

Inspection Report

25 September 2023



Hamilton Care Home

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

www.rqia.org.uk

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

Organisation: Hamilton Nursing Home Ltd Responsible Individual: Ms Lucinda Dawn Hamilton	Registered Manager: Ms Lucinda Dawn Hamilton Date registered: 5 June 2008
Person in charge at the time of inspection: Kate Rice – Registered Nurse	Number of registered places: 36
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: 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 25 September 2023, from 9.00 am to 4.00 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.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

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 was effective, and 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.

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 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, staff and relatives were consulted during the inspection. Staff spoken with said that Hamilton Care Home was a good place to work. Staff were satisfied with the staffing levels and the training provided. Staff told us how they love coming to work and how supportive and approachable the management team are.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us "the staff are very good and kind". Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Relatives spoke positively regarding the care provided to their loved ones and commented “the home is brilliant”.

One questionnaire was returned from a relative and included the following comment “the improvement in my mum’s appearance and outlook is amazing over a very short period of time”.

No staff survey responses were received 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?

Areas for improvement from the last inspection on 18 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal on every occasion.	Met
	Action taken as confirmed during the inspection: Discussion with staff and follow up discussion with the pharmacy inspector provided evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 12 (1) Stated: Second time	The registered person shall ensure the following in regards to the repositioning of patients: That patients are repositioned in keeping with their prescribed	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. A number of deficits were identified in patient repositioning records. This area for improvement has not been met and is stated for a third and final time. This is further discussed in section 5.2.2.	

Area for Improvement 3 Ref: Regulation 27 (4) (f) Stated: First time	The registered person shall ensure all staff employed in the home has taken part in a fire drill at a minimum once a year.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 18 Stated: 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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

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

Staff told us that the patients’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the Management team very approachable. Staff spoke positively on staffing levels and teamwork in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

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.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

The home is now using an electronic system to record all aspects of care delivery to patients. Both the nurses and care staff commented positively about the new system.

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. Some minor deficits were noted with some care records and were discussed with the Manager. Otherwise 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 plans for patients who required wound care, evidenced that the care plans did not accurately reflect the wound care required and two patients who had a wound did not have a care plan in place. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care with care plans in place for patients as appropriate. It was observed that the Manager did not regularly audit this aspect of care to ensure the least restrictive option was always in place for the patient, this was discussed with the Manager who agreed to implement a restrictive practice audit. Implementation of this will be followed up on the next inspection.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced a number of deficits for example; some patients were not repositioned as prescribed in their care plans and the position the patient was repositioned to was not always recorded; an area for improvement was stated for a third and final time.

Examination of records and discussion with the Manager confirmed how the risk of falling and falls were managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required. However, examination of a selection of neurological observations evidenced these had not been completed for the recommended timeframe and a number of care plans had not been updated to reflect the fall. An area for improvement was identified.

Review of one area for improvement previously stated by the pharmacist inspector identified that the correct procedure was in place for the disposal and denaturing of controlled drugs. However, review of records did not provide assurance that two staff members were involved in the process as two signatures was not always evidenced. An area for improvement was identified.

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.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 21 September 2023.

Within patient bedrooms personal information was displayed on the outside of wardrobes, this was discussed with the Manager who agreed to review how this confidential information is displayed.

The hair dressing room was observed unlocked with a number of hairdressing products accessible and in addition a number of items were seen stored in a dresser in a communal room that potentially could be hazardous to patients if accidentally ingested. This was discussed with the Manager and an area for improvement was identified.

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

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. The weekly activity plan was displayed in communal areas and also in patients' bedrooms. In the afternoon of the inspection the patients were observed enjoying and singing along to some live music.

The other range of activities included for the patients included social, community, cultural, religious, spiritual and creative events.

Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

It was observed that staff offered choices to the patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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. The importance of ensuring managerial oversight in the form of signing all audits was discussed with the Manager.

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 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.

Messages of thanks including any thank you cards were kept and shared with staff.

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.

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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

*the total number of areas for improvement includes one Regulation that has been stated for a third and final time and one standard that is carried forward for review at the next inspection.

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

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 12 (1)</p> <p>Stated: Third and final time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <p>That patients are repositioned in keeping with their prescribed</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Daily audits of 4 hourly repositioning are being done by the manager and any missed entries on computer system fully investigated. If they are missed entries but care was done the carer or nurse who missed the entry is being asked to record an entry on paper and these are kept with the daily audits.</p> <p>On investigation by the manager it was found that often when residents went out of their repositioning scheduled times it was because carers were documenting care on the computer system after they had completed all their care duties. This meant that care was being recorded on the system and repositioning charts later than it actually happened. All care</p>

	assistants made aware that they must be recording care as they do it. Manager continues to audit this daily.
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time To be completed by: With immediate effect	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 reflect the fall. Ref: 5.2.3 Response by registered person detailing the actions taken: Fully addressed. Staff nurses have gone back to recording CNS observations on the paper forms as the aide memoir of times is printed on the forms and escalation policy for any resident deteriorating. All staff nurses made aware that they need to update both the falls risk assessment and care plan for that fall.
Area for improvement 3 Ref: Regulation 14.2 Stated: First time To be completed by: With immediate effect	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"> • Locking the hairdressing room or ensuring hair products are securely stored within the hairdressing room. • Ensuring storage units in communal areas do not contain any items that potentially could be hazardous to patients. Ref: 5.2.3 Response by registered person detailing the actions taken: Fully addressed. A key code lock has been put on the hairdressing room and this is kept locked when not in use.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 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 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.

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.2</p> <p>Response by registered person detailing the actions taken: This had been fully addressed with all the staff nurses and all residents with an active wound have a corresponding care plan that reflects their current treatment for that wound.</p> <p>Response by registered person detailing the actions taken: This has been fully addressed with all staff nurses' and night staff are aware that the second signature can be a care assistant if only one nurse on duty.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

