The Regulation and Quality Improvement Authority

Hamilton Court
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45 Hamiltonsbawn Road
Armagh
BT60 1HW

Inspector: Sharon Loane
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Unannounced Care Inspection
of
Hamilton Court

04 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 04 February 2016 from 10.30 to 13.00 hours. RQIA were assisted by a lay assessor who met with patients and /or patient's representatives / relatives to obtain their views on the quality of care provided within the home.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health Care and Standard 39: Staff Training and Development.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Hamilton Court which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 25 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Tony Hart, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Limited/Dr Maureen Claire Royston	**Registered Manager:** Mr Tony Hart
Person in Charge of the Home at the Time of Inspection: Mr Tony Hart	**Date Manager Registered:** 08 May 2013
Categories of Care: NH-DE, RC-DE	**Number of Registered Places:** 35
Number of Patients Accommodated on Day of Inspection: 21 – Nursing 2 – Residential	**Weekly Tariff at Time of Inspection:** £493.00 - £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: **Individualised Care and Support, criteria 8**
Standard 6: **Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**
Standard 21: **Health Care, criteria 6, 7 and 11**
Standard 39: **Staff Training and Development, criteria 4**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with patient representatives/relatives
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) and report from the previous care inspection.

The following records were examined during the inspection:

- a sample of duty rotas
- a sample of staff training records
- three care records
- a selection of personal care records
- a selection of policies and procedures
- guidance information for staff in relation to continence management.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 August 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 25 August 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 12 (1) (a) **Stated:** First time	The registered person must ensure that personal care is in accordance with the patients identified needs and plan of care. All records should accurately reflect care delivered in this regard and audits should be completed to monitor compliance and actions identified accordingly.	**Met**
	Action taken as confirmed during the inspection: At this inspection all patients appeared well presented and comfortable in their surroundings. A review of three care records confirmed that care plans had been developed to include patient's personal choices in regards to their personal care and included for example clothing choices. A review of daily personal care records for four patients evidenced the care delivered and /or not delivered. A discussion with the registered nurse advised that these records are reviewed on a daily basis and followed up accordingly. This requirement has been met.	

Requirement 2 **Ref:** Regulation 13 (1) (a) & (b) **Stated:** First time	The registered manager must ensure that all patients with pressure care/ wound management have the relevant risk assessments for pressure care, a care plan for the care required for their identified needs and that all records pertaining to pressure care management are up to date and reviewed as indicated.	**Met**
	Action taken as confirmed during the inspection: A review of one care record pertaining to pressure care/wound management evidenced that all documentation had been completed and reviewed in accordance with best practice guidance. This requirement has been met.	
Requirement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that all issues identified in section 5.5.3 of the report pertaining to infection control are addressed to minimise the risk of infection and spread of infection between patients and staff.	**Met**
	Action taken as confirmed during the inspection: A tour of the home was undertaken and evidenced that all issues identified in the previous care inspection had been actioned satisfactorily.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 32.1 **Stated:** First time	The registered manager should ensure staff are knowledgeable of the reviewed policies and procedures in respect of palliative and end of life care.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures relating to palliative and end of life care had been made available to staff. Discussion with registered nurses confirmed this information. The policies have also been included as part of the training programme.	

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 39 **Stated:** First time **To be Completed by:** 4 June 2016	It is recommended that training is provided for staff in the following areas according to their roles and responsibilities: • Continence management • Urinary catheterisation • Stoma Care. **Ref Section: 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: CONTINENCE TRAINING ORGANISED THROUGH "TENA" FOR WEEK COMMENCING 4TH APRIL 2016. - ALL STAFF GRADES. URINARY CATHETERISATION (INCLUDING SUPRA-PUBIC) AND DRE HAS BEEN REQUESTED FROM SHCT. PLEASE SEE ATTACHED E-MAIL FOR NURSES ONLY.
Recommendation 2 **Ref:** Standard 4 **Criteria** (1) (7) **Stated:** First time **To be Completed by:** 4 April 2016	It is recommended that continence and bowel assessments and care plans are fully completed to include all aspects of continence management for example, specific continence products required, normal bowel pattern and type, stoma products required. **Ref Section: 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: CONTINENCE, BOWEL ASSESSMENTS AND CARE PLANS ARE FULLY COMPLETED. PRODUCT INFORMATION ADDED TO ALL FILES + STOMA LEAFLETS ATTACHED FOR FUTURE REFERENCE.

Registered Manager Completing QIP	Tony Hart	**Date Completed**	22/03/2016
Registered Person Approving QIP	PATRICIA McAVOY	**Date Approved**	22/03/16
RQIA Inspector Assessing Response	SHARON WARE	**Date Approved**	07/4/2016

Please ensure this document is completed in full and returned to RQIA, Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS