

# Announced Care Inspection Report

## 2 March 2021



## Hamilton Court

**Type of Service: Nursing Home (NH)**  
**Address: 45 Hamiltonsbawn Road, Armagh, BT60 1HW**  
**Tel No: 028 3752 8523**  
**Inspector: Nora Curran**

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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 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> EBBAY Limited  <b>Responsible Individual(s):</b> Patrick Anthony McAvoy	<b>Registered Manager and date registered:</b> Daniel Dougan 8 June 2018
<b>Person in charge at the time of inspection:</b> Daniel Dougan	<b>Number of registered places:</b> 40
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An announced inspection took place on 2 March 2021 from 10.00 to 14.30 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.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Daniel Dougan, manager, Barbara Convery, director and Sharon Loane, regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 1 to 14 February 2021
- Staff supervision and appraisal matrix
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of patients'/relatives'/ staff meetings
- Activity planner from January and February 2021
- Menus from January 2021
- Three patients' nutritional care records.

During the inspection RQIA were able to consult with four staff using technology.

Questionnaires were also sent the manager in advance of the inspection to obtain feedback from patients, patients' representatives and staff. Ten patients' questionnaires, ten patients' representative questionnaires and ten staff questionnaires were left for distribution. A poster was also displayed for staff, patients and patients' representatives, inviting them to provide feedback to RQIA on-line.

Online survey feedback was received from nine patient representatives and their feedback and comments are included in the body of this report.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Daniel Dougan, manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## 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 7 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 4 November 2019	The registered person shall ensure that the systems in place to monitor the registration status of staff are effective in confirming registration at the time of renewal.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the Nursing and Midwifery (NMC) registration records evidenced that there was a robust system for monitoring renewal dates of registrants and confirming completion of renewal.	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager confirmed that staffing levels were maintained to meet the assessed needs of patients in the home, and staffing arrangements were under regular review. The duty rotas from 1 February to 14 February 2021 showed that planned staffing levels were adhered to and staff spoken with indicated that they had adequate time for handover of information at shift change over. The person in charge was also readily identifiable on the duty rota. Persons in charge of the home in the absence of the manager had competency assessments in place and on-call arrangements were displayed for staff in the nursing station.

A review of the staff supervision and appraisal matrix for 2021 showed good managerial overview. Dates were scheduled for all staff, including bank / casual staff, to have a yearly appraisal. All staff had a minimum of two supervision sessions per year, with at least one managerial style session on a one to one basis with the manager, and at least one learning style session on a group / peer basis.

Due to the Covid-19 pandemic, training courses were all taking place online. The manager explained that pre-pandemic, all training took place face to face and with the introduction of more online resources they hoped to avail of a mixture of training styles once restrictions were lifted. Staff spoken with said that they felt the online training provided them with the knowledge and skills to carry out their roles. And while some felt that the online learning took a bit of getting used to, all staff said they enjoyed the learning materials and felt the videos provided good demonstrations in the absence of the practical training sessions.

Staff meeting records evidence ongoing consultation with staff. A review of three separate meetings: staff nurse meeting on 2 February 2021, kitchen staff meeting on 10 December 2020 and care staff meeting on 14 October 2020, showed relevant communications pertaining to these departments and opportunities for staff to be involved in the running of the home. Records were maintained well and included attendance lists, agenda, minutes and actions where required. We followed up on one suggestion made during the staff nurse meeting in February, where nurses had highlighted an issue with phone calls during peak times such as medication rounds. Nurses had suggested that reception hours would improve call answer times and reduce the interruptions during medication rounds. The manager confirmed that this suggestion was escalated to director level for consideration and in the meantime measures were put in place to address the issue, namely a team leader on each shift would carry a cordless phone and take telephone messages for the nurses during medication rounds to avoid unnecessary disruption. This showed good consultation with staff and evidence that staff were listened to.

Relatives who availed of the online survey feedback were invited to indicate if they felt the service was safe, effective and compassionate; three said they were satisfied and six said they were very satisfied that the care was safe and effective, three said they were satisfied and five said they were very satisfied that the care was compassionate (one omitted to answer that question).

Relatives told us:

- “Staff are very friendly and helpful at all times.”
- “The staff are always upbeat and engaging, and above all (relative) appears to be happy and content and always looks clean and tidy.”
- “Watching how (relative) interacts with staff is reassuring and evidence of the good rapport (they) have with them.”
- “The staff are always welcoming.”
- “We have been satisfied with the care our relative has received. We do feel that staff would benefit from training on communicating with someone with dementia. At times we have felt frustrated that staff don’t communicate with our relative in a way that seeks to alleviate the frustration that comes with developing dementia.”

The feedback shared by relatives in the online survey was discussed with the manager, and while it was acknowledged that the feedback was primarily positive with all respondents stating that they were satisfied with the care, nonetheless, the comment about staffs’ communication skills when dealing with people with dementia was taken seriously. On balance it was positive to note that no other relatives raised this concern, however the manager agreed to arrange some specialised training on communication with people diagnosed with dementia and felt that it would be good refresher training for all staff. This will be reviewed again at the next inspection.

Staff told us:

- “We have enough staff on...at one point we requested extra staff for one unit because of the workload and we got it...we feel listened to.”
- (Staffing levels) “Absolutely there is enough on...we have had extra on a times during the pandemic...not one day have we been short...it’s a good team.”
- “We have a good bank team to cover if staff are off.”
- “I’ve had no issues with the online training...maybe took a bit of getting used to but it’s good.”
- “Last month alone I had safeguarding training and food hygiene...it’s good.”
- “I like the reading materials online and the videos for practical stuff are good.”

### 6.2.2 Management arrangements

There had been no changes to the management arrangements since the last inspection. The manager’s hours and capacity worked were stated on the duty rota and the manager told us that they felt well supported by the regional operations manager and the directorship. There was a clear organisational structure in place.

The manager was the identified safeguarding champion for the home and was conversant in the processes and responsibilities pertaining to this role. There was a good record system in place to maintain all safeguarding discussions, with evidence of this discussion on incidents that did not meet the threshold for safeguarding with clear documentation of rationale for these decisions.

In response to the partial implementation of the Mental Capacity Act (Northern Ireland) 2016, with specific regard to deprivation of liberty, the manager was overseeing this process. All staff had completed training to a level pertaining to their roles and responsibilities and all new admission to the home had the required assessments and documentation on place prior to admission. The manager confirmed that while the pandemic had slowed this process with regards to any existing patients prior to Dec 2019, the home was facilitating reviews for the Trust key workers to have the remaining Deprivation of Liberty Safeguards (DoLS) completed.

A review of records from the last patient meeting held on 3 February 2021 evidenced some consultation with patients and provided an opportunity for patients to be involved in the running of the home. We noted that the meetings for patients had no set format and may have benefited from a more structured agenda to ensure all aspects of life in the home were captured. While it was positive to note that patients could bring up any items for discussion in this open style format, it was suggested that an agenda template would help prompt patients to comment on specific areas such as, care, staffing, environment, laundry, food and activities etc. while also having the opportunity to bring up any other topics they wished. This was discussed with the manager who agreed to look the meeting format. This will be reviewed at the next inspection.

Online survey respondents were invited to comment on how satisfied they were that the home was well led. One said they were satisfied and eight said they were very satisfied. One relative said “The staff would call us anytime with updates and the staff and manager are very honest and approachable.”

Staff told us:

- “The home is managed very well...there is good communication.”
- “We are well led...no matter what the issues are we can go to Danny (manager) or any nurse in charge.”
- “The manager is very approachable or I would go straight to the nurse in charge...I’m very happy here, especially after the year it has been, we have a good team and there is good morale.”
- “There is good leadership...the nurses are good leaders too, I could always relay concerns.”

### 6.2.3 Governance systems

Prior to the inspection we requested copies of a number of audits and governance related records to be sent to RQIA. These included quality assurance audits such as hand hygiene, environmental infection control, accidents and incidents, and complaints. We also requested the provider monthly monitoring reports from December 2020 and January 2021. Infection prevention and control related audits are discussed further in section 6.2.4.

There was a system in place for quality audits to be completed monthly. Accident and incidents analysis were complete by the manager and we could see that all relevant parties were informed and all notifiable events under regulation 30 were reported to RQIA appropriately.

The complaints analysis from 2020 showed that any expression of dissatisfaction was taken seriously by the home and a record was maintained of outcomes, learning and complainant satisfaction.

The provider monthly monitoring report from December 2020 and January 2021 were reviewed. We found that a written report was made available to the manager each month and contained patient, relative and staff consultation, a review of care records, complaints, accidents and incidents, safeguarding, the environment and any planned improvements. Each report commented on progress made from the previous visits and concluded with an action plan.

There were no areas for improvement noted in relation to governance.

### 6.2.4 Infection prevention and control (IPC)

The manager confirmed that the home was free from Covid-19 at the time of the inspection, and they were fully engaged with the regional programme for planned and regular testing of all staff and patients.

IPC audits were completed monthly and a review of the records from December 2020 and January 2021 detailed what areas were audited, the findings, and any actions or learning outcomes. It was positive to note how findings from the audits were used at the time for learning opportunities for staff.

The audits also identified some environmental areas that required improvement and the manager confirmed how progress had been made with the recovering of the dining room chairs and some of the specialised occupational therapy seating.



The hand hygiene audits from January 2021 detailed dates, times, which staff were covertly observed and the name of the auditor. It was again positive to note that learning opportunities for staff were identified and addressed at the time.

At the time of the inspection the home was operating a visiting policy in line with the Department of Health (DOH) guidance. Visiting slots were arranged by appointment only and held in a visiting pod. Records were maintained of all visits for track and trace purposes and all visitors had a temperature check and wore face coverings. Arrangements were also in place for staff to facilitate video calls and phone calls for patients every Friday.

The home was also engaging in the DOH care partner initiative with a number of these roles in place. The manager confirmed that individual risk assessments and care partner agreements were in place. Arrangements were in place to facilitate regular testing for all care partners.

Staff spoken with during the inspection told us that they felt safe coming into work during the pandemic, that there were clear protective measures in place that everyone adhered to and that they were provided with the information and resources needed to conduct their duties in a safe manner. Staff were also observed to use personal protective equipment (PPE) in accordance with public health guidance. Staff also told us that staffing levels and cleaning regimes had changed in response to the pandemic, and they felt assured that all appropriate measures were in place.

Staff said:

- “I one hundred per cent feel safe...we get the updates on the guidance, there are posters up everywhere...I feel good and know what is expected from me.”
- “I feel safe that we have the regular testing now especially...all measures are in place...Danny (manager) makes sure we have the updates and all the gear (PPE).”
- “My priority is the safety of the residents...we have enough PPE...the guidance changes a lot but we are given the information...we rely on each other as a team.”

Relatives said:

- “We appreciate fully that the restrictions in place are there to protect everyone including .... And as a family we can’t thank the home enough for keeping ... safe from Covid during a very challenging year.”
- “Due to the lockdown when we were unable to visit ... all communications with staff were very positive; ...always appears happy and content when I visit at the window or now indoors as a care partner. As a family we are very happy with all aspects of care and services.”

### **6.2.5 Quality of life for patients**

During the inspection we undertook a virtual walk round the home and we observed the home to be spacious, clean and well-lit, with bright décor and dementia friendly signage. We observed patients to look cared for and comfortable in their environment.

The entrance to the home had neatly displayed information on Covid-19 guidance and the RQIA poster announcing the inspection. Staff used a separate entrance and exit and we could see donning and doffing stations with strategically placed PPE and hand sanitising supplies.

Communal social spaces such as lounge and court yard were well maintained and furnishings looked clean and comfortable. A sample of patients' bedrooms we viewed and found to be clean and tidy with items of personal memorabilia on display. An activity room was well equipped and the home had purchased sensory equipment such as a roof projector for patients.

The main dining room was arranged to facilitate social distancing for patients who required full assistance and supervision during meals and we could see that some patients chose to have meals in their bedrooms or communal lounge. A pictorial menu was on display in the dining room and patients were also shown both meals pre-plated as another visual aid to promote patient choice.

The menus from January 2021 showed that a variety of meal choices was made available at each sitting and the manager confirmed that choices were also available for those on modified diets.

Prior to the inspection the home provided us with nutritional care records for three patients, as selected by RQIA. For all three patients we could see that expected nutritional related assessments such the malnutrition universal screening tool (MUST), choking and oral assessments were in place and reviewed at least monthly.

Where nutritional needs were identified we could see that relevant care plans were in place. There was evidence of appropriate onward referral to other professional disciplines such as speech and language therapy (SALT), dietician and general practitioner (GP), and the care plans contained any recommendations made by the referred specialists.

There were supplementary records in place to monitor food and fluid intake and patients' weights. We noted the use of a meal supervision record gave all staff a quick overview of patients' needs such as food and fluid type, level of support needed, and intake for that day. Fluid intake was totalled over the 24 hour period and there was evidence of nurse overview.

As part of the self-assessment prior to the inspection, the manager had identified an area for improvement in relation to having a robust system in place to ensure regular auditing of all care records. At the time of inspection a rotation system had been devised and commenced.

Overall the nutritional records were found to well detailed, include all multidisciplinary recommendations and were person centred.

The activities planner for January and February 2021 showed a sample of the activities on offer and the manager confirmed that from December 2020 all social and recreational sessions were facilitated primarily by care staff as the activity co-ordinator post was vacant from that time. A new activity co-ordinator had commenced at the time of inspection and was in the process of completing an induction programme. Plans were in place for the activity co-ordinator to start a life stories project with each patient.

There was also a range of entertainment technology available for patient use such as cinema screen, smart speakers and fire stick.

Relatives told us:

- “We are very happy with Hamilton Court.”
- “On my current weekly visits to ...I have always felt very happy and content that (relative) is still getting the great care and attention they always got when I visited regularly prior to Covid.”
- “...passed away; the home looked after ... very well. The staff called ... by their first name as they liked and any time morning, afternoon or night we could visit (pre-Covid) and never had any problems. When ... was sick they would call the GP when needed and when we as a family and the GP decided not to send ... to hospital the last time the home arranged the acute care at home team so ... could be looked after in the home where they were comfortable. They allowed us to visit at the end of ... life. We had six days with them and they made sure we followed the Covid restrictions, checked temperatures and ensured we wore the PPE correctly. If we ever had any concerns we could talk to the staff about it. It was a very positive experience.”

### 6.2.6 Quality improvement

Prior to the inspection the manager conducted a self-assessment and improvement plan and had identified several areas they wished to address.

Privacy and dignity training was arranged to further advance staffs’ knowledge and understanding of patients’ rights, and how they can apply this to all interactions with patients. This training was provided online and completed by March 2021.

The life story project was identified as a way of enhancing a person centred and holistic approach to care. This was being implemented by the activity co-ordinator with plans to include patients’ family and friends where possible. The manager expected the project to be completed by end of May 2021. This will be reviewed at the next inspection.

A mealtime audit was developed to monitor patient experiences of food quality and choice, dining environment and ambience, and service. This was being implemented by the head chef who planned to provide findings to the manager every month. This will be reviewed at the next inspection.

As mentioned in section 6.2.5, the manager also identified a need for a robust and regular auditing system for care records. This was in place at the time of inspection and working well.

### Areas of good practice

Areas of good practice were identified in relation to auditing systems, nutritional care records and person centred approaches. Further areas of good practice were found in relation to staff training, management of Covid-19 and relative experiences.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### **6.3 Conclusion**

Overall the inspection was positive. Patients looked well cared for and staff and relatives spoke in positive terms about the service. All online survey responses indicated that they felt the service was safe, effective, compassionate and well led.

The manager demonstrated a good understanding of their role and responsibilities in relation to governance and safeguarding, and a detailed self-assessment had pick up on areas for improvement that had been addressed by the date of inspection.

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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