

Unannounced Care Inspection Report

9 June 2016



Drumlough House

Type of Service: Residential

Address: 3-19 Moira Road, Lisburn, BT28 1RB

Tel No: 02892601228

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drumlough House took place on 9 June 2016 from 10:00 to 17:45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Four recommendations were stated these related to completion of competency and capability assessments for all staff left in charge of the home in the manager's absence, the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 should be accessed and made available for staff, the regular review of residents risk assessments and the updating of the homes fire safety risk assessment.

Is care effective?

No requirements or recommendations were made. Some examples of good practice included secure handling of records, revising audit tools to help further improvements, and communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

Is the service well led?

No requirements or recommendations were made in regard to the delivery of well led care. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Glynis Ellison, Acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: SEHSCT/Mr Hugh McCaughey	Registered manager: Mrs Glynis Ellison
Person in charge of the home at the time of inspection: Glynis Ellison	Date manager registered: Acting Manager
Categories of care: 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	Number of registered places: 39
Weekly tariffs at time of inspection: £494 per week	Number of residents accommodated at the time of inspection: 33

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned Quality Improvement Plan (QIP) and notifications of accidents and incidents reported to RQIA since the previous inspection.

During the inspection the inspector met with 17 residents, three care staff, one visiting professional and one resident's visitor/representative.

The following records were examined during the inspection:

- Four care records
- Staff duty rota
- Two induction records
- Four competency and capability assessments
- Accident and incident records
- Monthly monitoring reports
- Minutes of staff meetings
- Relevant policies and procedures
- Fire Safety Risk Assessment
- Audit records
- Staff training records
- Quarterly governance reports

Twenty six satisfaction questionnaires were distributed for completion by residents, representatives and staff. Ten completed questionnaires were returned to RQIA. Overall these reflected positive outcomes in relation to the domains inspected, however it was noted two completed staff questionnaires raised the issue of staffing levels this information was shared with the acting manager. Staff spoken with on the day of the inspection confirmed that staffing levels were adequate to meet the assessed needs of residents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13/10/2015

The most recent inspection of Drumlough House was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 13/10/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.5 Stated: First time	The registered manager should ensure that the individual wishes of residents regarding any specific arrangements at the time of their death is sought and included in their care plan if they so wish.	Met
	Action taken as confirmed during the inspection: Individual wishes of residents regarding specific arrangements at the time of their death were included in two care plans reviewed of permanently placed residents.	
Recommendation 2 Ref: Standard 11.1 Stated: First time	The registered manager should ensure that the two identified residents have individual care reviews completed without delay.	Met
	Action taken as confirmed during the inspection: Records available in the home confirmed that care reviews had been completed for the identified residents.	
Recommendation 3 Ref: Standard 27.8 Stated: First time	The registered manager should ensure the damaged ceiling tile in the identified bathroom is removed and replaced.	Not Met
	Action taken as confirmed during the inspection: Following an inspection of the premises it was noted that this had not been addressed. This recommendation has been stated a second time in the QIP appended to this report.	

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff during the inspection. Two completed staff questionnaires returned to RQIA stated that staffing levels can be short, therefore reducing time available to spend with residents. This information was shared with the acting manager who confirmed staffing levels were kept under continual review.

On the day of inspection the following staff were on duty – Acting manager
Senior carer x1

Care assistant x 5
Domestic assistant x1

Review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of four staff competency and capability assessments were reviewed. It was noted that only one competency and capability assessment was fully completed the remaining three were found to be partially completed. This issue was discussed with the acting manager who confirmed that these would be completed without delay. A recommendation was made.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

An adult safeguarding policy and procedure was in place. The acting manager confirmed plans were being made to identify a safeguarding champion, alongside this the trusts policy and procedure would be updated accordingly. A recommendation was made that a copy of the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 should be available for staff. Three staff spoken with were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The acting manager confirmed there had been no recent ongoing safeguarding investigations.

The acting manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose needs could not be met. The acting manager confirmed that up to sixteen beds in the home are used to provide short/ medium periods of intermediate care for residents. Review of four care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments including manual handling, nutrition, and falls, were reviewed and updated on a regular basis or as changes occurred. However it was noted from four of the care records inspected that one manual handling risk assessment had not been reviewed since May 2013. A recommendation was made that risk assessments should be updated regularly and no less than annually.

The acting manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. These included for example Control of Substances Hazardous to Health (COSHH). The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. One recommendation relating to the replacement of a bathroom ceiling tile is stated for a second time in the Quality Improvement Plan appended to this report.

Inspection of the homes fire safety risk assessment showed that it had been completed in January 2015. The need to ensure the homes fire safety risk assessment is maintained on an up to date basis was discussed with the acting manager. A recommendation was made. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in October 2015 records were retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Some omissions were noted during the period between February and March 2016. The acting manager confirmed this was the period of transition between managers. The need to ensure regular fire checks regardless of the transition arrangements was discussed with the acting manager.

Areas for improvement

Four areas of improvement were identified. This resulted in four recommendations being made these related to the completion of competency and capability assessments for all staff left in charge of the home in the manager's absence, to ensure a copy of the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 is made available for staff, the regular review if residents risk assessments and the updating of the homes fire safety risk assessment.

Number of requirements	0	Number of recommendations:	4
-------------------------------	---	-----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that they included up to date assessment of needs, life history, care plans and daily / regular statement of health and well-being of the resident. As already stated in section 4.3 a recommendation was made regarding the updating of risk assessments on a regular basis and no less than annually. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents make choices around meals and activities. Staff also shared that they would always approach residents in a discrete manner to see if they needed support with their continence needs.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The acting manager confirmed that records were stored safely and securely in line with data protection.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Monthly monitoring reports were completed on an up to date basis, quarterly governance reports were also available for inspection. These examined safety alerts, complaints, and areas for improvement. Hand hygiene audits had been completed within the home; however the acting manager explained that the audit tool was currently being revised to make it more effective at identifying areas for improvement. The acting manager confirmed the annual quality review report had been completed for 2015 but was not yet available. This report shall be reviewed during the next inspection.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, and one representative confirmed that residents' spiritual and cultural needs were met within the home.

The acting manager, residents and visiting representative confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff talked about the storing of residents records, and the importance of approaching residents in a discreet manner when asking if they need assistance with their continence care.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Some comments from residents included:

- “This is the best place that I could possibly be. The staff are so good they treat you like an individual, not just a number. I have no complaints at all. It is very good.”
- “The staff are good, the food is good, I like it.”
- It is excellent here. Everyone is so good. I can't praise them enough. This is a really good place.”
- It has been wonderful, couldn't ask for better. Everyone is so good, the food is good too”

One visiting representative and one visiting professional were available in the home during the inspection. Comments included:

- “I am kept well informed of any changes, the staff are good, it has been a good experience for him/her.”
- “This is a great place, the care is very good. Staff keep you well up to date.”

There were systems in place to ensure that the views and opinions of residents, and or their representatives were sought and taken into account in all matters affecting them. For example during monthly monitoring visits residents and representatives views are sought, the acting manager confirmed residents views were also sought during care reviews.

The acting manager confirmed residents are consulted about the standard and quality of care and about the home environment. This consultation is carried out at least annually. As stated in section 4.4 of this report the annual quality review report had been completed for 2015 but was not yet available. This report shall be reviewed during the next inspection.

Residents and representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. One comment included in a completed questionnaire stated:

- “The home is run by very competent, capable and helpful staff. The individual rooms are equipped with everything that the patient requires including a most comfortable bed. The food provided is most appetising and varied and cooked to perfection”.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

4.6 Is the service well led?

The acting manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The acting manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the acting manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner. Review of records and discussion with the acting manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Glynis Ellison as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Residential Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure competency and capability assessments are fully completed for any staff member left in charge of the home in the registered manager's absence.</p> <p>Response by registered provider detailing the actions taken: The Manager is currently progressing this work with Senior Staff and arrangements to be made with bank Senior Staff when back from holiday leave</p>
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2016</p>	<p>The registered provider should ensure a copy of the new regional guidance Adult Safeguarding Prevention Protection in Partnership, July 2015 is available for staff.</p> <p>Response by registered provider detailing the actions taken: A copy of the new regional Adult Safeguarding Policy July 2015 has been issued to staff</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure risk assessments are reviewed and updated on a regular basis and no less than annually.</p> <p>Response by registered provider detailing the actions taken: All Risk Assessments have been up-dated and this will be done at annual review or if and when a change/need occurs</p>
<p>Recommendation 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure the fire safety risk assessment is maintained on an up to date and current basis.</p> <p>Response by registered provider detailing the actions taken: The manager has liaised with Trust Estates Fire Officer to ensure urgent review</p>
<p>Recommendation 5</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure the damaged ceiling tile in the identified bathroom is removed and replaced.</p> <p>Response by registered provider detailing the actions taken: This referral for work to be completed has been forwarded to our Estates department to be completed as soon as possible</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews