



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 7 October 2019



## Hamilton Court

**Type of Service: Nursing Home (NH)**

**Address: 45 Hamiltonsbawn Road, Armagh, BT60 1HW**

**Tel No: 028 37528523**

**Inspector: Sharon McKnight**

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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 registered nursing home which provides care for up to 40 patients living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> EBAY 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> 40

### 4.0 Inspection summary

An unannounced inspection took place on 7 October 2019 from 09:35 hours to 16:55 hours.

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.

Evidence of good practice was found in relation to provision of staff and patient safety. The environment was clean, fresh smelling and safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

The culture and ethos of the home supported patient dignity and privacy. Activities arranged had a positive impact on patients. Systems were in place to provide management with oversight of the services delivered.

An area for improvement was identified with regard to checking staff registration with their regulatory body at the time of renewal.

Comments received from patients and their relatives are included in the main body of this report.

The findings of this report will provide the home 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Daniel Dougan, Registered Manager and Sharon Loane, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 4 December 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 4 December 2019.

No further actions were required to be taken following this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for week commencing 30 September and 7 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- one patient care charts including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made on behalf of the registered persons
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections.

There were no areas for improvement identified as a result of the last care, medicines management or estates inspections.

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 30 September - 13 October 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team on the delivery of activities.

We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them.

We spoke with the relatives of four patients who told us they were happy with how staff supported their loved ones with personal care and with their appearance. They were confident that staff responded to changes in their relatives' condition and that timely advice/attention was sought for medical issues.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered. We discussed the systems in place to check that staff renewed their registration prior to the date of expiry. It was agreed that the systems in place would be reviewed to ensure that they are effective in confirming registration at the time of renewal. This was identified as an area for improvement

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment in Hamilton Court was warm and comfortable. The home was clean and fresh smelling throughout. Patients bedrooms had been individualised with pictures, family photographs and memorabilia brought in from home. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to provision and training of staff and patient safety. The environment was clean, fresh smelling and safely managed.

### **Areas for improvement**

Checking staff registration with the NMC or NISCC at the time of renewal was identified as an area for improvement.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	0	1

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We spoke with patients throughout the day; those who could talk to us told us they liked where they were and were happy. We spoke with the relatives of four patients who confirmed that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

The manager confirmed that patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patient's routine for that day.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that, where necessary, advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example podiatrists and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and appropriate care planning to detail the specific support required by each patient. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patients' care records.

Throughout the inspection we witnessed assistance being provided in response to individual need and numerous events which supported individual patient choice. This patient centred approach was not always evident in patient care records. For example care plans for patients who at times could become distressed did not include any personalised descriptors of how their distress manifested, any known triggers to their distress or interventions which helped. This was discussed with the manager who agreed to develop a more patient centred approach to care planning. Progress with this improvement work will be reviewed at the next inspection.

Patients had the choice of coming to the dining room or having their meals brought to them on a tray; the majority of patients came to the dining room. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery. Patients were assisted to the dining room in a timely manner prior to the serving of lunch. A choice of condiments was either available on the table or offered by staff when the meals were served, depending on patient need. There was a choice of two home cooked meals to choose from. Kitchen staff plated each meal on

request from the care staff; we saw that each meal was plated taking into account the likes and dislikes of each patient. Adjustments made to each meal included portion size, choice of vegetables and the addition and quantity of the gravy or sauce provided. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. The dining experience in Hamilton Court supported the individual preferences of each patient.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

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

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:35 hours and were welcomed into the home by the manager. We walked round the home mid-morning; patients were in the lounges, sitting in the reception area, walking around the units or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious we observed staff spend time with the patient in an attempt to find out what they needed.

We spoke with the relatives of four patients; they were very happy with the way their relatives were being looked after. They told us:

“Everyone is very good.”

“I am very happy with the care, staff are very attentive.”

“The staff are terrific. We can go away happy knowing they will ring us if anything changes.”

“They allow mummy to be mummy.”

“Very often when I visit I end up joining the activities, she’s always at something.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

There is varied range of activities provided within the home. The weekly programme was displayed in various locations around the home to inform patients and their visitors of the daily activities. We spoke at length with the activity co-ordinator who explained that the activities for the

week of the inspection were seasonal; they were planning to make and bake the harvest loaf later in the week. The recipe and details of how this would be done were available in the foyer of the home to inform visitors who may wish to join in. A harvest service was planned for later in the month. A Halloween party was planned for the end of the month. The dates of these two events were clearly displayed for relatives and visitors. Relatives and patients told us about a recent “fish and chip” night when a local chip van came to the car park of the home; relatives told us how staff supported those patients to go out to the van and place their order. The evening finished with an old fashioned movie. One patient we spoke to particularly remember the fish and chips.

We discussed how patient and relative opinion was sought on the day to day running of the home. The manager explained that questionnaires were provided annually to relatives in an attempt to gain their opinion on behalf of their loved one; these were due to be issued shortly for 2019. The operations manager explained that they are currently considering an easy read version of the questionnaires in an attempt to gain the opinion of patients.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“Staff are caring and gentle to my mum and meet all her care needs in a dignified manner.”

“We appreciate so much your care and kindness to .... and to us all as her family.”

“Despite her illness you treated her as the person she was and helped maintain her dignity to the end which helped us cope with the sadness we all felt.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of activities and the positive impact on patient.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

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

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There are well established management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been registered with RQIA since 2018 and was knowledgeable of his responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager who was present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Staff and relatives reported that the manager was very approachable and available to speak to. Support is also provided by the operations manager.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents.

The owner of the home is required to check the quality of the services provided in the home. This is done by the operations manager during monthly unannounced visits to the home; a report is made of the outcome of these visits. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Examples of compliments received have been provided in section 6.5 of this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Daniel Dougan, Registered Manager and Sharon Loane, Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 November 2019</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> the registered manager will ensure that when a staff members registration status is due for renewal at end of a month he will log into system mid way through month and make sure said staff has renewed successfully and will document same</p>

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



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