

Inspection Report

5 October 2023



Hamilton Court

Type of service: Nursing Home
Address: 45 Hamiltonsbawn Road, Armagh, BT60 1HW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: 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: Mr 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 5 October 2023 from 9:40am to 4:15pm 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 on the day of inspection. 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, they commented; "the staff are lovely" and "they are really helpful". 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 and staff were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires or the online staff survey 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?

Areas for improvement from the last inspection on 24 January 2023		
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 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.	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 (December 2022)		Validation of compliance
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.	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 22.6 Stated: First time	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.	

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 3 Ref: Standard 18.1 Stated: First time</p>	<p>The registered person shall ensure that a review is carried out on restrictive practices within the home to ensure the least resistive approach is used and it is proportionate to the level of risk to the patient</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 4 Ref: Standard 11 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</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 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) with a record maintained by the manager of any registrations pending.

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 and that they were satisfied with the level of communication between staff and management.

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 observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other health professionals. Patients care records were held confidentially.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that there were inconsistencies in the recording of neurological observations for the recommended timeframe. This was identified as an area for improvement

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.

Patients who were less able to mobilise were assisted by staff to change their position regularly. Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff 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 and choice of meals.

Staff spoken with were aware of the patients' nutritional needs, however it was noted that one member of staff seemed unsure in regards to the different levels of consistencies' required to ensure that patients on a modified diet receive the recommended meals as per speech and language therapist recommendations (SLT). This was discussed with the management team and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable 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. Patients said that they were satisfied that the home was kept clean and tidy.

The home's most recent fire safety risk assessment was dated 26 January 2023. An action plan was in place to address the recommendations made by the fire risk assessor. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. 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.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. A weekly activity planner was on display and on the afternoon of the inspection, several patients attended a harvest service.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mr Daniel Dougan has been manager 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.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

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.

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 home was visited each month by a representative of 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.

Staff commented positively about the management team and described them as supportive and approachable.

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	4*	1*

* 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 Mr Danny Dougan, Registered Manager, and Sharon Loane, Operational 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: 8 July 2021	The registered person shall ensure that care assistants accurately record the administration of thickening agents. Ref: 5.1
	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: 8 July 2021	The registered person shall ensure that medication administration records are accurately maintained. Ref: 5.1
	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 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 30 November 2023	The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance. Ref: 5.2.2
	Response by registered person detailing the actions taken: Falls pathway policy has been reshared with relevant practitioners and supervision has been undertaken with registered nursing staff. Governance arrangements in regards to falls, accidents will provide oversight to ensure best practice guidelines are adhered to and any identified shortfalls will be followed up for learning and development, to avoid/reduce any impact on residents wellbeing.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff are aware of patients' SLT recommendations and that these are adhered to at meal times.</p> <p>Ref: 5.2.2</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	<p>Response by registered person detailing the actions taken:</p> <p>Relevant staff are provided with Dysphagia training. Competency and capability assessments are completed as part of the induction process. SALT recommendations are adhered to and implemented accordingly. Information is shared with relevant team members to include catering team. Information is updated and communicated to staff as per any changes to SALT recommendations. Information is communicated to relevant staff in various formats and locations; to include notice boards in nurses office; kitchen etc.</p> <p>Prior to the serving of any meals, a Safety Pause is undertaken as per best practice guidelines.</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2021</p>	<p>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.</p> <p>Ref: 5.1</p> <p>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.</p>

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