The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ballyclare Nursing Home

Provider: Hutchinson Homes Limited

Date of Inspection: 24 September 2026

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

1.0 Service information

Organisation:	Hutchinson Homes Limited
Responsible Individual:	Mrs Sharon Smyth
Registered Manager:	Ms Julie McGlinchey

Service Profile –
This home is a registered nursing home which provides nursing care for up to 34 patients requiring general nursing care. The home is situated over two floors with individual bedrooms and communal lounges, dining rooms and bathrooms.

2.0 Inspection summary

An unannounced inspection took place on 24 September 2026, from 9.20 am to 4.20 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 pharmacy inspection on 15 January 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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 five 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 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 said that they were happy in the home, they were well looked after, the food was good and generally had no concerns. One patient said that sometimes it took a while for staff to answer the buzzer. This was brought to the attention of the manager for her review.

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.

Staff told us that they enjoyed working in the home, worked well as a team, had no concerns about staffing levels and received training for their roles.

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.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Patients' needs and requests for assistance were generally observed to have been met in a timely and caring manner.
However, a substantial delay was observed for a patient who was calling for assistance with basic care. Staff were slow to respond to meet the patient's individual person centred care needs in a timely way to promote dignity. Another patient said it sometimes took staff a long time to respond to the buzzer. This was brought to the attention of he registered manager who advised she would address the concern with staff. An area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 staff confirmed/observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure 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.

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. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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, their GP, or for physiotherapy.

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, music was playing, and 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.

Staff 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.

The weekly programme of social events was displayed on the noticeboard advising of future 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 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.

Care records were, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

A visitor sign-in book was available in the entrance area and hand hygiene facilities were available.

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors and fire exits were clear of clutter and obstruction should the need arise to evacuate occur. There were fire extinguishers available throughout the home. Fire drills were completed in the home and a fire risk assessment had been completed to ensure the safety of the premises.

A storage area containing an electrical switchboard was found to be unlocked. This was brought to the manager's attention for immediate action and an area for improvement has been restates for a third time.

Observation of hand hygiene evidenced that not all staff were completing hand hygiene at appropriate times. An area for improvement was identified.

Dani stations were generally well stocked with personal protective equipment, however one station had no stock of gloves. This was discussed with the manager for her action and will be reviewed at a future inspection.

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.
Review of the records of notifications identified that not all notifiable incidents were reported to RQIA or the Trust safeguarding team. This was discussed with the manager and an area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of the compliments and thanks received was kept in the home and was shared with staff.

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	1	3*

* The total number of areas for improvement includes one that has been stated for a third time.

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 30 **Stated:** First time **To be completed by:** 24 September 2026	The Registered Person shall ensure all notifiable events are appropriately reported to RQIA in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: A review of incidents that need to be notified to RQIA and considered under safeguarding has been discussed with staff. This will be monitored on a monthly basis through monthly Reg 29 report.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 47 **Stated:** Third time **To be completed by:** 24 September 2026	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
	Response by registered person detailing the actions taken: The lock on the door identified during the inspection has been replaced with an appropriate lock. A full review of all other doors has been completed and appropriate locks have been fitted where required .
Area for improvement 2 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 24 September 2026	The Registered Person shall ensure that residents' human and individual rights are respected in relation to the timely delivery of person centred care in order to promote dignity. Ref: 3.3.1
	Response by registered person detailing the actions taken: This has been discussed with all staff who have been reminded of the importance of providing care in a timely manner, particularly during busy periods.

Area for improvement 3 **Ref:** Standard 46 **Stated:** First time	The Registered Person shall ensure staff adhere to completion of hand hygiene between contacts with patients. Ref: 3.3.4
To be completed by: 24 September 2026	**Response by registered person detailing the actions taken:** This has been discussed with all staff, who have been reminded of the importance of performing hand hygiene between serving food to each resident. Hand hygiene audits will continue and be reviewed on a monthly basis

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

The **Regulation** and **Quality Improvement** Authority

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

Twitter: @RQIANews