



Unannounced Care Inspection Report 25 February 2021



Hamilton Care Home

Nursing Home (NH)

**Address: The Plantain, 168 Ballycorr Road, Ballyclare
BT39 9DF**

Tel No: 028 9334 1396

Inspector: Mandy Ellis

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 nursing home registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Mrs Heather Hamilton Responsible Individual: Mrs Heather Hamilton	Registered Manager and date registered: Lucinda Hamilton 5 June 2008
Person in charge at the time of inspection: Lucinda Hamilton	Number of registered places: 36 1 named patient in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. NH-PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 25 February 2021 from 09.30 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5*

*The total number of areas for improvement includes two under the standards; one which has not been met and is stated for the second time and a second which is carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lucinda Hamilton, manager and Linzi Tweedy, deputy 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 11 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. One staff survey was received; the survey was incomplete; only four questions were answered. However, a very satisfied response was received in four topic areas. No completed questionnaires were received from patients or their relatives/ representatives within the indicated time frame.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. One family member spoke with the inspector on the telephone and a follow up email was received; the family member was happy with the care their loved one received in the home, further comments made were shared with the manager for consideration.

The following records were examined during the inspection:

- the duty rota from 22 February 2021 to 7 March 2021
- the home's registration certificate
- four patients' care records
- 10 patients' supplementary care charts in regard to repositioning
- four patients' supplementary care charts in regard to food and fluid intake

- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or carried forward for review at a future inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 7 February 2020	The registered person shall ensure that care plans are in place to manage the care of patients presenting with an infection.	Met
	Action taken as confirmed during the inspection: Review of two patients care records who had an active infection confirmed an appropriate care plan was in place.	
Area for improvement 2 Ref: Standard 22.9 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that post incident review reports are completed for all patients sustaining a fall, to determine reason for falling and any preventative action to be taken.	Met
	Action taken as confirmed during the inspection: Review of two patients post falls care confirmed appropriate action was taken following a fall. The home has established a post fall protocol, this is a check list. The check list was completed in full for the two records reviewed. Neurological observations were carried out for the recommended time frame or until discontinued following consultation with a General Practitioner.	

Area for improvement 3 Ref: Standard 47.3 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that COSHH regulations are compiled with at all times.	Not met
	Action taken as confirmed during the inspection: We observed cleaning products and air freshener containers in several unlocked cupboards throughout the home. This is further discussed in section 6.2. This area for improvement has not been met and is stated for the second time.	
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that any errors in care records are signed.	Met
	Action taken as confirmed during the inspection: A review of care documentation did not identify any errors and discussion with the manager confirmed staff are aware of best practice guidance in regard to record keeping.	
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that information on wound care is available on the computerised records.	Met
	Action taken as confirmed during the inspection: A wound care file is used to document all care in respect to patients who have a wound. There is a correlating care plan on the electronic computerised care recording system. Five patients care documentation was reviewed in regard to their wound care; all the documentation was appropriate and up to date.	
Area for improvement 6 Ref: Standard 7 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that minutes of patients' and their representatives' meetings are maintained and available for inspection.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the ongoing Coronavirus pandemic restrictions the home has been unable to have formal meetings. Communication is ongoing and regular with family members either virtually or on the telephone. This area for improvement will be further reviewed at a future inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 22 February 2021 to 7 March 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the management team.

Comments made by staff included:

- "I like it here; it's a small home".
- "I love it".
- "This is a lovely homely home".
- "This is one of the best homes".

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We identified deficits with regards to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations. Cleaning products and air fresher containers were observed in unlocked bathroom cabinets and PPE cupboards. This was identified as an area requiring improvement from a previous care inspection; due to these continued deficits this area for improvement is stated for a second time.

A review of the storage areas throughout the home identified a number of continence products stored outside their original packaging. To minimise the risk of contamination continence aids should be stored in their original packaging. An area for improvement was identified.

The integrity of the flooring in three identified areas in the home was compromised and required repair. This was discussed with the manager for appropriate action and will be reviewed on a future inspection.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounges and the dining room had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “They look after us well”.
- “They’re brilliant”.
- “All is ok, I can’t complain”.
- “Things are not too bad”.
- “They all are very good”.
- “The staff are brilliant; there is nothing I can complain about”.

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments recorded in the cards:

- “We just wanted to thank you all for the care and attention given to”
- “Many thanks for all the sacrifices you all make on behalf of the residents – we appreciate it all”.
- “Thank you all for the kind, caring and professional way you looked after our dad”.

We observed the serving of lunch time meal and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy. We saw the staff attend to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. Patients commented positively about the food. However, it was noted that the menu was not displayed in the dining room; an area for improvement was identified.

Review of four patients’ care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. The risk assessments reviewed were up to date and were reviewed regularly. However, gaps were evident in the consistent, timely review of some care plans. It was also observed that a number of electronic care records did not have a photograph of the patient. These deficits were discussed with the manager and an area for improvement was identified.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. The records were completed appropriately.

6.2.5 Governance and management arrangements

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement.

Audits reviewed included wound care, care records, falls and infection prevention and control. The care record audit for January 2021 was only available and the information recorded was lacking detail. Discussion with the deputy manager outlined the usual audit process and how deficits are addressed with staff. In addition there was only one falls audit available for review; the November 2020 audit. It was discussed with the manager how the above audits should be available for inspection and done on a regular basis to maintain full oversight. An area for improvement was identified.

The home did not have a current fire risk assessment. The fire risk assessment available for inspection was dated 9 October 2018. There was no evidence the required actions from this fire risk assessment had been addressed or signed off by the manager. This was identified as an area for improvement. The manager later provided written confirmation that a new fire risk assessment was to be completed on 8 March 2021 and will be forwarded to the inspector for review. Further assurance was received from the manager that the actions from the 2018 risk assessment had been addressed and staff were up to date with fire training and fire drill procedures.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

A weekly audit is completed to monitor complaints. The manager provided assurance that complaints were managed appropriately and that complaints, although rarely received, were viewed as an opportunity to learn and improve.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Five new areas for improvement were identified. These were in regard to the storage of continence aids, the dining experience, care records, the governance audit process and fire safety.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs. The home was clean, tidy and fresh smelling. Five new areas for improvement were made and are outlined in the body of the report and in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lucinda Hamilton, manager and Linzi Tweedy, deputy 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure patient care plans are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient. Ref: 6.2.4 Response by registered person detailing the actions taken: This has been fully addressed.
Area for improvement 2 Ref: Regulation 27 (4)(a) Stated: First time To be completed by: 4 March 2021	The registered person shall take adequate precautions against the risk of fire. With specific reference to: <ul style="list-style-type: none"> • ensuring a current fire risk assessment is in place • ensuring the required actions from the fire risk assessment are signed off upon completion. Ref: 6.2.5 Response by registered person detailing the actions taken: This has been fully addressed
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 47.3 Stated: Second time To be completed by: 7 February 2020	The registered person shall ensure that COSHH regulations are compiled with at all times. Ref: 6.3 and 6.2.3 Response by registered person detailing the actions taken: This has been fully addressed. This is the response for Area of improvement 2 below as it won't let me reply in the box: All relatives have been emailed to ask if they want to become part of a relatives/residents forum meeting group? Our Activities Co-ordinator is going to commence regular resident meetings.

<p>Area for improvement 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2020</p>	<p>The registered person shall ensure that minutes of patients' and their representatives' meetings are maintained and available for inspection.</p> <p>Ref: 6.4</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 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 25 March 2021</p>	<p>The registered person shall ensure continence aids are stored in their original packaging to minimise the risk of contamination.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 25 March 2021</p>	<p>The registered person shall ensure the menu is displayed in the dining room for patients' information, in a suitable format and updated on a daily basis to reflect the food served.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 March 2021</p>	<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 the falls audits.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p>

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



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