

The Regulation and  
Quality Improvement  
Authority

Hamilton Court  
RQIA ID: 1461  
45 Hamiltonsbawn Road  
Armagh  
BT60 1HW

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**Announced Post Registration Inspection  
of  
Hamilton Court**

**08 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced post registration inspection took place on 08 March 2016 from 11.15 to 14.00.

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.

The previous care inspection was 04 February 2016 and the returned (QIP) was not due back to RQIA to the 29 March 2016. Therefore, the QIP was not reviewed at this inspection and has been carried forward and incorporated into the QIP issued as a result of this inspection dated 08 March 2016.

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

### 1.1 Actions/Enforcement Taken Following the LastCare Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the lastcare inspection on 04 February 2016.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	*6

\*Indicates that two of the recommendations made at the previous care inspection 04 February 2016 were not inspected and have been carried forward.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Person and Management Team as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> EBBAY Limited Mr Patrick Mc Avoy	<b>Registered Manager:</b> Anthony Edward Hart
<b>Person in Charge of the Home at the Time of Inspection:</b> Anthony Edward Hart	<b>Date Manager Registered:</b> 17 July 2013
<b>Categories of Care:</b> RC-DE, NH-DE	<b>Number of Registered Places:</b> 35
<b>Number of Patients Accommodated on Day of Inspection:</b> NH-DE: 23 RC-DE: 2	<b>Weekly Tariff at Time of Inspection:</b> £470.00 - £593.00

## 3. Inspection Focus

The focus of this inspection was to assess the day to day operations of the home since registration by the new registered organisation and / person on 08 February 2016.

## 4. Methods/Process

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

- discussion with the registered manager
- discussion with the responsible person
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- notifications submitted since the last care inspection
- the previous care inspection report

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector met with three patients individually and the majority of others in smaller groups, one registered nurse, two care staff, one ancillary staff member and the activity co-ordinator.

The following records were examined during the inspection:

- the statement of purpose
- the patient's guide
- complaints record
- accidents and incidents
- staffing arrangements
- two patient care records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Hamilton Court was an unannounced care inspection dated 04 February 2016. The returned QIP was not due back to RQIA to the 29 March 2016; therefore the QIP was not reviewed at this inspection. Refer to sections 1 and 6.3.

#### Review of Requirements and Recommendations from the Last Care Inspection 04 February 2016

Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that training is provided for staff in the following areas according to their roles and responsibilities:</p> <ul style="list-style-type: none"> <li>• continence management</li> <li>• urinary catheterisation</li> <li>• stoma care</li> </ul> <p><b>Ref Section: 1</b></p>	<p><b>Not Inspected -Carried Forward</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Not inspected at this inspection. Carried forward.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard4 <b>Criteria (1) (7)</b></p> <p><b>Stated:</b>First time</p>	<p>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.</p> <p><b>Ref Section: 1</b></p>	<p><b>Not inspected – Carried Forward</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Not inspected at this inspection. Carried forward.</p>	

## 5.2 Additional Areas Examined

### 5.2.1 Comments of Patients and Staff

As part of the inspection process patients and staff were consulted. There were no patients representatives present on the day of inspection. All comments received were positive. Some comments received are detailed below.

#### Patients

“the new people are very nice”

“I have been here awhile and I met the new lady and she is very nice”

“this is a very good place and I have no complaints”.

#### Staff

“not much change, we have had meetings and met with the new owners, and they have advised us of their expectations”

“very happy with the changeover, we are still in the middle of the transition”

“very nice people, identifying areas for improvements and have already made provision”

“very good, easy to approach, good working relationships”.

### 5.2.2 The Management of Accidents/Incidents

A review of care records for two patients identified shortfalls in the management of accidents. The accidents had been recorded appropriately and the trust had been notified of the incidents and prompt action had been taken in each case. However, a review of the care records did not evidence that relevant risk assessments and care plans had been updated and/reviewed as part of the post fall analysis pathway. A recommendation has been made.

In addition, during the inspection process members of care staff were observed transferring patients in specialised chairs on two occasions with the patients' feet unloaded. This was discussed with the care staff involved at the time and during feedback with management representatives, who gave their assurances that staff would be spoken with regarding the importance of health and safety when transferring patients in specialised chairs. A recommendation has been made.

### 5.2.3 Care records

A review of care records for an identified patient evidenced that a number of risk assessments and all recorded care plans available had not been dated and therefore it was impossible to identify when the assessments and care plans had been completed and if they had been generated at the time of the patient's admission or in response to the patient's changing needs. This was discussed at feedback and a recommendation has been made.

## 5.2.4 Statement of purpose and Service User Guide

A copy of the Statement of Purpose and the Service User Guide were available at time of inspection and post inspection was reviewed by the aligned inspector. A review of the Statement of Purpose identified that the document required further review and development to ensure that it is in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and Guidance for Developing a Statement of Purpose, RQIA, October 2011.

### Areas for Improvement

Relevant risk assessments and care plans should be reviewed as part of the post fall analysis and updated accordingly.

The Registered Person should provide training, supervision and monitor staff practice to promote safety when transferring patients in specialised chairs or any methods used for transporting patients.

All care records should be dated in accordance with the NMC guidelines on record keeping.

The Statement of Purpose should be reviewed in accordance with legislation and RQIA guidance documents.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

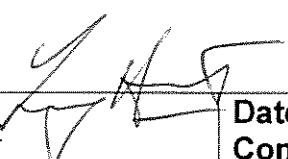
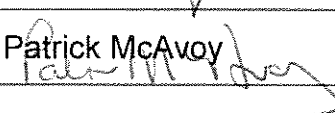
It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>It is recommended that training is provided for staff in the following areas according to their roles and responsibilities:</p> <ul style="list-style-type: none"> <li>• continence management</li> <li>• urinary catheterisation</li> <li>• stoma care</li> </ul> <p><b>Not inspected at this inspection – Carried forward for review at the next care inspection.</b></p> <p><b>Ref Section:5.1</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard4 Criteria (1) (7)</p> <p>Stated:First time</p>	<p>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.</p> <p><b>Not inspected at this inspection – Carried forward for review at the next care inspection.</b></p> <p><b>Ref Section:5.1</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 22.9</p> <p>Stated: First time</p> <p>To be Completed by: 25 April 2016</p>	<p>It is recommended that a post falls review is carried out within 24 hours of a patient sustaining a fall to determine the reason for falling and any preventative action to be taken. This is in addition to existing mechanisms to record incidents within the home. The risk assessments and care plans are amended accordingly.</p> <p><b>Ref Section:5.3.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above recommendation has been discussed at a Clinical governance meeting with registered nurses 16/03/16. All nurses agreed to follow the recommendation to undertake the post falls review and actions and to amend the care plans / risk assessments accordingly.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 47 Criteria 3</p> <p>Stated: First time</p>	<p>It is recommended that the Registered Person should provide training, supervision and monitor staff practice to promote safety when transferring patients in specialised chairs or any methods used for transporting patients.</p> <p><b>Ref Section: 5.3.2</b></p>



<b>To be Completed by:</b> 11 April 2016	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above recommendation has been discussed at a Clinical governance meeting with registered nurses 16/03/16 who have been reminded of their responsibilities and for the need for day to day supervision. Registered nurses were aware of their role and responsibility. Moving and handling update training was undertaken with staff on March 24 <sup>th</sup> + April 1 <sup>st</sup> highlighting these areas. Individual supervision was undertaken with two staff on duty on the day of inspection.
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<b>Recommendation 5</b>  <b>Ref:</b> Standard 4 Criteria 10  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 April 2016	It is recommended that all care records should be dated in accordance with the NMC guidelines on record keeping.  <b>Ref Section: 5.3.3</b>  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above recommendation has been discussed at a Clinical governance meeting with registered nurses 16/03/16. All nurses agreed to follow the recommendation as per NMC guidelines on record keeping. Individual supervision was undertaken by the home manager with the registered nurses involved with the care plans. No date and signature on the body map was referred back to the agency nurse on duty that day and the agency agreed to undertake supervision with her.		
<b>Recommendation 6</b>  <b>Ref:</b> Standard 34 Criteria 1  <b>Stated:</b> First time  <b>To be Completed by:</b> 25 April 2016	The Statement of Purpose should be reviewed to conform to regulations, care standards and RQIA provider guidance.  The above documents should be submitted to RQIA with the returned QIP.  <b>Ref Section: 5.3.4</b>  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The statement of purpose has been reviewed and updated 07/04/2016. Copy attached.		
<b>Registered Manager Completing QIP</b>	Tony Hart 	<b>Date Completed</b>	07/04/2016
<b>Registered Person Approving QIP</b>	Patrick McAvooy 	<b>Date Approved</b>	12/04/2016
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**





<b>RQIA Inspector Assessing Response</b>	<b>Sharon Loane</b>	<b>Date Approved</b>	<b>26.04.16</b>
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