The Regulation and Quality Improvement Authority

Inspection Report

20 January 2022

Hamilton Court

Type of service: Nursing
Address: 45 Hamiltonsbawn Road, Armagh, BT60 1HW
Telephone number: 028 3752 8523

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: EBBAY Limited **Responsible Individual** Mr Patrick Anthony McAvoy	**Registered Manager:** Mr Daniel Dougan **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 20 January 2022 from 9:40am to 5:00pm by a care Inspector.

The inspection was undertaken to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Hamilton Court was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care. No areas for improvement were identified.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager and Company Director were provided with details of the findings.

4.0 What people told us about the service

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented and it was obvious from their personal appearance that staff had supported them to wash and dress that morning. Patients were relaxed in the company of staff and when asked if they were warm and comfortable they told us they were. A number of patients were able to articulate their opinion of the home; one told us they would not want to be anywhere else. Patients described their life in the home as comfortable and said it (the home) was a good place. Patients said they enjoyed the food and we saw that the dining experience was unhurried and social

A relative described the home as a very peaceful place and spoke of how the family felt that the home was the best place for their loved one. They commented on the commitment of staff and the visibility of the manager and their approachability.

Six staff were spoken with; they were unanimous in their satisfaction with the quality of care delivered. They reported good working relations, were confident in the management of the home and said that they felt listened to.

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 8 July 2021		
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.**	**Carried forward to the next inspection**
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**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**

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work; this included receiving references, completing police checks and having sight of the candidates full employment history. Staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to regularly check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the Manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. There was evidence that where staff reported unfit for duty at short notice reasonable attempts were made to replace staff. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. It was obvious from the interactions between patients and staff that they were familiar with each other. Staff were knowledgeable of patients care needs, their likes, dislikes and their preferred routines.

Patients told us that the staff were kind and helped them during the day. Staff interactions were familiar, comfortable and unhurried and patients were relaxed in the company of staff.

Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences. Staff were satisfied that the planned staffing was sufficient for them to meet the needs of the residents in a timely manner. They spoke of good team work and were respectful of each other's role within the home.

One relative spoke of the friendly and supportive nature of the staff. They were complimentary regarding the level of information provided by staff regarding their loved ones wellbeing. They confirmed that visiting was well organised and that they were always made to feel welcome during visits.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. Care records contained detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or

recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

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 and evidence that patients were assisted to change their position regularly. Patients with wounds had these clearly recorded in their care records. Records reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall was reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records confirmed that appropriate referrals were made if patients were losing weight. Daily records were kept of what patients had to eat and drink.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished and comfortable. A refurbishment plan was in plan however progress with the re-decoration and replacement flooring has been delayed due to the global pandemic. Progress with the planned work will be reviewed at the next inspection.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out regularly.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; eight patients were benefiting from the support of their care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Patients

Staff introduced us to patients using their preferred name. Staff were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them, at times to provide a diversion. Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients used words such was “comfortable” and “great” when talking about their experiences of the home and how staff treated them. When staff spoke with patients there was good eye contact and patients responded with a smile.

An Activity Leader was employed in the home but was on extended leave at the time of the inspection. The Manager explained that an activity planner was in place and included activities delivered in small group settings and on a one to one basis. Staff were aware of the importance of providing meaningful activities, however due to the competing needs of patients they were challenged with the time they had to commit to them. Staff were very good at involving patients in informal reminiscence, for example when serving the morning tea or supervising the lounges. Some patients enjoyed the local papers or completing word searches and again staff engaged the patients in discussions around these pastimes.

Patients were encouraged to have their meals in the dining room; staff explained that meals times provided an opportunity for patients to socialise together. There was a relaxed atmosphere in the dining room; some patients spoke to each other while others watched with interest staff organising the meals. A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. Patients chose which dish they preferred at the point of service; staff showed the patients both choices which helped them decide which meal they wanted; this is good practice. There was a variety of drinks offered with the meals; a cup of tea was also available at the end of the meal.

The food served was attractively presented and smelled appetising. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need. Patients enjoyed their meal and were complimentary regarding the choice and quality of the meals provided. Staff attended to patients in a timely manner offering patients encouragement with their meals. Those patients who did not want to come to the dining room had the choice of having their lunch in the lounge or in a quiet area of the home if they preferred. These patients had their meals served on a tray; meals were covered prior to leaving the dining room. The serving of lunch was well organised, unhurried and a positive experience for patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported by the Deputy Manager and the Senior Nurse who was available throughout the inspection and was knowledgeable of the day to day running of the home. The Operations Manager is also available in the home regularly to provide operational support; they also had regular contact with staff, patients and relatives.

Patients were familiar with the Manager and it was obvious from his interactions with the patients that he was familiar to them. One relative spoke of the lengths the Manager had gone to in supporting them when their loved one moved into the home in the early days of the pandemic.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients. Staff felt that the management team listened to their opinions about the day to day running of the home.

The home had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of the environment, IPC and accidents and incidents.

There was a system in place to manage complaints; complaints received, alongside the action taken, were recorded. Records were also maintained of compliments received about the home. In one recent compliment the staff were described as "compassionate and so caring."

Unannounced visits were undertaken each month by the Operations Manager, on behalf of the Responsible Individual, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with patients, relatives and staff, observations and a review of patient and management records evidenced that care in Hamilton Court was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Patients were well presented and relaxed in the company of staff. Patient and staff interactions were familiar yet respectful. Staff were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the

patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

No areas for improvement were identified during this inspection.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

*Three areas for improvement identified as a result of the previous inspection have been carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Daniel Dougan, Registered Manager and Barbara Convery, Company Director as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
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