

Unannounced Care Inspection Report 10 October 2017



Drumlough House

Type of Service: Residential Care Home
Address: 3-19 Moira Road, Lisburn, BT28 1RB
Tel No: 028 9260 1228
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered for 39 beds including the categories of care outlined in section 3.0 of this report. The ground floor of Drumlough House provides permanent care places for people living with dementia. The first floor provides places for residents admitted for a short term basis of rehabilitation prior to being discharged either home or onwards to a permanent care placement.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Hugh McCaughey | Registered Manager: Michele Barton |
| Person in charge at the time of inspection: Michele Barton | Date manager registered: 1 April 2005 |
| 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 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 TI – Terminally ill SI – Sensory impairment A - Past or present alcohol dependence | Number of registered places: 39 |

4.0 Inspection summary

An unannounced care inspection took place on 10 October 2017 from 10:30 to 18:00.

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

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

Evidence of good practice was found in relation to staff supervision and appraisal, infection prevention and control, communication between residents, staff and other key stakeholders' governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified regarding fire safety, the environment and formally gathering the views of residents and representatives.

Residents and their representatives said they had no complaints, the staff were very helpful and that they were kept informed of any changes.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Michele Barton, Registered 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 12 residents, four care staff, one member of the domestic staff, three residents' visitors/representatives and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreement
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 28.5 Stated: First time | The registered provider should ensure a risk assessment is carried out regarding health and safety of the identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks. | Partially met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that a risk assessment had been completed and the findings from the risk assessment had been shared with the estates department. The registered manager confirmed action to secure the railing area is to be completed. | |
| | This area from improvement has been stated for a second time in the QIP appended to this report. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered 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 or residents' representatives. Two staff shared that on occasions if there was one staff member less this added to their workload, staff confirmed this was not a regular occurrence. This issue was discussed with the registered manager who gave assurances that staffing was maintained at safe levels and additional staff were being recruited. On the day of inspection there were no concerns observed regarding staffing levels.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered 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. The registered manager confirmed that no staff have been recruited since the previous inspection.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff 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 registered manager, review of accident and incidents notifications, care records and complaints records 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 registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised that there were restrictive practices employed within the home, notably locked doors, bed rails, pressure alarm mats etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The registered manager advised staff would be completing updates on managing behaviour and restrictive practices.

The registered manager advised there were risk management policy and procedures in place for the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that a toilet seat was broken on the first floor this was identified as an area for improvement to comply with standards. The external environment 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The most recent fire safety risk assessment was completed in September 2016 and had not been reviewed. This was identified as an area for improvement to comply with regulations.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 26 April 2017 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, and means of escape were checked weekly and were regularly maintained. Records showed there were a number of omissions regarding weekly fire alarm checks; this was identified as an area for improvement to comply with regulations.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- "Well staffed, good training" (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection these included repairing or replacing the identified toilet seat and fire safety improvements to ensure an up to date fire safety risk assessment is in place and that regular fire alarm checks are completed.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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 three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

A resident's representative spoken with during the inspection made the following comments:

- "It is first class here, my mother has flourished, the staff are very approachable in fact they make a point of speaking to you. There is a good linkage between services we are kept well informed" (representative)

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires included:

- "Staff are aware of changes in health and wellbeing and act promptly to address this with GP or other health care providers" (representative)
- "Never have to wait" (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home. Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the menu and daily activities were displayed on notice boards around the home.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 including for example care reviews, there was also recent menu survey completed.

The need to formally gather the views of residents and representatives regarding the running of the home and compiling the information within a report was discussed with the registered manager. This was identified as an area for improvement to comply with standards.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example arts and crafts, flower arranging, cinema nights, an Age NI representative would also visit the home on a weekly basis. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and resident representatives spoken with during the inspection made the following comments:

- “No complaints from me, everyone is very nice” (resident)
- “I love coming here, it's just great, the staff are great”(resident)
- “Its excellent, everyone is so good, its nearly too good, we are too well looked after I won't want to go home”(resident)

- “Staff very helpful, can’t complain I am so glad to be here”(resident)
- “We are very happy with the care provided, we know (relative) is well looked after. Staff are very helpful” (representative)
- “I think this is a great place, we are glad (relative) is here. Really well looked after and staff keep us informed” (representative)

Ten completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “Treated brilliantly” (resident)
- “Staff are very caring and think about how they can make service users feel at home. My (relative) has been taken to church and encouraged to participate in activities that have meaning in respect of her hobbies and interests” (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified during the inspection in regard to formally gathering the views of residents and representatives and ensuring this information is compiled within a report.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place residents and/or their representatives were made aware of how to make a complaint by way of leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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. 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 continuous quality improvement which included regular audits and satisfaction surveys. Staff had completed training relating to the Quality 2020 initiative.

Discussion with the registered 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 for example dementia training.

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 to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The registered manager confirmed that senior management were kept informed regarding the day to day running of the home through regular meetings and updates.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered 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.

Ten completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “Managed well” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michele Barton, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 care 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.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via WebPortal assessment by the inspector.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27.(4) (a) (d) (v) Stated: First time To be completed by: 24 October 2017 | <p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary. Further to this the registered person shall ensure fire alarm checks are maintained on an up to date and regular basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire Risk Assessment has been updated 9.11.17 awaiting report. Fire Alarm checks are completed and recorded</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 27.3 Stated: First time To be completed by: 24 October 2017 | <p>The registered person shall ensure the identified toilet seat is repaired or replaced.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Toilet Seat has been repaired</p> |
| Area for improvement 2 Ref: Standard 1.6 Stated: First time To be completed by: 10 January 2017 | <p>The registered person shall formally gather the views of residents and representatives with regards to the running of the home and compile the information within a report.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A Service User /Carers Satisfaction Survey currently being devised and will be issued by end of November 2017</p> |
| Area for improvement 3 Ref: Standard 28.5 Stated: Second time To be completed by: 10 December 2017 | <p>The registered provider should ensure a risk assessment is carried out regarding health and safety of the identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Risk Assessment determined rail to be raised .This has now been actioned.</p> |

Please ensure this document is completed in full and returned via WebPortal



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