



Unannounced Care Inspection Report 14 February 2020



Drumlough House

Type of Service: Residential Care Home
Address: 3-19 Moira Road, Lisburn, BT28 1RB
Tel no: 028 9260 1228
Inspector: Gerry Colgan

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 registered residential care home which provides care for up to 39 residents. The home is split over two floors; the ground floor provides care for people living with dementia on a permanent basis. The first floor provides care for people admitted to the home for a short term period of rehabilitation and recovery before discharge either home or on to a permanent care placement.

3.0 Service details

<p>Organisation/Registered Provider: South Eastern HSC Trust</p> <p>Responsible Individual: Seamus McGoran (Acting)</p>	<p>Registered Manager and date registered: Michele Barton 1 April 2005</p>
<p>Person in charge at the time of inspection: Caroline Allen Team Leader</p>	<p>Number of registered places: 39 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>Total number of residents in the residential care home on the day of this inspection: 32</p>

4.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 14 February 2020 from 08.45 hours to 17.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of the previous medicines management inspection have also been reviewed and validated as required.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, management of complaints and incidents and maintaining good working relationships.

Areas were identified for improvement in relation to documentation, record keeping, audits and reviews, staff meetings and ensuring the premises are well maintained.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	7

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Allen, team leader, 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 inspection dated 23 and 30 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 1 February to 21 February 2020
- staff training schedule and training records
- staff supervision and appraisal schedule
- sample of staff competency and capability assessments
- five residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- governance audits/records
- accident/incident records from 30 September 2019 to 31 January 2020
- controlled drugs records
- reports of visits by the registered provider
- fire safety checks
- RQIA registration certificate

Areas for improvement identified at the last care and medicines management inspections 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 the last care inspection dated 3 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure all notifiable events are reported to RQIA accordingly.	Met
	Action taken as confirmed during the inspection: A review of all accidents and incident documentation since the previous care inspection confirmed that all notifiable events had been reported to RQIA.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	Met
	Action taken as confirmed during the inspection: A review of the controlled drug register confirmed that quantities of Schedule 2 and Schedule 3 controlled drugs subject to safe custody requirements are checked and recorded by two members of staff on each occasion when responsibility for safe custody is transferred.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	<p>The registered person shall ensure environmental improvements are made with particular attention on the first floor regarding:</p> <ul style="list-style-type: none"> • paint work on walls, door frames, hand rails and skirtings • the identified ceiling tiles • plastering to the identified bedroom wall • removal of the identified chest of drawers • removal of archivable records to secure storage area 	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the team leader confirmed these areas for improvement had been addressed. Painters were on site on the day of inspection.</p>	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	<p>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.</p> <p>Ref: 6.4</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of care documentation for this resident confirmed that although the core care plan had been updated it did not reflect in any great detail the needs of the resident and how they are to be best supported. Regular reviews of risk assessments and care plans were not evident and documentation contained in the daily reports in relation to a dressing on the face and constipation were not reflected in the care plans. This area for improvement is stated for a second time.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The team leader confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 1 February to 2 February 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Drumlough House Residential Care Home.

Relatives spoken with during the inspection did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the required time frame.

Recruitment records were not viewed during the inspection as the information is held centrally for the Trust. However, the induction record for the most recently recruited member of staff was viewed and found to be satisfactory. Staff spoken with said they received good support from the registered manager and had regular supervision and annual appraisals. Information relating to the completion of supervision and annual appraisals was available at inspection.

The team leader advised that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and recorded by way of a matrix that was regularly reviewed and updated. The matrix was available for review during the inspection and showed that it had been maintained on an up to date basis.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff also confirmed they received regular supervision and annual appraisal.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the team leader, confirmed that the regional operational safeguarding policy and procedures were

embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the team leader and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visits.

From a review of records, observation of practices and discussion with the team leader and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout.

In the downstairs bathroom we observed the floor was coming away from the wall and damaged panels. In the female toilet the floor was coming away from the wall and in the male toilet the floor was damaged. Upstairs there was a tile missing on the ceiling in the hairdresser's room and a substantial crack in the wall. In the shower room the floor was away from the wall, preventing all these areas from being adequately cleaned. This was identified as an area for improvement.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, alarm mats. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management.

Areas for improvement

An area for improvement was identified in relation to ensuring the premises are well maintained.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents in a timely manner. Staff were able to describe the care needs of individual residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. Staff spoken with had appeared to know residents' needs very well.

Five residents' care records were reviewed. Risk assessments and core care plans were completed on admission but have not been reviewed on a regular basis. An area for improvement was identified. Core care plans in place did not fully reflect the needs of the residents. For example, in the daily care records for three residents' issues such as a swollen foot, deteriorating mobility and a dressing were commented upon, yet there was no evidence of care plans being available. An identified resident has a history of epilepsy, deep venous thrombosis and osteoporosis. These care issues were not reflected in the core care plans. An area for improvement was identified. At the previous care inspection it was noted from one of the care records reviewed that there was insufficient information regarding a resident's condition and the plan of care for same. This had not improved and this area for improvement has been stated for a second time.

Fluid balance records were found to be partially complete and the total daily input /output was not recorded. This was identified as an area for improvement.

Records showed residents were weighed on a monthly basis; the team leader advised this would be done more frequently if required. Care records reviewed confirmed that speech and language therapist (SALT) guidance was in place for identified residents and that dietician input was sought as needed. However, in one resident's care record the SALT recommendations were recorded on a manual handling assessment form. This was discussed with the team leader and an area for improvement was identified.

Information regarding specialist texture type diets including International Dysphagia Diet Standardisation Initiative (IDDSI) guidance was clearly displayed for staff in the kitchenette area on the first floor.

Regarding the dining experience, we could see that the dining rooms were warm, clean and bright. There were menus on display on each floor in a central location. The choices for the day were displayed. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed and well organised. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

The front door to the home was locked using a keypad system. Records in the home showed that restrictive practices including the locked doors and use of alarm mats were regularly reviewed. We discussed with the team leader plans in place regarding the introduction of the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and they said there was good information sharing within the home. Staff meetings should take place on a quarterly basis or more often if required. Records evidenced that the last staff meeting was held in June 2019 when these should be held at least quarterly. An area for improvement was identified. Staff also advised they were kept up to date regarding any changes during the handover period at the beginning of each shift.

Residents' care records confirmed that residents had an annual care review. The team leader explained that a review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including occupational therapists, GP and district nurses.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to documentation, record keeping, audits and reviews and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 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.

We arrived in the home at 08.45 and were greeted by staff who were helpful and attentive. Some residents were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their personal preference.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a relaxed atmosphere within the home, with residents conversing and joking with staff and each other. We could see there were a large number of compliments including thank you cards and messages of thanks and gratitude from representatives displayed in the home.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents' likes and dislikes. Staff described how they aim to promote residents' independence, for example, by way of encouragement to help residents maintain their independence as best as possible.

Residents were observed interacting with each other and with staff throughout the day, while others were reading newspapers, relaxing in their rooms or having their nails done. Activities were provided on a daily basis and included, for example, arts, crafts, exercises, and musical events.

Consultation with seven residents individually, and with others in smaller groups, confirmed that living in Drumlough House Residential Care Home was a good experience.

Comments from residents included:

- “This is my second time here. I am more than happy with Drumlough. I could not praise them highly enough. Nothing is a bother and they are always cheerful, happy and willing to help.”
- “We are looked after like kings and queens. Thank God for a place like it.”
- “I am getting on the best; I am quite happy here.”
- “We are free to go where we like and the staff are extremely attentive to us.”

Relatives spoken with at inspection made the following comments:

- “I think the care here is excellent. The activities are good and nothing is too much for the staff. One of them made soda bread and brought it in for the residents.”
- “I am in here two or three times a week. There is always good fun and I can safely say everyone is properly cared for.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and residents evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager. Staff spoken with confirmed that the home’s manager was ‘very approachable’ and they would have no problem in raising any issues to be addressed.

The home has a wide range of policies and procedures in place to guide and inform staff. Staff we spoke with demonstrated good understanding of their roles and responsibilities. They were aware of the reporting procedures within the home and discussed their awareness of the whistleblowing policy and procedure for the home.

Review of accidents and incidents records in the home showed these had been managed appropriately and reported onwards to relevant bodies as necessary.

Discussion with the team leader and review of records evidenced that audits of accidents/incidents, NISCC registration, infection prevention and control, hand hygiene, and equipment in use were undertaken. As previously stated in section 6.4 of this report, audits should also include residents' care records. Additional management oversight and quality assurance was undertaken by way of quarterly governance reports which the registered manager advised were completed and shared with senior managers. In addition, the monthly monitoring visits were undertaken as required. Reports for August 2019 to January 2020 were reviewed during the inspection and were found to be completed accordingly with actions identified to be addressed to ensure standards within the home.

The home had a complaints policy and procedure in place. Review of complaints records evidenced the nature of the complaint, contributing factors, the investigation, outcomes and lessons learned.

Discussion with the team leader and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified.

	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 Caroline Allen, team leader, 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 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 6.2 Stated: Second time To be completed by: Immediately	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Individual Care Plan has been reviewed to include greater detail regarding care needs.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 31 March 2020	<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 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. <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The above repairs have been reported to Estates Department for repair/replacement</p>
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 31 March 2020	<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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Care Plans and Risk Assessments are presently being reviewed and updated.</p>
Area for improvement 4 Ref: Standard 8 Stated: First time To be completed by: immediately	<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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Care staff have been informed regarding completion of fluid balance records. This will be addressed at Care Staff meeting on 18.3.20 and at individual supervision</p>

<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: immediately</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>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that staff meetings are held at least on a quarterly basis or more often if required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A care staff meeting was held on the 23.10.19. Unfortunately the agenda and minutes were not available to inspector on day of inspection. A senior staff meeting was held on the 29.1.20 Regular staff meetings will be held at least on a quarterly basis by Registered Manager.t</p>
<p>Area for improvement 7</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that a robust system for the auditing and oversight of care records is developed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered manager will implement a robust auditing system to ensure that care records are regularly monitored and reviewed</p>

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



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