The Regulation and Quality Improvement Authority

# Inspection Report

# 9 April 2024

# Antrim Care Home

**Type of service: Nursing**
**Address: 88 Milltown Road, Antrim, BT41 2JJ**
**Telephone number: 028 9442 8717**

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

## 1.0 Service information

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| **Registered Provider:**<br>Hutchinson Homes Limited<br><br>**Responsible Individual:**<br>Mrs Janet Montgomery | **Registered Manager:**<br>Ms Angela Dorrian<br><br>**Date registered:**<br>20 February 2024 |
| **Person in charge at the time of inspection:**<br>Ms Angela Dorrian | **Number of registered places:**<br>51 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years.<br>TI – Terminally ill. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>49 |
| **Brief description of the accommodation/how the service operates:**<br>This is a registered nursing home which provides nursing care for up to 51 patients. Patients' bedrooms are located on the ground floor. There are separate nursing and dementia units and the home also provides intermediate care arrangements for patients who require a period of rehabilitation. Patients have access to communal lounges, dining rooms and garden areas. | |

## 2.0 Inspection summary

An unannounced inspection took place on 9 April 2024 from 9.10 am to 6.15 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Antrim Care Home was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

## 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives, visiting professionals and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Antrim Care Home. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "From the day I came in I was happy. I love it here.", while another patient said, "The staff are lovely, well-mannered and helpful. Angela (the manager) is on the ball and is always about."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "We love the staff and they are good to us and my relative", while another relative said, "Overall I can't say a bad word." A further relative said, "The care is very good."

Visiting professionals spoken with spoke highly of the care provided and said there was good communication with the staff in the home. One visiting professional said, "The care is very good and they staff know the patients very well."

Staff spoken with said that Antrim Care Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion

with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

## 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 9 October 2023 | | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Regulation 12 (1) (a) (b)<br><br>**Stated:** Second time | The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately and in accordance with legislative requirements, minimum standards and professional guidance.<br><br>**Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | **Met** |
| **Area for Improvement 2**<br><br>**Ref:** Regulation 12 (1) (a) (b)<br><br>**Stated:** Second time | The registered person shall ensure for those patients who require the use of bedrails an appropriate risk assessment and care plan is in place.<br><br>**Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | **Met** |
| **Area for Improvement 3**<br><br>**Ref:** Regulation 15 (2) (b)<br><br>**Stated:** First time | The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.<br><br>**Action taken as confirmed during the inspection**:<br>This area for improvement has not been met and is stated for a second time. This is discussed further in 5.2.2. | **Not met** |

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| **Area for Improvement 4**<br><br>**Ref:** Regulation 27 (4) (d) (i)<br><br>**Stated:** First time | The registered person shall ensure that fire doors in the home are not propped or wedged open preventing closure in the event of a fire bell sounding.<br><br>**Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | **Met** |
| **Area for Improvement 5**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person shall ensure medicines are securely stored in the home. This is stated in reference to the storage of thickening agents and oxygen cylinders when not in use.<br><br>**Action taken as confirmed during the inspection**:<br>This area for improvement has not been met and is stated for a second time**.** This is discussed further in 5.2.3. | **Not met** |
| **Area for Improvement 6**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time | The registered person shall ensure that chemicals are not accessible to patients, in any part of the home, when not in use in keeping with COSHH legislation.<br><br>**Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | **Met** |
| **Area for Improvement 7**<br><br>**Ref:** Regulation 13 (7)<br><br>**Stated:** First time | The registered person shall ensure that the infection control issues identified on inspection are managed effectively.<br><br>A more robust system to manage infection control should be developed.<br><br>**Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | **Met** |

| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | | Validation of compliance |
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| **Area for Improvement 1**<br><br>**Ref:** Standard 39<br><br>**Stated:** Second time | The registered person shall ensure that the training for the use of bedrails is embedded into practice. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |
| **Area for Improvement 2**<br><br>**Ref:** Standard 13<br><br>**Stated:** First time | The registered person shall ensure that staff are familiar with the home's policies and procedures in relation to adult safeguarding. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |
| **Area for Improvement 3**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time | The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |
| **Area for Improvement 4**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time | The registered person shall ensure that records of repositioning include:<br><br>• the position the patient has been repositioned to<br>• the time of repositioning<br>• evidence of skin check<br>• signatures of both staff, if appropriate, who completed the reposition. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>This area for improvement is partially met and is stated for a third time. This is discussed further in section 5.2.2. | |

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| **Area for improvement 5**<br><br>**Ref:** Standard 12<br><br>**Stated:** First time | The registered person shall ensure that food/fluid supplements consumed by patients are recorded as part of their food/fluid intake records. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>This area for improvement has not been met and is stated for a second time**.** This is discussed further in 5.2.2. | |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Review of staff meeting minutes confirmed that staff meetings were not held on at least a quarterly basis. The manager confirmed regular staff meetings had been delivered since they commenced post in October 2023 and provided assurances that a meeting would be scheduled following the inspection and further staff meetings would be diarised for the incoming the year.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### 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 members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced improvements in completion of skin checks since the last care inspection although there were gaps in recording of up to and including 24 hours. An area for improvement identified at the previous care inspection was stated for a second time.

Deficits in moving and handling practice were identified. Following observation of the transfer of a patient in a wheelchair, discussion with staff confirmed this was not done in keeping with their assessed needs. This was discussed with the manager who arranged for supervision with the identified member of staff; an area for improvement was identified.

Management of wound care was examined. Care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, clinical and neurological observation records were not consistently completed in keeping with best practice guidance. In addition, daily progress notes did not consistently comment on the neurological status of the patient following a fall. This was discussed with the manager who agreed to speak with staff and monitor the management of falls through their audit systems. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was used.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while

maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required. However, examination of a selection of food and fluid intake records confirmed that prescribed supplements consumed by patients were not consistently recorded. An area for improvement identified at the previous care inspection was stated for a second time.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans and risk assessments had not been reviewed for an identified patient following their return to the home from a period of time in hospital. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

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 also recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Bedrooms and communal areas were suitably furnished, clean and tidy. The manager confirmed that many areas of the home had been decorated since the last care inspection and painting had been completed throughout. New seating was noted in the lounge of the dementia unit.

The treatment room in an identified unit was observed to be unlocked with access to medicines, thickening agents, sharps and an oxygen cylinder. This posed a potential risk to patients' health and wellbeing and was discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement identified at the previous care inspection was stated for a second time.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 7 December 2023; no corrective actions were identified by the fire risk assessor.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE (personal protective equipment) had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed reading, listening to music and watching TV in their bedrooms, while others enjoyed a visit from relatives and friends. Comments received from patients included, “we play skittles and card games” and “Victoria the activities co-ordinator is great and keeps us entertained.”

No activity planner was displayed in the home. Discussion with patients and staff confirmed activities were not being delivered in the absence of the activity co-ordinator. This was discussed with the manager who confirmed that expressions of interest had been circulated and a number of staff had been allocated as an activity champion in the absence of the activity co-ordinator. The manager agreed to ensure activities are planned in advance of the activity coordinator taking planned leave. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

### 5.2.5 Management and Governance Arrangements

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.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management. There has been a change in the management of the home since the last inspection; RQIA were notified appropriately. Ms Angela Dorrian has been the manager since October 2023.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Review of a sample of audits and discussion with the manager confirmed that improvements were required regarding the auditing of IPC practices. An area for improvement regarding this has been identified and is discussed in section 5.2.3.

The home was visited each month by a representative of the registered provider 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. These are available for review by patients, their representatives, the Trust and RQIA.

## 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** | *6 | *2 |

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Angela Dorrian, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 15 (2) (b)<br><br>**Stated:** Second time | The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.<br><br>Ref: 5.1 and 5.2.2 |
| **To be completed by:**<br>9 April 2024 | **Response by registered person detailing the actions taken**:<br>This has been discussed with the staff nurses and Home Manager will complete audits to ensure compliance |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time | The registered person shall ensure medicines are securely stored in the home. This is stated in reference to the storage of thickening agents and oxygen cylinders when not in use.<br><br>Ref: 5.1 and 5.2.3 |
| **To be completed by:**<br>9 April 2024 | **Response by registered person detailing the actions taken**:<br>All staff have been reminded again of the improtnace of safe storage of oxygen and thickening agents. Compliance will be checked on a daily basis by Home Manager/Senior staff nurses |
| **Area for improvement 3**<br><br>**Ref**: Regulation 21 (1) (b)<br><br>**Stated:** First time | The registered person shall ensure that the appropriate pre-employment checks are made before making an offer of employment.<br><br>Ref: 5.2.1 |
| **To be completed by:**<br>9 April 2024 | **Response by registered person detailing the actions taken:**<br>A recruitment check list has been put in place to ensure all checks are in place before offer of employment is made |
| **Area for improvement 4**<br><br>**Ref:** Regulation 20 (1) (a)<br><br>**Stated:** First time | The registered person shall ensure safe moving and handling training is embedded into practice.<br><br>Ref: 5.2.2 |
| **To be completed by:**<br>9 April 2024 | **Response by registered person detailing the actions taken:**<br>All staff have been reminded to ensure appropriate manual handling practice is carried out. Compliance will be monitored on a daily basis by Home Manager and Senior staff nurses |

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| **Area for improvement 5**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>9 April 2024 | The registered person shall ensure that nursing staff manage falls in keeping with best practice. Clinical and neurological observations should be completed and recorded in keeping with best practice guidance.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>Post falls protocol discussed with all staff to provide clarity around best practice. Compliance will be monitored through audit by the Home manager |
| **Area for improvement 6**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>9 April 2024 | The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.<br><br>Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken**:<br>This has been discussed with the staff through supervision to ensure understanding of practice. Any deficits identified will be discussed with the staff involved ad an action plan put in place |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>9 April 2024 | The registered person shall ensure that records of repositioning include:<br><br>• the position the patient has been repositioned to<br>• the time of repositioning<br>• evidence of skin check<br>• signatures of both staff, if appropriate, who completed the reposition.<br><br>Ref: 5.1 and 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>This has been discussed with all staff and more regular audits implemented to ensure compliance |

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| **Area for improvement 2**<br><br>**Ref:** Standard 12<br><br>**Stated:** Second time | The registered person shall ensure that food/fluid supplements consumed by patients are recorded as part of their food/fluid intake records.<br><br>Ref: 5.1 and 5.2.2 |
| **To be completed by:**<br>9 April 2024 | **Response by registered person detailing the actions taken:**<br>All staff have been made aware of the accruacy of recording of foood and fluid to include food supplements. This will be audited to ensure compliance |

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel** 028 9536 1111
**Email** info@rqia.org.uk
**Web** www.rqia.org.uk
@RQIANews

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