

Inspection Report

16 August 2021



Hamilton Care Home

Type of service: Nursing (NH)

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Registered Provider: Mrs Heather Hamilton Responsible Individual: Mrs Heather Hamilton | Registered Manager: Ms Lucinda Dawn Hamilton Date registered: 5 June 2008 |
| Person in charge at the time of inspection: Ms Lucinda Dawn Hamilton | 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: 35 |
| 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 single storey building. Patients have access to communal lounges, dining rooms and a garden. | |

2.0 Inspection summary

An unannounced inspection took place on 16 August 2021, from 9.30 am to 4.30 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.

Six new areas for improvement were identified in regard to pressure area care, fire safety, registered nurse competency and capability assessments, activity documentation, wound care audits and submission of notification of change to RQIA. An area for improvement in regard to governance audits has been stated for a second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, relatives and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Hamilton Care Home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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 patients their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with nine patients, seven staff and one relative. No questionnaires were returned and we received no feedback from the staff online survey.

Patients expressed no concerns about the care they received and confirmed all the staff were very good. Patients told us "everyone is so kind, you are lifted and laid" and "the staff are always asking can I get you anything". A relative told us "this home ticks all the boxes and I know my mum is safe".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 25 February 2021 | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met. | |
| Area for Improvement 2 Ref: Regulation 27 (4)(a) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: A current fire risk assessment is in place and dated 12 and 18 March 2021 with all the identified actions completed and signed off. | |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
|--|---|---------------------------------|
| Area for Improvement 1 Ref: Standard 47.3 Stated: Second time | The registered person shall ensure that COSHH regulations are compiled with at all times. | Met |
| | Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met. | |
| Area for improvement 2 Ref: Standard 7 Stated: First time | The registered person shall ensure that minutes of patients' and their representatives' meetings are maintained and available for inspection. | Met |
| | Action taken as confirmed during the inspection: Review of quality governance records and discussion with patients and staff evidenced that this area for improvement has been met. | |
| Area for improvement 3 Ref: Standard 46 Stated: First time | The registered person shall ensure continence aids are stored in their original packaging to minimise the risk of contamination. | Met |
| | Action taken as confirmed during the inspection: Continence aids were stored appropriately in their original packaging. | |
| Area for improvement 4 Ref: Standard 12 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The daily menu was displayed on a TV screen within the dining room. | |

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| <p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</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>Not met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>A number of falls audits were not available for review on inspection. Deficits were observed in the quality of the care record audits.</p> <p>This area for improvement has not been met and has been stated for the second time.</p> <p>This is further discussed in section 5.2.5.</p> | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

A system was in place to ensure that staff completed their training. All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Whilst monthly checks were being completed to ensure that nursing staff maintained their registration with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council, there was no evidence of the Manager having oversight of these checks when they were completed by other staff. This was discussed with the Manager in detail who agreed to sign relevant monthly registration checks going forward. This will be followed up on the next inspection.

Staff said there was good teamwork in the home and that they felt well supported in their role.

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. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Staff were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well. Whilst call bells were observed answered promptly by staff, two patients said that on occasion they have waited a considerable time for their call bells to be answered. The specific details was

shared with the Manager who agreed to discuss the circumstances with the individual patients and to monitor call bell response times going forward.

The nurse in charge in the absence of the manager is required to have undergone a competency and capability assessment for this role to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of competency and capability assessments evidenced that they had not been completed on a yearly basis to ensure that the nurse remains competent to take charge of the home in the absence of the manager. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients' needs, their daily routine, likes and dislikes.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were 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.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of the repositioning records did not evidence the consistent delivery of pressure relieving care and the patients care plan did not evidence the type and setting of the mattress in use. An area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and were following any recommendations made by these professionals.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. The daily menu was appropriately displayed on a large television screen within the dining room.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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, the laundry 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 from home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, examination of the laundry found a fire door propped open. This was discussed with the Manager and an area for improvement was identified. It was also observed that the detergent drawers of several washing machines needed a thorough clean; this was discussed with the Manager who agreed to have these drawers cleaned.

The most recent fire risk assessment was undertaken on 12 and 18 March 2021, there was evidence the required actions have been appropriately addressed. Staff were seen attending fire training sessions on the morning of the inspection. Staff had taken part in regular fire drills in the home, examination of the fire drill records identified incomplete documentation in the explanation of the fire drill scenario. This was discussed with the Manager who agreed to have this detail added to future fire drill records.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished. There was a range of activities provided for patients by activity staff. The activities provided included art, games, beauty therapy, reminiscence and singing. The range and schedule of activities was not displayed and the activity staff did not document formally the patients who took part in the activities and the engagement they received from the patient. This was discussed with the Manager and the activity member of staff and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. RQIA were informed on inspection there has been a change in the provider details for the home, this was discussed with RQIA registration team and the home has been advised to submit the required information to RQIA as soon as possible. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Review of a sample of audits evidenced a number of deficits within the falls, wound care and care documentation audits.

A number of falls audits were not available for review on inspection and gaps were evident in the wound audits. Deficits were identified in the process for auditing care records; this was discussed with the Manager who agreed to review the care record audit process within the home. An area for improvement has been stated for a second time in regard to governance audits and a new area for improvement was identified in regard to wound audits.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

Staff 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.

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.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

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

A recent relatives satisfaction survey had been conducted and some of the comments received were, “Fantastic nursing home with very friendly staff” and “Excellent staff, beautiful surroundings, I cannot fault a thing”.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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. These reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

The lived experience of patients was promoted by activity staff so that patients had meaning and purpose to their day.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Six new areas for improvement were identified in regard to pressure area care, fire safety, registered nurse competency and capability assessments, activity documentation, wound care audits and submission of notification of change to RQIA. An area for improvement in regard to governance audits has been stated for a second time.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 3 | 4* |

* The total number of areas for improvement includes one area under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lucinda Dawn 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: First 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> <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattress is effectively managed and documented in the patients care plan. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that fire doors are not propped open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 32 (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2021</p> | <p>The registered person shall ensure that an application is submitted to RQIA in regard to the change in registered provider for Hamilton Care Home.</p> <p>Response by registered person detailing the actions taken: Application has been made to RQIA registration team.</p> |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 16 September 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 falls audits.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2021</p> | <p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This has been fully addressed.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that the provision of activities in the home is reviewed to ensure a contemporaneous record of activities delivered is retained.</p> <p>Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>An activity schedule should also be displayed for patients.</p> <p>Ref: 5.2.4</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 35</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2021</p> | <p>The registered person shall ensure wound care audits are completed regularly.</p> <p>Ref: 5.2.5</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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