bed. It was noted that the nurse in charge was not fully compliant with the home's dress code and explained that she preferred to wear a black coloured top rather than her nursing tunic which she found excessively warm at night while delivering care to patients. An area for improvement was not met and has been stated for a second time.

Observation of patients' bedrooms and feedback from care staff confirmed that the majority of patients were either sleeping or resting in their beds. However, further discussion with staff highlighted that it was regular practice for night staff to assist a number of patients into some day clothes (specifically, underwear) after assisting them with their continence needs from 06.00 onwards; staff stated that these patients would continue to rest in bed until the arrival of day duty staff who would then assist them out of bed. The nurse in charge confirmed before the completion of her shift that this type of assistance had been given to 10 patients overnight. The rationale for this approach, which several staff shared with the inspector, was to assist day staff in advance with some aspects of their morning routine. A number of staff also stated that the dependency needs of patients throughout the home had consistently increased in recent months.

While all patients who were observed appeared to be comfortable, the need to ensure that patients' care remains person centred at all times was stressed. These findings were discussed with both the manager and responsible individual. The manager stated that she was aware of this practice by night staff and had planned to call a staff meeting to discuss the issue although a date had not yet been set.

The manager informed us following the inspection that staff meetings with both day and night staff had subsequently been convened in order to stress the need for person centred care at all times and to review early morning practices within the home. The manager also confirmed that patients' early morning routines had been discussed and confirmed/agreed with all relevant Health and Social Care Trust keyworkers following the inspection.

The care records for two patients who had been assisted into some day clothes by night staff while remaining in bed were reviewed. Although care plans were in place for both patients which referred to their sleeping needs, neither care plan clearly outlined their preferred rising or retiring times. It was also noted that daily notes did not reference the fact that staff had provided such early morning assistance. An area for improvement was made.

6.3.2 Infection prevention and control practices

Observation of the environment and staff practices highlighted that some unused incontinence products were placed along corridor hand rails rather than within patients' bedrooms overnight. It was also noted that a patient's urinary catheter bag was left lying on their bedroom floor rather than on an appropriate stand. In addition, a bag of soiled linen was left tied up within a communal bath rather than being sent to the laundry appropriately. The manager confirmed following the inspection that a catheter night stand was now in place and that all staff had been reminded of the need to dispose of soiled items appropriately and store incontinence products in designated areas.

It was also noted that two patient hoists were visibly unclean. This was discussed with the manager who advised following the inspection that there is a weekly cleaning checklist in place for all nursing home equipment. The manager stated that the hoists were cleaned on the same day as the inspection and that she will continue to monitor this is being done during a monthly infection control audit. RQIA was also advised following the inspection that two items of nursing equipment highlighted during the inspection had been discarded and/or removed from use pending repair.

6.3.3. Control of Substances Hazardous to Health compliance

Observation of the environment highlighted one area in which cleaning chemicals had not been securely stored. This was highlighted to staff who immediately secured these products. The need for domestic staff not to leave cleaning trolleys unattended was also discussed with the manager. The manager told us that she met with domestic staff following the inspection and highlighted the need to ensure compliance with COSHH regulations at all times.

6.3.4. Communication

Staff who were spoken with confirmed that they attended a daily 'handover' meeting at which they would receive an update concerning patients' conditions and ongoing needs. While the majority of staff felt that there was effective communication within the home it was noted that a number of staff either arrived late for the 'handover' meeting observed during the inspection, or did not attend it. Discussion with staff and the manager highlighted that the home had recently introduced a carer shift commencing at 07.00 in order to assist night staff. However, feedback from and observation of staff evidenced these staff did not receive any update on patients at the start of their shift. This was discussed with the manager who confirmed following the inspection that staff had been reminded of the need to attend shift handovers and that additional measures were in place to monitor/enforce this.

Discussion with the manager also highlighted that there had been one instance of poor communication by the home with a patient's family and Trust keyworker. The need to ensure that patients' families and Trust keyworkers are kept suitably informed at all times was agreed.

6.3.5. Managerial oversight/governance arrangements

Review of the staff roster highlighted that these records did not clearly indicate when the manager was working in the capacity of a manager or as a staff nurse. It was also noted that in the three weeks prior to the inspection, the manager had not worked more than three days per week in the capacity of a manager; the rest of the shifts worked were in the capacity of a staff nurse. The manager told the inspector that this was in an attempt to 'cover' staff leave and/or staff sickness. The need to ensure that the supernumerary role of the manager is achieved in a consistent manner which promotes effective governance oversight was stressed. This was also discussed with the responsible individual and it was agreed that the manager would work no more than 12 hours per week in the capacity of a staff nurse with the remainder of her time spent in a supernumerary managerial capacity. This will be reviewed at a future care inspection.

With regard to assessing the dependency of patients within the home, the manager agreed with staff feedback, namely, that the dependency of patients throughout the home had increased recently. However, the manager advised that no tool was used to robustly assess patient dependency throughout the home in order to help inform and determine staffing levels. The manager agreed to review and implement a suitable approach for ensuring regular and consistent assessment of patient dependency throughout the home. No concerns with regard to staffing levels on the day of inspection were noted or expressed.

We also looked at several monthly monitoring reports. It was found that the reports for both June and July 2019 lacked time bound action plans which addressed actions arising from either the previous or current month's visit. It was also noted that the June 2019 report had not been signed by the manager or demonstrated that areas for improvement were being addressed by the manager. An area for improvement was made.

6.3.6 Patient feedback

Patients were observed to be relaxed and comfortable throughout the inspection. Staff were seen interacting with patients in a friendly, spontaneous and compassionate manner. All patients who were engaged with spoke very highly in relation to living within the home and expressed confidence in the ability of staff to meet their needs. Patients also stated that they felt able to raise a concern if needed. Feedback from patients included the following comments:

- "Everything is perfect ...the food is excellent ... I get breakfast on time."
- "They (staff) make me alternatives if I don't like the menu ... the staff treat me well."
- "I couldn't say a word about (the staff) ... they get me up when I ask them."
- "The girls are lovely."
- "I'm very well looked after."

Areas for improvement

Areas for improvement were highlighted in regard to care records and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linzi Tweedie, manager, and Heather Hamilton, responsible individual, 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 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 DHSSPS 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly monitoring visit reports include time bound action plans referencing any areas identified for improvement. The reports should also evidence any and all ongoing actions by the manager in response to areas for improvement highlighted within such reports.</p> <p>Ref: 6.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: A new monthly monitoring visit template has been devised and will be used going forward. This will include a time bound action plan and will be signed by the nurse manager following the visit. Any actions taken will be signed off by the manager on the montly report.</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>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff adheres to the home's dress code policy in accordance with best practice in infection prevention and control.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Since the inspection all staff have been provided with a copy of the home dress code policy. All staff have been made aware that uniform policy must be strictly adhered too. This is monitored daily by the nurse in charge and management on duty.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criterion 8</p> <p>Stated: Second time</p> <p>To be completed by: 19 August 2018</p>	<p>The registered provider should ensure that following a suspected or confirmed head injury that neurological observations are carried out in accordance with best practice guidelines, documented and responded to appropriately. The registered provider should ensure that a local protocol is developed to guide staff.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: As per previous QIP response: A protocol is in place to guide staff on the frequency of CNS observations. The importance of completing CNS observations over a 24 hour period has been reinforced with all staff nurses - this is monitored by management.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2019</p>	<p>The registered person shall ensure that patients' care records include detailed and person centred care plans which clearly outline the assessed needs and/or preferences with regard to being assisted into/out of bed. Care records should also clearly reference any deviation from this prescribed care with an explanation provided by nursing staff.</p> <p>Ref: 6.3.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2018</p>	<p>The registered person shall ensure that staff are aware of the contact details for the duty, out of hours social worker and their role in adult safeguarding.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Since the inspection management have been in touch with all care managers regarding assisting residents with their personal care needs prior to 8am. No concerns were raised by care managers and detailed care plans are now in place for each resident. All staff have been made aware of the rationale for providing, individualised, person centred care earlier in the morning for some residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2018</p>	<p>The registered person shall ensure that for patients presenting with behaviours which challenge that a care plan is put in place with specific detail of the type of behaviour, the triggers for such behaviour and the actions staff should take to manage these.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: As per previous QIP response: Care plans are reviewed monthly and those residents who may present with behaviours which challenge have a detailed care plan in place to reflect same.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2018</p>	<p>The registered person shall ensure that care plans are in place to manage the care of patients presenting with an infection.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: As per previous QIP response: A care plan template for infections has been in place since the last inspection took place. All nurses are now familiar with these documents and implement the necessary care plans when a resident is prescribed an antibiotic.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2018</p>	<p>The registered person shall ensure that the arrangements for a keypad exit on the front door are reviewed in accordance with best practice and the Deprivation of Liberty (DoLs) guidelines.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The keypad exit on the front door remains in place in the interest of maintaining the safety of our current residents who may be at risk if this was to be removed. This remains under review - we are working with local healthcare Trusts to implement the new DoLs legislation .</p>
<p>Areas for improvement from the last finance inspection</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that a receipt is provided to any person making a deposit of cash to the home. Receipts should be signed by the person making the deposit and the member of staff receiving the cash. If the person making the deposit is unwilling or unable to sign, two members of staff should sign.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A receipt book has been left with the nurses at reception and they have been instructed to issue a receipt if any cash is left with them. They have been told to have the receipt counter-signed by the person leaving the cash.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that hairdressing and private podiatry treatment records are signed by the person providing the treatment and countersigned by a member of staff who can verify that the patient received the treatment.</p>
	<p>Response by registered person detailing the actions taken: Nurses and senior care assistants have been told that they should counter-sign the podiatry and hairdressing books to verify that the chiropodist and hairdresser have carried out their treatment. The chiropodist and hairdresser have been told to sign for each treatment.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 14.28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of income and expenditure are maintained for the patients' comfort fund in the same fashion as individual patients' monies. The bank account used to administer the fund should be reconciled at least quarterly with the reconciliation signed and dated by two people.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: An excel sheet has been commenced detailing all income and expenditure relating to the residents' comfort fund. This is then reconciled by two people when each statement is received from the bank.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of patients' property which they have brought to their rooms are reconciled and signed and dated by two staff at least quarterly.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: This property book has now been brought up to date showing two signatures quarterly.</p>
<p>Area for improvement 12</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that individual patient agreements are updated to reflect the current terms and conditions applicable for individual patients. Any change to a patient's agreement should be agreed in writing by the patient or their representative.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: All individual residency agreements have been updated and all residents or their representatives have been asked to acknowledge that they have received this information.</p>

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



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