

Inspection Report

Name of Service: Drumlough House

Provider: SEHSCT

Date of Inspection: 4 December 2024

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:	SEHSCT
Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mrs Kim Dixon – not registered
Service Profile: 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 and the first floor which is a rehabilitation unit. Resident's bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms, hairdressing room and outdoor garden area.	

2.0 Inspection summary

An unannounced care inspection took place on 4 December 2024, from 9.20 am to 4.00 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 6 February 2024; 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 residents 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 residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents 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 from the previous care inspection on 6 February 2024 were assessed as having been addressed by the provider. 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 resident'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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are great, they look after me", "I feel safe here" and "the staff are super".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Two family members spoken with confirmed that they were satisfied with the care provided to their loved ones and that communication from staff is good.

Ten questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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 and management confirmed that recruitment for care staff has been difficult and this has had an impact on staffing levels in the home. Management confirmed that recruitment is ongoing and kept under regular review.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the dining rooms confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community. For example; the local school visited the home during the inspection for carol singing which residents enjoyed.

Residents and their representatives confirmed that activity provision in the home is of a high standard. There was an activity board for all to view which included pictures, this is good practice in dementia care. Activities provided in the home included; memory activities, arts & crafts, movie nights, outings and pampering.

3.3.3 Management of Care Records

Review of a sample of residents' care records evidenced that pre-admission assessments had not been completed as required. An area for improvement was identified.

Care plans were developed to direct staff on how to meet resident's needs and included any advice or recommendations made by other healthcare professionals. Care plans were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However; where specific risk factors were identified in a care plan which required a risk assessment; these had not been completed in relation to falls management, skin care and eating and drinking for some residents. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. However; these evaluations lacked person centred detail in relation to the level of support provided to residents regarding their emotional health and well-being. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was apparent that work was ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. This was discussed with the manager who shared the environmental refurbishment plan with RQIA for review following the inspection. RQIA are satisfied that refurbishment is ongoing and that there is a robust plan in place to drive improvements in the environment.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kim Dixon has been the Manager in this home since 11 July 2022.

Residents and staff commented positively about the manager and described her as supportive, approachable and always willing to learn and make improvements to the service provided to residents.

Review of a sample of records evidenced that a robust 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.

A review of staff meeting minutes highlighted that there were gaps in the completion of action plans following meetings. Advice was provided to the manager who agreed to review.

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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Kim Dixon, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 3.4 Stated: First time To be completed by: 1 February 2025	The Registered Person shall ensure that all residents have a completed pre-admission assessment which includes all necessary information relating to the resident and the delivery of their care. Ref: 3.3.3
	Response by registered person detailing the actions taken: <u>_____ has also beeThe Manager or Senior Care Assistants will complete Pre-Admission template on Encompass for all current residents and new residents on admission to the facility. This will also be monitored as part of the Goverance records for individual files completed monthly by the manager.</u>
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 4 December 2024	The Registered Person shall ensure that individual risk assessments are completed and kept under review for the identified residents. This area for improvement is made with specific reference to the management of falls, skin care and eating and drinking for residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: <u>_____Senior Care Assistants will ensure to complete the risk assessments for each resident to reflect their individual needs. This has been discussed at a group meeting and 1:1 supervision. This will also be monitored as part of the Goverance records for individual files completed monthly by the manager.</u>
Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: 1 February 2025	The Registered Person shall review how progress records are completed to ensure that residents records are meaningful and person centred. Care staff must be provided with guidance in relation to the completion of these records, in order to ensure a full account of the support provided to residents has been recorded. Ref: 3.3.3

Response by registered person detailing the actions taken:

Guidance in relation to records recorded by senior care assistants will be provided by the manager. A reflective piece of work has also been completed during 1:1/ group supervision. Recording of records training will be provided by the manager to care assistants to ensure person centred care is recorded for each resident. This will also be monitored as part of the governance records for individual files completed monthly by manager.

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