

Unannounced Care Inspection Report 12 January 2021



Drumlough House

Type of Service: Residential Care Home (RCH)

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 39 residents.

3.0 Service details

<p>Organisation/Registered Provider: South Eastern HSC Trust</p> <p>Responsible Individual: Seamus McGoran</p>	<p>Registered Manager and date registered: Michele Barton 1 April 2005</p>
<p>Person in charge at the time of inspection: Michele Barton</p>	<p>Number of registered places: 39</p> <p>There shall be a maximum of one resident accommodated in Category of Care RC-TI. The home is approved to provide care on a day basis only to 8 persons.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. TI – Terminally ill. SI – Sensory impairment.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 16</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents spoken with in keeping with their level of understanding were complimentary about living in the home and their relationship with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michele Barton, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. *Three areas for improvement have been stated for a second time.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 16 residents individually and in groups, four staff, one visiting professional and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Duty rotas
- Three residents cares records
- Staff training information
- Staff professional registration information
- A selection of quarterly quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of staff meetings

- Certificate of registration.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2020.

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 6.2 Stated: Second time	The registered person shall ensure the care plan for the identified individual is updated to reflect greater detail regarding their care needs and how they are to be best supported.	Met
	Action taken as confirmed during the inspection: The manager confirmed the care plan had been updated accordingly for the identified individual, however they no longer resided at the home therefore the record was not reviewed.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure the premises are well maintained by: <ul style="list-style-type: none"> • repairing the damaged floors and panel in the downstairs bathroom. • repairing damaged floors in the male and female toilets downstairs. • repairing the damaged floor in the upstairs shower room. • repairing the ceiling and cracked wall in the hairdressing room. 	Partially Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment showed work was in progress to repair the damaged floor a new bath had been	

	<p>ordered for the identified bathroom. New flooring had been laid in the male and female toilets downstairs. The floor upstairs was due to be repaired. The ceiling and cracked wall in the hairdressing room had been repaired.</p> <p>The manager advised the environmental improvements were ongoing. This area for improvement has been assessed as partially met and is stated for a second time in the QIP appended to this report.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all care plans and risk assessments reflect the current needs of the residents and are reviewed on a regular basis.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of care plans and risk assessments for three identified individuals showed that the records were current and reviewed on a regular basis. See main body of the report regarding specific falls risk assessment information.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all supplementary records especially fluid balance records are properly maintained and include the total daily input/output.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of a sample of supplementary records showed that they were being maintained on an up to date basis.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that communication and recommendations from other health care professionals is properly recorded and reflected in the care plans.</p> <p>Action taken as confirmed during the inspection: Review of three care records showed at least one recent occasion when the communication and recommendations from other health care professionals was not clearly reflected in the identified residents care plan. This issue was discussed with the manager.</p>	Not Met

	This area for improvement has been assessed as not met and has been stated for a second time in the QIP appended to this report.	
Area for improvement 6 Ref: Standard 23 Stated: First time	The registered person shall ensure that staff meetings are held at least on a quarterly basis or more often if required.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of minutes from staff meetings showed that staff meetings were being held on a regular basis and at least quarterly.	
Area for improvement 7 Ref: Standard 8 Stated: First time	The registered person shall ensure that a robust system for the auditing and oversight of care records is developed.	Not Met
	Action taken as confirmed during the inspection: The manager advised an audit system for care records had not been introduced. This area for improvement has been assessed as not met and has been stated for a second time on the QIP appended to this report.	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.20; the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 4 January 2021 until 18 January 2021 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge in the manager's absence.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed residents needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working within the home and that they were aware of the individual needs of residents.

Comments received from staff included:

- “I love my job here, it is really person centred. There are lots of activities for the residents. It’s a good place to work.”
- “Staff have coped well (with Covid 19 situation) everyone pulled together to get through it.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

Upon arrival the inspector’s temperature was recorded. The manager advised everyone’s temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all residents and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; during discussion domestic staff confirmed there were good supplies of cleaning products available to help complete all identified duties.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining room, bathrooms, toilet areas and a sample of residents’ bedrooms. We found residents bedrooms were nicely decorated and were personalised with individual interests and mementos.

We noted some general areas of the home were in need of improvement to the paintwork. This issue was discussed with the manager who confirmed that environmental improvement works were ongoing although some work had been delayed due to the Covid 19 situation. Areas for improvement identified during the previous inspection had been partially addressed. The manager advised plans were in place to address the outstanding areas as soon as practically possible.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately.

6.2.4 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of resident’s individual needs.

Residents were well presented with obvious time and attention given to their personal care. Staff explained how residents were supported individually and that they were aware of their personal preferences including likes and dislikes with regards to food, past times, and rising and retiring times.

Staff were observed supporting residents with activities during the inspection including quizzes and music. Staff shared that opportunities to access local community events had been impacted due to the Covid 19 restrictions however residents were still supported with on-site activities.

During the inspection residents appeared comfortable and relaxed within their surroundings; staff were available throughout the day to meet their needs.

Comments from residents and one visiting professional included:

- “I am getting on the best, can’t complain.”
- “It is good here, no problems at all, I am happy enough.”
- “It is the best, the girls are very good, the food is very good.”
- “It is a good place, there is very good communication with the manager and staff, especially when making referrals and if there are any changes you are kept well informed. Residents always look well, they are tidy, the home is clean. PPE is available and temperatures are always taken when entering which is good.”

The manager outlined the visiting arrangements in place and how these were managed and explained how residents were supported to maintain contact with relatives through phone calls and video technologies. The manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis. The manager also advised the Care Partners initiative had been implemented in the home whereby relatives had the opportunity to support their loved one within the home environment.

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and evaluation records. We could see care records were being reviewed and updated on a regular basis.

It was noted however from two of the care records reviewed that falls risk assessment information was incomplete and did not clearly show the level of identified risk, or measures in place to reduce the risk. This issue was discussed with the manager, an area for improvement was identified.

In addition an area for improvement identified during the previous inspection in relation to communication and recommendations from other health care professionals being recorded and reflected in the care plans has been stated for a second time.

6.2.6 Governance and management arrangements

The manager retains oversight of the home, and confirmed she felt well supported in recent months by senior management. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding Covid 19 guidance.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were documented and reported to other relevant organisations as necessary. We discussed with the manager the reporting of two incidents which had been overseen during a temporary management arrangement.

A review of staff registration information for Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staffs professional registration and this was reviewed on a regular basis.

Records available in the home showed a selection of quarterly audits had been completed these included review of accidents and incidents, staffing levels and supervision. One area for improvement identified during the previous inspection to ensure a robust system is in place regarding the auditing of care records has been stated for a second time.

We discussed with the manager staff mandatory training, the manager provided confirmation during the inspection that arrangements were in place for staff to complete training and she was waiting on formal confirmation of dates. Completed staff training shall be followed up at the next care inspection.

Review of staff meeting minutes showed that these were occurring on a regular basis and staff were kept informed of changes. Staff spoken with confirmed there was good communication within the home with regards to roles and responsibilities.

There was a system in place regarding the management of complaints. Records maintained showed complaints received, the outcome of investigations undertaken and the complainants level of satisfaction. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. We reviewed the reports for October, November and December 2020 they included an overview of the working practices in the home. An action plan within these reports had been developed to address any issues identified, which included timescales and the person responsible for completing the action.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, promoting individual interests of residents, and IPC practices.

Areas for improvement

One new area for improvement was identified during the inspection this related to ensuring falls risk assessments were properly completed.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents looked well cared for and shared positive comments about their life in the home. Staff were observed interacting with residents in a warm and friendly manner and were aware of the individual needs of residents.

Three areas for improvement have been stated for a second time, one new area for improvement has been stated relating to falls risk assessment information.

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, 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 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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: Second time To be completed by: 12 April 2021	<p>The registered person shall ensure the premises are well maintained by:</p> <ul style="list-style-type: none"> • repairing the damaged floors and panel in the downstairs bathroom. • repairing the damaged floor in the upstairs shower room. <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: A new bath has been fitted in the bathroom and panel is now secure</p> <p>Estates has been requested to fix the minor damage to flooring.</p> <p>Please note due to covid restriction we were unable to complete non-essential maintenance.</p>
Area for improvement 2 Ref: Standard 8 Stated: Second time To be completed by: 13 January 2021	<p>The registered person shall ensure that communication and recommendations from other health care professionals is properly recorded and reflected in the care plans.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: Senior staff have been reminded to ensure all contact with health care professionals is properly recorded</p> <p>This was in relation to one resident, staff had made a referral to GP for podiatry services, this was recorded on daily notes, but not transferred to Care Plan; this is was immediately rectified.</p>
Area for improvement 3 Ref: Standard 8 Stated: Second time To be completed by: 12 February 2021	<p>The registered person shall ensure that a robust system for the auditing and oversight of care records is developed.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: An audit system for care records has been implemented via senior staff supervision</p> <p>An audit system has been implemented and is ongoing.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2021</p>	<p>The registered person shall ensure that the falls risk assessments are reviewed and fully completed for the identified residents.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This recommendation was in relation to one resident file. All resident risk assessments have been reviewed and fully completed.</p>

Please ensure this document is completed in full and returned via Web Portal



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