



The Regulation and
Quality Improvement
Authority

Drumlough House
RQIA ID: 10061
3-19 Moira Road
Lisburn
BT28 1RB

Inspector: Bronagh Duggan
Inspection ID: IN022335

Tel: 02892601228
Email: michele.barton@setrust.hscni.net

**Unannounced Care Inspection
of
Drumlough House**

13 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 14 October 2015 from 10.00 to 17.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager Mrs Michele Barton as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: SEHSCT/Mr Hugh McCaughey	Registered Manager: Mrs Michele Barton
Person in charge of the home at the time of inspection: Mrs Michele Barton	Date manager registered: 01/04/2005
Categories of care: RC-TI, RC-DE, RC-I, RC-A, RC-LD, RC-LD(E), RC-MP, RC-MP(E), RC-PH, RC-PH(E), RC-SI	Number of registered places: 39
Number of residents accommodated on day of inspection: 31	Weekly tariff at time of inspection: £470 per week

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we analysed the following records: Notifications of accidents and incidents, and the returned quality improvement plan from the previous care inspection conducted on 27 February 2015.

During the inspection we met with 17 residents, three care staff, one visiting professional and the registered manager. We received 16 completed satisfaction questionnaires. These included nine from residents and seven from staff.

The following records were examined during the inspection:

- Four Care records
- Relevant policies and procedures
- Accident and incident records
- Staff training records
- Fire Safety Risk Assessment
- Compliments and complaints.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 8 June 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 27 February 2015.

No requirements or recommendations from previous care inspection

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Drumlough House provides accommodation for 18 permanent residents on the ground floor level. Up to 21 residents can be accommodated on the first floor. Residents can access the home for a period of rehabilitation following discharge from hospital, the home also provides for periods of respite. The registered manager confirmed that residents can and have spent their final days in the home unless there are documented health care reasons to prevent this.

In addition to this the registered manager confirmed that the home has one palliative care bed. This accommodation is available for residents from the community who have been diagnosed with a terminal condition and require palliative care to meet their needs in accordance with the district nursing assessment. Residents within Drumlough House may also make use of this service.

In our discussions with the registered manager and staff they confirmed that they work closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff talked about the need to monitor resident's food and fluid intake and to ensure regular repositioning to prevent skin breakdown and maintain comfort. Staff also confirmed to us that changes in a resident's condition would be observed closely, reflected in their evaluation care records and documented in their care plan.

Staff confirmed that they would liaise closely with family members and keep them informed of any changes in the resident's condition. Staff shared examples where family members were welcomed to stay over in the home as residents approach their final days and hours. Staff confirmed to us that all appropriate risk assessments would be in place. Staff have completed training relating to palliative care.

Is care effective? (Quality of management)

The home had policies in place relating to palliative care and the management of bereavement. These contained relevant information including caring for a dying resident, what to do in the event of death, and the procedure for handling deceased residents belongings. Staff have completed training relating to palliative care. Staff confirmed this training was beneficial and furthered their understanding of supporting residents in the last weeks and days of life.

We inspected four care records. These reflected residents' spiritual beliefs and contained next of kin details. All four care plans stated that residents' families would make arrangements in the event of death. We discussed with the registered manager the benefits of obtaining the individual wishes of residents themselves. This information could be obtained through a process of consultation and / or care review. We made one recommendation that the individual wishes of residents regarding any specific arrangements at the time of their death should be sought and included in their care plan if they so wish.

In relation to handling deceased residents' belongings the registered manager confirmed the home had a policy in place and that families are consulted at all times regarding the removal of residents' belongings.

Is care compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident are met with a strong focus on dignity and respect. Staff confirmed that information would be communicated sensitively to family members who would be given time and privacy to spend with their loved one.

In our discussions the registered manager confirmed to us that following the death of a resident other residents would be informed in a sensitive manner. Residents and staff would have the opportunity to pay their respects if so wished, and be provided with support if needed. Staff confirmed to us that there was a supportive ethos from the management of the home in

relation to dealing with dying and death. Staff are aware of the importance of adhering to the social, cultural and religious beliefs of residents at this time.

We viewed a number of letters, compliment and thank you cards received from families of former residents. These contained words of praise and gratitude for the kindness and compassion shown during this period of care.

Areas for improvement

We identified one area of improvement in relation to this standard. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	---	-----------------------------------	---

5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with continence needs. Staff were aware of the need to make onward referrals to the district nursing service if they observed any changes in relation to residents continence needs. Staff were aware of the homes infection control procedures and confirmed there was usually a good supply of products in the home. The registered manager confirmed residents admitted from hospital to the home would have a continence assessment completed upon their arrival at the home.

We inspected four care records two of these indicated that residents were independent in this area. Two records contained relevant information regarding the resident's assessed needs, and plan of care. We observed good supplies of continence products, aprons, and hand washing dispensers throughout the home.

Is care effective? (Quality of management)

The home had policies in place regarding the management of continence and the supply of continence products. These contained relevant information relating to the assessment, treatment and management of continence issues. Staff completed training in continence management and infection control in 2015.

In our discussions with staff they showed good knowledge of residents' individual needs and measures to promote continence management.

Is care compassionate? (Quality of care)

Staff were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified no areas of improvement for this theme. Overall this theme was assessed as being met.

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

5.5 Additional areas examined

5.5.1 Residents views

We spoke with 17 residents individually and received nine completed resident questionnaires. In accordance with their capabilities they expressed or indicated that they were happy with their life in the home, their relationship with staff and with the care provided.

Some of the comments received from residents included:

- “I couldn’t fault it, it’s like being on holiday. Everyone is so kind”.
- “The food is good”.
- “This place is 100%, couldn’t be better”.
- “The staff are wonderful, they go beyond what you would expect”.
- “The home is great, girls are very kind. The food is good, my room is comfortable”.
- “I have everything I need here”.

One resident shared with us their wish for a different type of accommodation. We reviewed the identified residents notes and found they were overdue a post admission assessment review. This information was shared with the registered manager. We made a recommendation in regard to the identified resident having a care review.

5.5.2 Staff views

We spoke with three care staff and received seven completed staff questionnaires. Overall information received from staff confirmed they were supported in their respective duties and were provided with relevant training resources to undertake their duties. One returned questionnaire raised the matter of staffing levels in the home. This information was shared with the registered manager via telephone following the inspection. The registered manager confirmed to us that the staffing levels in the home were continually monitored taking into consideration the dependency levels of residents and vacancy numbers. The registered manager confirmed to us staffing levels were sufficient to meet the needs of residents in the home.

Some of the comments received from staff included:

“This is a good home, residents are well looked after. It’s like one big family”.
 “There is a good sense of team here, we all work together”.

5.5.3 Visiting professionals

We met with one visiting professional who was in the home during the inspection period. The visiting professional shared with us that they found care provision in the home very good. They stated that they were kept well informed of any changes in residents' conditions.

5.5.4 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed. We spoke with the registered manager about the circumstances in which notifications were shared with other professionals.

Further to this we spoke with the registered manager regarding a Serious Adverse Incident which occurred at the home in January 2015. The manager shared the learning which had taken place as a result of the incident. The manager confirmed that policies and procedures in relation to diabetes management, staff training, and discharge to hospital had all been reviewed and amended to ensure more robust procedures are now in place throughout the South Eastern Health and Social Care Trust. The registered manager confirmed that lessons have been learned from the investigation with measures in place to minimise reoccurrence.

5.5.5 Care review

We noted having inspected the care records information of one resident that they had last had a care review in 2013. This was raised with the registered manager who stated there had been delays within the Trust care management team. We made a recommendation that the identified resident should have a care review completed without delay.

5.5.6 Fire Safety

An up to date Fire Safety Risk Assessment was in place. This had been completed in January 2015. The registered manager confirmed she was addressing the recommendations made. Staff fire safety training and fire drill records were maintained on an up to date basis.

5.5.7 General environment

We inspected the general environment of the home. The areas viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory.

We observed one badly damaged ceiling tile in an identified bathroom. This was discussed with the registered manager. We made a recommendation that this should be addressed.

5.5.8 Compliments and complaints

We reviewed records of compliments and complaints maintained in the home. There were a number of recent compliments given to the home. Complaints made were recorded, investigated and handled appropriately by the registered manager.

Areas for improvement

We identified two areas of improvement from the additional areas examined.

Number of requirements:	0	Number of recommendations:	2
--------------------------------	---	-----------------------------------	---

6 Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.5 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.6 Recommendations

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

6.7 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 14.5 Stated: First time To be completed by: 8 December 2015	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.		
	Response by Registered Person(s) detailing the actions taken: Senior staff to ensure on clients admission and at clients review that specific arrangements in relation to clients death are sought and recorded if they so wish.		
Recommendation 2 Ref: Standard 11.1 Stated: First time To be completed by: 17 November 2015	The registered manager should ensure that the two identified residents have individual care reviews completed without delay.		
	Response by Registered Person(s) detailing the actions taken: Reviews for both clients have been completed on the following dates 20.10.15 and 10.11.15		
Recommendation 3 Ref: Standard 27.8 Stated: First time To be completed by: 24 November 2015	The registered manager should ensure the damaged ceiling tile in the identified bathroom is removed and replaced.		
	Response by Registered Person(s) detailing the actions taken: Replacement ceiling tiles have been ordered and will be replaced when received by Estates dept.		
Registered Manager completing QIP	Michele Barton	Date completed	23.11.15
Registered Person approving QIP	Hugh McCaughy	Date approved	23.11.15
RQIA Inspector assessing response	Bronagh Duggan	Date approved	27.11.15

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