

Inspection Report

6 February 2024



Drumlough House

Type of service: Residential
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 Health and Social Care Trust (SEHSCT)</p> <p>Registered Person/s OR Responsible Individual</p> <p>Ms Roisin Coulter</p>	<p>Registered Manager: Mrs Kim Dixon – not registered</p>
<p>Person in charge at the time of inspection: Mrs Kim Dixon</p>	<p>Number of registered places: 39</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: 23</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 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 and outdoor garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2024 from 9.25 am to 5 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a positive experience. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Comments received from the residents and staff are included in the main body of the report.

The previous areas for improvement were assessed as met and new areas for improvement were identified in relation to maintenance of the homes environment and record keeping.

Based on the inspection findings RQIA were assured that the delivery of care and service provided in Drumlough House was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 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 first class”, “staff are helpful” and “it is like a second home”.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us there was good team work in the home, communication was good and that they felt well supported by the manager.

One relative spoke highly of the care provided in the home stating that staff were excellent, dedicated and their loved one was very happy and content living in the home.

Four questionnaire responses were received from residents and family members and they all confirmed they were satisfied with the care provided in the home.

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 2 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 1	The registered person shall ensure that information about a resident’s health and	Met

<p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p>	<p>treatment is securely stored to ensure resident information is only accessible to those with permission</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 5</p>	<p>The registered person shall ensure a notification of absence is submitted to RQIA</p>	Met

<p>Ref: Regulation 31 (1) (b)</p> <p>Stated: First time</p>	<p>confirming the current management arrangements.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>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</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 3</p> <p>Ref: Standard 5</p>	<p>The registered person shall ensure resident's weights and nutritional screening records are completed appropriately.</p>	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 4 Ref: Standard 35 Stated: First time</p>	<p>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.</p> <p>This area for improvement specifically related to the cleaning and storage of resident equipment/toiletries and management of storage space within the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Standard 9 Stated: First time</p>	<p>The registered person shall ensure that net pants are only ever provided for individual resident use.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home. It was established that there were enough staff in the home to respond to the needs of residents in a timely way.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal and records were maintained.

There was a system in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their role and were satisfied with communication between staff and management. Staff reported good team work and said there had been some staffing challenges recently in the home but they felt the manager was working to resolve this.

Observations, discussions and review of records confirmed that the staffing arrangements in place met the assessed needs of the residents.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff told us they also meet during their shift with senior staff to discuss any updates or concerns with residents, this is good practice. Staff demonstrated their knowledge of individual resident's needs, preferred activities, routines and likes/dislikes.

Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that residents felt comfortable in the company of staff and enjoyed engaging with them.

Staff respected residents' privacy and dignity, they knocked on doors before entering bedrooms and were responsive to requests for assistance.

The home was going through a transition period to move to electronic residents' care records. Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Physiotherapy Team.

Care records sampled were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate. Residents' care records were held confidentially.

Examination of records and discussion with the manager confirmed that the risk of falling and falls in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place. Advice was provided to the manager about the benefit of maintaining a DoLS register for the home.

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 and regular audits in place to monitor restrictive practices.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and communicated to the relevant Dietician Team where required.

Daily records were kept in relation to how each resident spent their day and the care and support provided by staff; these records were person centred.

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.

Staff ensured that residents were comfortable, had a pleasant experience and a meal that they enjoyed. Staff told us how they were informed of resident's nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

The meal time was well organised and unhurried. The food was freshly prepared in the kitchen, there was a choice available to residents and they were offered extra by staff. The food served appeared nutritious and appetising.

A menu board was located outside the dining room in pictorial and written format, this is good practice in dementia care.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that the home was warm and comfortable for residents.

Resident's bedrooms were clean and tidy and personalised with items important to them.

It was apparent that some work within the environment was ongoing; such as the hairdressing room upgrade. The manager confirmed that the upgrading of bathrooms throughout the home was also in the planning stage.

It was confirmed that redecoration of the home was needed, particularly in the rehabilitation unit. Bedrooms in this unit need attention in relation to painting, flooring replacement due to stains and furniture replacement due to age, wear and tear. Doors, rails and skirting across the home need re-painted or replaced. An area for improvement has been identified.

Two specific cleaning issues were identified, these were highlighted to staff and dealt with immediately.

Inappropriate storage of one resident's medical equipment was observed, this was brought to the attention of the manager who arranged for the items to be removed and to meet with staff and the District Nursing Team to discuss appropriate storage arrangements. This will be reviewed at a future care inspection.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they are able to choose how they spend their day. For example, residents could have a lie in, spend time in their bedrooms, in the communal lounge or having visits with relatives.

Residents were observed enjoying listening to music, watching TV, getting their hair done and dancing with staff.

An activity planner was displayed in the home, in pictorial format, this is good practice in dementia care. Activities offered in the home included armchair exercises, movie night, religious services, quiz and board games.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Kim Dixon has been Manager of the home since 11 July 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment. Staff told us the manager is approachable and has made positive changes in the home since she came into post.

There was evidence of comprehensive auditing practices across various aspects of care and services provided in the home.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Records of complaints were detailed and included actions taken and outcomes.

Staff meetings were held regularly and records maintained included detailed agenda items, actions and plan for completion.

Only one residents meeting had taken place and a review of the record highlighted that no actions had been recorded. Advice was provided to the manager about holding at least two residents meeting per year and to record actions and person/s responsible. An area for improvement was identified.

Each service is required to have a person, known as the Adult Safeguarding Champion, who has responsibility for implementing the regional protocol and the home's own safeguarding policy. The manager, Kim Dixon is the Adult Safeguarding Champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and action plans addressed in a timely fashion. These were available for review by residents, their representatives, Trust staff and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2) (Alter as required)

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. This is specifically in relation to the following areas;</p> <ul style="list-style-type: none"> • Painting of identified areas throughout the home, specifically bedrooms in the rehabilitation unit. • Replacing flooring in identified bedrooms in the rehabilitation unit. • Replacing items of furniture that are worn. • Painting and upgrading of skirting, rails and doors throughout the home that are damaged. <p>A detailed and time bound refurbishment plan should be submitted along with the quality improvement plan.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A phased refurbishment plan will be implemented in relation to the above identified areas to include painting and upgrading of skirting, rails and doors and replacing of furniture as required. Please see attached initial refurbishment plan with timeframes as requested.</p>

	<p>The Responsible Person will share further detailed plans with RQIA when completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible person shall ensure that residents meetings are held at least twice per year and any actions agreed are clearly recorded with who is responsible and the date it is to be achieved by.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The responsible person will ensure that a minimum of two residents meetings are held per year. Actions agreed will be recorded and will include person responsible and date to be achieved.</p>

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