

Inspection Report

9 May 2024



Ballyclare Nursing Home

Type of service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Telephone number: 028 9334 0310

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Hutchinson Homes Ltd Responsible Individual: Mrs Janet Montgomery	Registered Manager: Mrs Julie McGlinchey - not registered
Person in charge at the time of inspection: Mrs Julie McGlinchey - manager	Number of registered places: 34
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors. Patient bedrooms are located over the two floors. Patients have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2024 from 8.20 am to 3.40pm 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.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

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.

The findings of the report will provide the management team 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.

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.

The findings of the inspection were discussed with Julie McGlinchey, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, relatives and staff were spoken with individually and in small groups about living, visiting and working in the home. Comments received were positive and reassuring about the care provided in Ballyclare Nursing Home.

Patients were complimentary about the care provided by staff, the cleanliness of their rooms and the food provided at mealtimes.

Relatives said that the home was always clean and tidy when they visited, they were kept well informed about their relative, the staff were "brilliant" and they had no concerns about the care provided.

Staff comments included that they worked well as a team, the manager was very supportive and they generally had no concerns about staffing levels.

Completed questionnaires were received from patients and relatives who confirmed that they were satisfied with the care provided, felt that staff were kind and caring, felt safe in the home and the care was excellent. One patient responded that they had to wait for staff at times. This was shared with the manager for her action.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

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 17 th January 2024		
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 a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.	Carried forward to the next inspection
	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 20 (1) (a) Stated: Second time	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that all nutritional supplements and thickening agents are stored securely.	Met
	Action taken as confirmed during the inspection Evidence showed that this area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>This area for improvement has not been met. This is discussed further in section 5.2.1.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care staff registration with the Northern Ireland Social Care Council (NISCC) audits are completed regularly.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>Evidence showed that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times <hr/> <p>Action taken as confirmed during the inspection</p> <p>Evidence showed that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated with reference to, but not limited to, manual handling equipment.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>Evidence showed that this area for improvement has been met.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 9 Stated: First time	<p>The registered person shall ensure that the morning routine is reviewed to ensure that it is flexible and responsive to the needs of the patients; this includes ensuring that patients are provided with breakfast timely and that patients are transferred to the lounge within a reasonable timeframe after eating their breakfast.</p>	Met
	<p>Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.</p>	
Area for improvement 2 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure that the activity provision to all patients is understood to be an integral part of the care process and is planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity.</p>	Partially met
	<p>Action taken as confirmed during the inspection There was evidence that this area for improvement has been partially met. This is discussed further in section 5.2.4.</p> <p>This area for improvement has been stated for a third time.</p>	
Area for improvement 3 Ref: Standard 4.1 Stated: Second time	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p>	Partially met
	<p>A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient.</p> <p>The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p>	

	<p>Action taken as confirmed during the inspection</p> <p>There was evidence that this area for improvement has been partially met. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been stated for a third time.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where a patient has a wound, specific wound care plans are developed and kept under regular review.</p> <p>Action taken as confirmed during the inspection</p> <p>There was evidence that this area for improvement has been partially met. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been stated for a third time.</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make provision for the nursing, health and welfare of patients.</p> <p>Completed audits should be conducted on a regular basis, and evidence completion of associated action plans:</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> • The home's environment • Care records • Wound care • Restrictive practice • Patient dependency. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection</p> <p>Evidence showed that this area for improvement has been met.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A system was in place to ensure staff were recruited correctly to protect patients, however, gaps in employment were not always explored and dates of employment were not always complete. An area for improvement was identified.

There were systems in place to record when staff completed training for their roles. Not all mandatory training was up to date. This included but is not limited to Health and Safety (H&S), Control of Substances Hazardous to Health (COSHH), and fire training. This area for improvement has been stated for a second time.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota identified the person in charge when the manager was not on duty, however, did not accurately reflect the staff working in the home on a daily basis. This was discussed with the manager and an area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the patients. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

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.

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 who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; alarm mats and supervision by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

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

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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. Not all newly admitted patients had a full assessment and plan of care in place within recommended time frames. This area for improvement has been stated for a third time.

Care records were generally well maintained. Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on patient medical history. Daily records were kept of the care and support provided to patients by staff. The outcome of visits from any healthcare professional was recorded.

However; wound care records lacked sufficient detail regarding how often wounds required to be dressed. Wound assessment charts were not always updated to record the time of each dressing change and care plans were not regularly reviewed. This area for improvement has been stated for a third time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment was generally tidy and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

It was noted that a number of wardrobes had not been fixed to the wall to ensure safety. This was brought to the attention of the manager for her action and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Exits and corridors were free from obstacles and an up to date fire risk assessment was in place

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and appropriate PPE (Personal Protective Equipment) was available.

A number of infection prevention and control (IPC) issues were identified during the inspection, including but not limited to peeling bed bumpers and inappropriate storage of PPE. This was discussed with the manager and an area for improvement was identified.

It was observed that patients did not have access to nurse call bells in one communal lounge for when they required assistance of staff. Following discussion with the manager immediate action was taken to replace the nurse call bells and an area for improvement was identified.

It was noted that domestic cleaning trolleys containing cleaning chemicals were left unattended. This was brought to the manager's attention for immediate action and an area for improvement was identified.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

Patients were observed to be engaged in watching TV, listening to music and reading in communal areas or their own rooms.

The atmosphere in the home was generally relaxed and patients appeared at ease in their environment and in their interactions with staff. Discussion with patients confirmed that they could have a lie in or stay up late to watch TV.

Activity records did not provide evidence that meaningful activities were routinely offered to patients and not all patients had an activities care plan in place to detail their interests and life story. A patient advised that there wasn't much for her to do during the day. This area for improvement has been stated for a third time.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Julie McGlinchey has been the manager in this home since 25 March 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed.

Staff 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.

It was established that the manager had a system in place to monitor accidents and incident 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 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed however, this was not always signed and dated. This was discussed with the manager and will be reviewed at the next inspection.

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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	8*

* the total number of areas for improvement includes three standards that have been stated for a third time, one regulation which has been stated for a second time and one regulation and one standard which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie McGlinchey, 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: Ongoing from the date of inspection (14 June 2022)	The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place. 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 20 (1) (c) (i) Stated: Second time To be completed by: 30 June 2024	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Training matrix has been reviewed and updated. Manager will ensure all staff receive and complete the mandatory training.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (9 May 2024)	The registered person shall ensure that the IPC issues identified during the inspection are addressed. This is in relation to peeling bed bumpers, an unclean alarm mat and a sign which could not be cleaned. Ref 5.2.3 Response by registered person detailing the actions taken: The issues identified during inspection were rectified. The cleaning of these items are included in the cleaning schedule. All staff informed to monitor and report any faults with equipment. Staff informed that all signage should be laminated.
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all areas of the home to which patients have access to are free from hazards to their safety. This is in relation but not limited to unattended domestic cleaning trolleys. Ref: 5.2.3

<p>To be completed by: With immediate effect (9 May 2024)</p>	<p>Response by registered person detailing the actions taken: Staff have all been informed to ensure all areas of the home are free from any hazards to patients safety and supervisions were completed with all housekeeping staff in regard to unattended cleaning trolleys.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Third time</p> <p>To be completed by: 18 May 2024</p>	<p>The registered person shall ensure that the activity provision to all patients is understood to be an integral part of the care process and is planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful review of the activity provision and the patient's involvement in the activity.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Activity therapist will ensure that the records are recorded to reflect a meaningful review of the activity provided and patient involvement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect (9 May 2024)</p>	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient.</p> <p>The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All nurses informed to ensure completion of assessments within 24 hours of admission and care plans to be completed within 5 days . This will be audited by senior staff on day 5 of admission.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.</p>

<p>To be completed by: With immediate effect (18 January 2024)</p>	<p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect (9 January 2024)</p>	<p>The registered person shall ensure that where a patient has a wound, specific wound care plans are developed and kept under regular review.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All nurses to complete an audit check list at each dressing change to ensure compliance with care plans and wound charts. Manager to audit monthly .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2024)</p>	<p>The registered person shall ensure that all staff are recruited in accordance with mandatory requirements.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Manager will ensure that all staff are recruited in accordance with mandatory requirements.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2024)</p>	<p>The registered person shall ensure that an accurate record is kept of all staff working over a 24-hour period and the capacity in which they are working.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Duty rota has been reviewed to ensure an accurate record of all staff working over a 24 hour period.</p>
<p>Area for improvement 7</p> <p>Ref: Standard E21</p> <p>Stated: First time</p>	<p>The registered person shall ensure wardrobes are fixed to walls for safety.</p> <p>Ref: 5.2.3</p>

To be completed by: 15 May 2024	Response by registered person detailing the actions taken: All wardrobes are now securely fixed to the wall and MP has been informed to ensure this is completely immediately if any furniture is moved in the bedrooms.
Area for improvement 8 Ref: Standard E8 Stated: First time	The registered person shall ensure that call bells are in working order. Ref: 5.2.3
To be completed by: 15 May 2024	Response by registered person detailing the actions taken: Staff all aware to ensure call bells are in easy access to patients and in good working order.

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



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