

Inspection Report

Name of Service:	Ballyclare Nursing Home
Provider:	Hutchinson Homes Limited
Date of Inspection:	25 February 2025

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:	Hutchinson Homes Limited
Responsible Individual:	Mrs Janet Montgomery
Registered Manager:	Ms Julie McGlinchey
Service Profile – This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors with bedrooms located on both floors and access to communal lounges dining areas and bathrooms.	

2.0 Inspection summary

An unannounced inspection took place on 25 February 2025, between 9.30 am and 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care provided by staff and there were enough staff around if you needed them. Patients said the food was usually good and the home was clean and tidy.

Staff spoke positively about the care provided in the home and the support from the manager. Staff said they received training for their roles and worked well as a team.

A relative's questionnaire, which was returned, confirmed that they were very happy with the care provided in the home, their relative felt safe, and the staff were very professional in their manner.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us 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, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role.

Staff said that generally they were satisfied with the staffing levels, however, said that if staff are moved to assist in the kitchen at meal times then there were not enough staff to support patients with their meal and that some patients had to wait. This was brought to the manager's attention for her assessment and will be reviewed at the next inspection.

When staff were moved from care duties to cover duties in the kitchen this was not identified on the staff duty rota. This area for improvement was stated for a second time.

3.3.2 Quality of Life and Care Delivery

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.

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 were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Moving and handling practices were observed and generally appropriate, however; two staff were observed to attempt to move a patient using a drag type lift. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. Patients were enjoying their meal and their dining experience.

Patients' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening the radio.

Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 patient's needs, however, review of these records found that not all required care plans were in place for two newly admitted patients. This area for improvement has been subsumed under the regulations and a new area for improvement has been identified.

Patients care records were held confidentially.

Care plan updates were not all person-centred and were repetitive in nature. This includes, care plan updates for personal care and communication. An area for improvement was identified.

Review of a sample of patient wound care records evidenced that nursing staff did not always ensure the dressing regime was followed. Details were discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable, however, a number of areas required maintenance or repair; for example, internal doors, flooring, skirting boards and a bath. An area for improvement was identified.

Observation of the environment identified issues with cleanliness of the home and equipment, including a wheelchair, steady hoist, light fittings and bed bumpers. An area for improvement was identified.

An electrical storage area was noted to be unlocked and a vacuum cleaner was left unattended causing a potential health and safety risk to patients. This was brought to the attention of the manager for immediate action and an area for improvement as identified.

A domestic cleaning trolley was observed to be unattended allowing access to cleaning chemicals. This was brought to staff attention for immediate action and this area for improvement has been stated for a second time.

Bags containing waste were observed to have been left in front of a fire exit door causing an obstruction in the event of a fire. This was brought to the attention of staff for immediate action and an area for improvement was identified.

It was noted that a bathroom and sluice were being used inappropriately for storage of equipment and boxes. An area of improvement was identified.

Staff were observed washing their hands correctly at appropriate times and to use PPE appropriately. Discussion with the manager confirmed that hand hygiene audits were carried out routinely.

3.3.5 Quality of Management Systems

Since the last inspection Ms Julie McGlinchey has been registered with RQIA as the manager in this home.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however this did not identify the areas requiring improvement noted during the inspection: such as, environment, care records and health and safety. An area for improvement was identified.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

A record of the compliments including thanks for the care provided to patients was kept in the home and shared with staff; this is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	11*

* the total number of areas for improvement includes one Regulation and one Standard that have been stated for a second time and one Regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julie McGlinchey, Registered 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 14 (2) (a) Stated: Second time To be completed by: With immediate effect (25 February 2025)	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 and 3.3.4 Response by registered person detailing the actions taken: Staff have been reminded to ensure all areas of the home are kept free from hazards at all times. This will be checked on a daily basis by the Home Manager
Area for improvement 3 Ref: Regulation 12 (1) (a) Stated: First time To be completed by: 28 February 2025	The Registered Person shall ensure an initial plan of care is in place within 24 hours of admission and a detailed plan of care is generated from a comprehensive, holistic assessment. The assessment is commenced on the day of admission and completed within five days of admission to the home. Ref: 5.1 and 3.3.3 Response by registered person detailing the actions taken: This has been discussed with the staff nurses and a 24day and 5 day post admission audit in place to ensure compliance

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (25 February 2025)</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 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The off duty template has been reviewed and Home Manager will ensure accurate details are kept of role of each staff member on duty</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person shall review staff training on moving and handling practices to ensure this is embedded into practice.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Review of training and practice is ongoing and formal competency being completed for all staff. Staff nurses also monitoring practice on a daily basis</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All staff have been reminded to comply with GDPR policy. This is checked on a daily basis by senior staff</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2024</p>	<p>The Registered Person shall ensure care records in relation to personal care and communication are meaningful and person centred.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed to ensure more person centred details. This will be audited on a monthly basis to ensure ongoing compliance</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The Registered Person shall ensure wound care and wound dressing regimes are delivered in line with patient's identified needs.</p> <p>Response by registered person detailing the actions taken: All staff have been reminded to ensure wound care records are updated after each dressing. This will be audited on a monthly basis to ensure compliance</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person shall ensure the home's environment remains well maintained and suitable for its purpose; identified internal doors, flooring, skirting boards and a bath should be repaired/made good.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A plan for ongoing maintenance has been commenced and will progress over the next few months</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The Registered Person shall ensure the cleanliness of the home and equipment is maintained; including wheelchairs, a steady hoist, light fittings and bed bumpers.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded to ensure all equipment is cleaned between use and replaced if necessary</p>
<p>Area for improvement 8</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (25 February 2025)</p>	<p>The Registered Person shall ensure the home is maintained in a safe manner. This is in relation to an unlocked electrical storage area and an unattended vacuum cleaner.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded to ensure all storage doors are kept locked at all times. This will be checked on a daily basis by the Home Manager/Senior staff</p>

<p>Area for improvement 9</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (25 February 2025)</p>	<p>The Registered Person shall ensure fire exits are kept clear of obstruction at all times.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded to keep fire exits clear at all times. This will be checked on a daily basis by the Home Manager/Senior staff</p>
<p>Area for improvement 10</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The Registered Person shall ensure all rooms in the home are used for the purpose for which they are registered. This is in relation to a bathroom and sluice use for storage.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All rooms are now clear of items that should be in storage. This will be checked on a monthly basis through the environmental audit to ensure compliance</p>
<p>Area for improvement 11</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person shall review the system of audits relating to the home's environment, care records and health and safety measures to ensure deficits are identified and addressed in a timely manner.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: All audits have been reviewed and any deficits identified and addressed by a specified time</p>

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