

Inspection Report

24 January 2023



Hamilton Court

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: EBBAY Limited	Registered Manager: Mr Daniel Dougan
Responsible Individual Mr Patrick Anthony McAvoy	Date registered: 8 June 2018
Person in charge at the time of inspection: Daniel Dougan	Number of registered places: 40 The home is also approved to provide care on a day basis to 2 persons.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 patients living with dementia. The home is a single storey building with individual bedrooms, lounges, bath/shower rooms and toilets located throughout. There is a large dining room located adjacent to the kitchen. There is an enclosed courtyard providing patients with access to outside space.	

2.0 Inspection summary

An unannounced inspection took place on 24 January 2023 from 10.00am to 4.50pm 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.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "we are well looked after here" and "the staff are very good here". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the manager for information and action if required.

No responses were received from the resident/relative questionnaires following the inspection. No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that care assistants accurately record the administration of thickening agents. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medication administration records are accurately maintained. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 Ref: Standard 28 Stated: First time	The registered person shall implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address any shortfalls should be developed and implemented. Action required to ensure compliance with this regulation 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 robust system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). A record was maintained by the manager of any registrations pending with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

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.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs.

Where a patient is identified as being at high risk of falls, risk assessments had been completed, however on examination of some of these risk assessments, they did not reflect the patients' current condition and risk of fall. This was discussed with the manager and an area for improvement was identified.

At times some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails, alarm mats. On examination of some patient records, it was unclear if the least restrictive approach had been used and if it was proportionate to the level of risk to the identified patients'. This was discussed with the manager and an area for improvement was identified.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses..

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. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs, if required records were kept of what patients had to eat and drink daily.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was dated 26 January 2022. An action plan was in place to address the recommendations made by the fire risk assessor. Confirmation was received from the manager after the inspection that all recommendations had been addressed. Fire extinguishers were easily accessible.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (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 in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

The home is currently recruiting for an activity therapist, in the interim care staff are providing activities within the home. On the day of the inspection, a programme of activities was not on display and there were no records to evidence activities taking place. This was discussed with the manager and an area for improvement was identified.

Hairdressing was regularly available for patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Daniel Dougan has been the manager in this home since 8 June 2018.

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.

Records confirmed that staff meetings were held regularly. Discussion with the staff confirmed that there were good working relationships between staff and management. Staff described the manager as approachable, hands on and visible on the floor.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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.

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. The manager was identified as the safeguarding champion for the home.

The home was visited each month by the responsible individual (RI) 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 reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints with records available of any complaints received and the action taken by the manager.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes two regulations and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Daniel Dougan, Registered 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 21 July 2021	The registered person shall ensure that care assistants accurately record the administration of thickening agents.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 21 July 2021	The registered person shall ensure that medication administration records are accurately maintained.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: 21 July 2021	The registered person shall implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address any shortfalls should be developed and implemented.
	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.
Area for improvement 2 Ref: Standard 22.6 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that falls' risk assessments are reviewed in response to changes in the patient's condition and the care plan amended accordingly. Ref: 5.2.2
	Response by registered person detailing the actions taken: The falls risk assessment has been reviewed to facilitate a 12-month period review and or more frequently as deemed necessary. All falls risk assessments have been reviewed to determine "falls risk" and care plans have been reviewed and updated accordingly based on outcomes.

<p>Area for improvement 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a review is carried out on restrictive practices within the home to ensure the least restrictive approach is used and it is proportionate to the level of risk to the patient</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>A review has been undertaken on the utilisation of all types of restrictive practices to include the safe use of bed rails. The home will always aim to apply the least restrictive approach however due to other mitigating factors a decision to implement a more restrictive approach may need to be consider. In these instances all relevant persons will be involved in the decision making process to ensure “risk (s)” are managed appropriately.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the patients who participate. The programme of activities should be displayed in a suitable format and in an appropriate location.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The actions outlined in this area for improvement have been implemented. The home does have all the necessary processes in place as outlined and details of all activities completed are being recorded accordingly. Since the inspection the home have successfully appointed an individual as a designated activity person.</p>

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



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