

Inspection Report

2 June 2022



Drumlough House

Type of service: Residential (RC)
Address: 3-19 Moira Road, Lisburn, BT28 1RB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: South Eastern HSC Trust</p> <p>Responsible Individual: Roisin Coulter</p>	<p>Registered Manager: Mrs Michele Barton</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Kim Dickson – senior care assistant</p>	<p>Number of registered places: 39</p> <p>There shall be a maximum of one resident accommodated in Category of Care RC-TI. The home is approved to provide care on a day basis only to 8 persons.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years A – Past or present alcohol dependence TI – Terminally ill SI – Sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 27</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 39 residents. The home is divided into two units. The ground floor unit which provides dementia care on the ground floor and the first floor unit which is a rehabilitation unit. Resident's bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and an outdoor garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2022 from 9.15am to 5.40pm 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.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. One area for improvement identified at the previous care inspection was carried forward for review at the next inspection.

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

RQIA were assured that the delivery of care and service provided in Drumlough House was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Drumlough House. 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 and 'Tell Us' cards were provided to give residents 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

Six staff, two relatives and 10 residents were spoken with. Four questionnaires were returned with respondents indicating they were happy with the care provided in the home. No feedback was received from the staff online survey.

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff agreed that Drumlough House was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

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 23 November 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 5 Stated: First time	The registered person shall ensure the identified nutritional screening records are completed appropriately for the identified residents.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that this area for improvement was met.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure the environment is managed in such a way so as to ensure clear signage and orientation information for residents in keeping with dementia best practice.	Carried forward to the next inspection
	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.	

Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure there is a regular auditing system in place to review and analyse information in relation to accidents and incidents in the home and ensure action is taken when necessary.	Met
	Action taken as confirmed during the inspection: Examination of the records evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registrations 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.

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 moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff members were not up to date with mandatory training in restraint management. This was discussed with the manager who agreed to arrange for outstanding training to be completed.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and said there had been some staffing challenges recently with one senior care assistant working in a sister home.

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

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observe that staff members were adept at comforting and reassuring residents who became distressed or expressed their wishes to leave the home.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

At times some residents may require a secure environment or be required to use equipment that can be considered to be restrictive; such as alarm mats. It was established that safe systems were in place to manage this aspect of care although there was no audit in place to monitor restrictive practices. This is discussed further in Section 5.2.5.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records pertaining to a recent fall identified that staff had responded correctly to support the resident but some inconsistencies were noted in the record keeping. Post fall observations were not consistently taken in keeping with care directions and the residents care plan had not been updated post fall. In addition, daily evaluations of care did not comment on the status of the resident following the fall. This was discussed with the manager and an area for improvement was identified.

Examination of one identified resident's care records confirmed their plan of care had been updated detailing their behaviours that challenge; although it lacked detail as to how these behaviours would be managed. This was discussed with the person in charge who agreed to update the plan of care accordingly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that residents were enjoying their lunchtime meal. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

It was noted that the menu in the dementia unit was not displayed in a suitable format for all residents and had not been updated since 26 May 2022. Discussion with staff confirmed changes to the planned menu were not recorded. Plastic tumblers were used at mealtimes for serving drinks to residents; glassware was not available. In addition, condiments were not readily available for all residents at lunch time. This was discussed with the manager who agreed to review the dining experience through a dining audit. Given these assurances and to provide the manager with sufficient time to fully address and embed any changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Review of records evidenced that residents' weights were not consistently checked at least monthly to monitor weight loss or gain. In addition, nutritional screening records were not consistently completed for all residents. An area for improvement was identified.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. There was evidence that care records were not consistently reviewed and updated regarding changes in residents' needs.

Discussion with staff and review of care records confirmed senior care staff were not aware of a change in one identified resident's needs and had not responded to this in a timely manner. The person in charge provided assurances that they would arrange for appropriate review of the resident and onward referral as required. This was discussed with the manager following the inspection who confirmed the resident's needs had been reassessed and input from their general practitioner had been sought in a timely manner although this had not been recorded appropriately. To ensure changes in resident's care needs are appropriately referred and communicated to all relevant staff, an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred. It was noted that staff did not consistently record the time their daily evaluation records were made. This was discussed with the manager who agreed to meet with staff and ensure contemporaneous recording is maintained.

It observed that information relating to residents care and treatment was accessible as it had been stored in a lounge area for archiving. This was discussed with the person in charge who took necessary action to secure access to the information. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, clean and tidy; although it was noted that not all bedrooms had a table top facility. This was discussed with the manager who agreed to audit the bedrooms in the home to ensure all resident equipment is available in keeping with standard E26 of the Residential Care Homes Minimum Standards 2011.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A number of environmental issues were identified in relation to the maintenance of the home which had the potential to impact on the safety and wellbeing of the residents, staff and visitors to the home. A fire door to the hairdressing room was observed to be propped open on at least two occasions; this room contained chemicals which were accessible to residents. Cleaning chemicals were found in two toilets and in a sluice which were all accessible to residents. In addition, multiple combustible items were found to be stored under a stairwell which was an identified fire exit route. These deficits were discussed with the person in charge who took the necessary actions to mitigate any risk. During the feedback assurances were provided by the manager that further actions would be taken to manage risks in the home. An area for improvement was identified.

Inappropriate storage of resident equipment and toiletries was observed in identified communal bathrooms. A number of storage areas were also seen to be cluttered. This was discussed with management who arranged for the deficits identified to be addressed immediately. An area for improvement was identified.

Laundered and unlabelled net pants which had the potential for communal use were identified in two areas of the home. This was discussed with the person in charge who agreed to have these disposed. An area for improvement was made.

Fire safety measures were in place to ensure that residents, 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.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE did not appear to be frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

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

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One resident said, "I like to do activities, I enjoy reading and watching TV" while another said: "There are lots of books in the library and there is an outside area I can sit".

There was evidence that planned activities were being delivered for residents within the home. An activity planner displayed in the home confirmed varied activities were delivered which included reminiscence, a magic table, quizzes, arts and crafts and a coffee morning. A movie night was planned for the day of the inspection and a hairdresser was in the home providing services to some of the residents. Staff members said they did a variety of one to one and group activities to ensure all patients had some activity engagement and said plans were in place to celebrate upcoming events such as the Queen's jubilee.

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 residents, care practices or the environment.

There has been no change in the management of the home since the last inspection.

Mrs Michele Barton has been the registered manager since 1 April 2005. Mrs Barton said she was currently seconded three days per week to an additional management role within the South Eastern Health and Social Care Trust. RQIA were not notified of this absence and have requested details via a notification of absence form of the management arrangements when the manager is working in her seconded role. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of the audits undertaken for falls, care records and IPC practices confirmed that the deficits found during the inspection had not been identified through these audit processes. In addition, there was no evidence that an audit in place to monitor the use of restrictive practices. In order to drive the necessary improvements, an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. It was noted that some of the information contained in incident notifications received by RQIA did not correlate with the information retained by the home, particularly in relation to the times incidents occurred. The manager agreed to review current systems to ensure accurate recording.

Staff commented positively about the manager and the management team 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.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	6	*5

*The total number of areas for improvement includes one that has been carried forwards for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michele Barton, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that any changes in resident's care needs are reflected within the residents care records and communicated during handover meetings at the beginning of each shift.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Senior staff will continue to ensure that residents care needs are reflected within their care plans and risk assessments and that all relevant information is communicated between senior and care staff at staff handover reports.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that information about a resident's health and treatment is securely stored to ensure resident information is only accessible to those with permission.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: A substantial archiving exercise had just been completed within the facility at the time of inspection. All archived files have now been uplifted and transferred to the secure storage facility.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of chemicals, management of fire doors and storage of combustible items under stairwells.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Care and Patient Experience staff and visiting hairdresser have been reminded of the importance of ensuring all chemicals are safely stored as per COSHH guidelines when not in use. Identified Chemicals have been removed and are stored in an appropriate storage area. All staff including visiting hairdresser has been informed regarding closure of the identified fire door .</p>

	Items under stairwell have been removed.
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of ensuring adherence to above infection prevention and control guidance. Staff are again completing an e-learning Infection control module relating to application of PPE. This will be followed by further face to face training. Infection control training has been organised to take place on the 18th July and 11/08/22 with the SET Infection Control team for all staff .</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 31 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a notification of absence is submitted to RQIA confirming the current management arrangements.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has recently been undertaking an additional role with the SET, on a part time basis, residential facilities and has remained based in Drumlough House. A notification of absence has been forwarded to RQIA regarding an Acting Manager role for Drumlough House</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the home's current auditing processes to ensure that identified areas of improvement are included in the current monthly auditing process . Monthly Care records audit will be enhanced to include more detailed auditing of clients care needs and will ensure all appropriate actions taken. An audit tool is presently being developed in relation to Restrictive practises. A weekly Health and Safety audit has been commenced to include specific areas of improvement identified within this report.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 23 January 2022	The registered person shall ensure the environment is managed in such a way so as to ensure clear signage and orientation information for residents in keeping with dementia best practice.
	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.
Area for improvement 2 Ref: Standard 9.3 Stated: First time To be completed by: 2 July 2022	The registered person shall ensure residents are appropriately monitored following a fall. Accurate records should be maintained to evidence actions taken following falls. Staff should comment on the status of the resident in daily evaluation records. Ref: 5.2.2
	Response by registered person detailing the actions taken: Senior staff will continue to review and update clients falls risk assessments and ensure a post falls summary form is completed to ensure all appropriate actions taken have been recorded appropriately. Staff to ensure a record in clients daily evaluations records will comment on status of client following a fall. This area will be included in monthly care records audit.
Area for improvement 3 Ref: Standard 5 Stated: First time To be completed by: 2 July 2022	The registered person shall ensure resident's weights and nutritional screening records are completed appropriately. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have been advised that if client is unable to be weighed the reason for this to be recorded on monthly weight record This will be audited in monthly care records audit.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning and storage of resident equipment/toiletries and management of storage space within the home. Ref: 5.2.3

	<p>Response by registered person detailing the actions taken: The Registered Manager has discussed the need for all residents and staff to ensure that residents personal belongings are taken back to residents bedroom. This will be re-inforced with all staff and will be included in weekly audit process.</p>
<p>Area for improvement 5 Ref: Standard 9 Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants are only ever provided for individual resident use. Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Additional net pants have been purchased and a new laundry system is due to be implemented to ensure individual use only.</p>

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