



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Ballyclare Nursing Home  
**Provider:** Hutchinson Homes Limited  
**Date of Inspection:** 14 August 2025

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

## 1.0 Service information

<b>Organisation:</b>	Hutchinson Homes Limited
<b>Responsible Individual:</b>	Ms Naomi Carey
<b>Registered Manager:</b>	Ms Julie McGlinchey
<p><b>Service Profile</b> – This home is a registered nursing home, which provides nursing care for up to 34 patients who require general nursing care. The home is situated over two floors with individual bedrooms and communal lounges, dining rooms and bathrooms.</p> <p>There is an outside garden with mature plants and a seating area for patient use.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 August 2025, from 9.20 am to 4.45 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 25 February 2025; 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 two areas for improvement under the regulations and seven areas for improvement under the standards 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 patients, 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 were complimentary about the care provided by staff, the staffing levels in the home, the quality of the food and said staff were very attentive.

Staff said the manager was supportive, they worked well as a team even if under pressure, were provided with training for their roles and enjoyed working in the home.

Completed questionnaires received from visitors following the inspection confirmed that they were very satisfied that care was safe, effective, compassionate and well-led.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 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. Throughout the day observation confirmed good communication across the team about changes in patients' needs.

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.

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 were also observed offering patient 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.

Patients may require special attention to their skin care. While these patients were assisted by staff to change their position regularly and care records generally reflected the patients' assessed needs, the patients' repositioning regime was not recorded on the repositioning chart. This was discussed with the manager for her action and will be reviewed at a future inspection.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP.

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.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Observation of the lunchtime meal served in the main dining room confirmed that the food served, smelt and looked appetising and nutritious. However, the menu was not displayed in a place where patients could easily see it. This was discussed with the manager who agreed to review its placement. This will be reviewed at a future inspection.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, hymn singing, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

### **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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Review of care records for personal care and communication identified concerns about the content of reviews, which lacked detail and were repetitive. This area for improvement has been stated for a second time

### **3.3.4 Quality and Management of Patients' Environment Control**

While the home was tidy and warm and patients' bedrooms were personalised with items important to the patient, a number of areas required maintenance or repair including, internal doors, a bath and skirting boards. This area for improvement has been stated for a second time.

Additionally maintenance and repair was also required; for example, to furniture, flooring, torn wallpaper, stained toilets and curtain rails. An area for improvement was identified.

Review of the cleanliness of the home identified areas requiring cleaning or replacement; including, a bed mattress and a rusted commode used as a shower chair. An area for improvement was identified.

While PPE was available throughout the home, gloves were only available in size medium in most areas of the home. This was discussed with the manager for her action and will be reviewed at a future inspection.

Storage areas containing electrical switchboards were found to be unlocked. This was brought to the manager's attention for immediate action and this area for improvement has been stated for a second time.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Ms Julie McGlinchey has been the manager in this home since 18 November 2024.

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

While records evidenced that a system for reviewing the quality of care, other services and staff practices was in place and improvements had been made, action required to address deficits were not completed in a timely manner, for example, for the environment. This area for improvement has been stated for a second time.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve 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
<b>Total number of Areas for Improvement</b>	1*	6*

\*the total number of areas for improvement includes three standards 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, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 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: 2.0
	<b>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.</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 August 2025	The Registered Person shall ensure care records in relation to personal care and communication are meaningful and person centred.  Ref: 2.0 and 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Staff meeting held and all nurses to review their primary care records to ensure they are person centred. Manager and senior nurse will review on a monthly basis to ensure compliance
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 September 2025	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.  Ref: 2.0 and 3.3.4
	<b>Response by registered person detailing the actions taken:</b> A full environmental audit has been completed and an action plan put in place. Work within the home has been commenced and progress will be reviewed on a monthly basis with the Senior Management Team
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> Second time	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.  Ref: 2.0 and 3.3.4

<b>To be completed by:</b> 14 August 2025	<b>Response by registered person detailing the actions taken:</b> All staff have been reminded to ensure the door is kept locked at all times and not to leave the vacuum cleaner unattended. This will be checked on a daily basis
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 August 2025	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.  Ref: 2.0 and 3.3.5  <b>Response by registered person detailing the actions taken:</b> The Home Manager has reviewed the auditing system in relation to environment , care records and health and safety, and will ensure they are reviewed monthly and any identified deficits are reviewed in a timely manner
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2025	The Registered Person shall ensure maintenance and repair is completed to furniture, flooring, torn wallpaper, stained toilets and curtain rails.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> A full audit has been completed and there is an action plan in place. Progress of work will be monitored and discussed with the SENIOR Management Team on a monthly basis
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 15 August 2025	The Registered Person shall ensure the identified bed mattress and rusted commode are replaced to maintain infection prevention and control.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> The identified items were removed and replaced immediately. Staff encouraged to report any similar issues to the Home Manager and condition of equipment will be checked on a monthly basis

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



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