



Unannounced Care Inspection Report 23 and 30 July 2019



Drumlough House

Type of Service: Residential Care Home
Address: 3-19 Moira Road, Lisburn BT28 1RB
Tel no: 02892601228
Inspectors: Bronagh Duggan and Paul Nixon

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: Neil Guckian</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>Total number of residents in the residential care home on the day of this inspection: 29</p>

4.0 Inspection summary

An unannounced inspection took place on 23 July 2019 from 10.00 hours to 18.00 hours and on 30 July from 10.00 hours to 13.00 hours.

This inspection was undertaken by the care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and pharmacy inspections and 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 previous pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, induction, training, the management of medicines as part of the admission process, communication between residents, staff and other key stakeholders, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the environment, medicines management, information contained within an identified care plan and reporting of notifiable events.

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 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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Michelle 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 inspection dated 29 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 29 October 2018. 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 previous inspection findings 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. There were no completed questionnaires returned within the identified timescale.

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

- staff duty rotas from 15 July 2019 to 28 July 2019
- staff training schedule and training records
- one staff induction record
- staff supervision and appraisal matrix
- competency and capability assessments
- three residents' records of care
- minutes of staff meetings
- NISCC information
- complaint records
- compliment records
- a sample of governance records
- accident/incident records from December 2019 to July 2019
- a sample of monthly monitoring reports from March to May 2019
- RQIA registration certificate
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- records relating to the management of medicines on admission, controlled drugs and distressed reactions

Areas for improvements 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 the last care inspection dated 29 October 2018

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.(7) Stated: Second time	The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken and response to any recommendations made from this assessment.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed a legionella risk assessment had been completed in March 2019. The registered manager advised the recommendations were in the process of being addressed. The registered manager was advised to share relevant information with the aligned estates inspector regarding completion of the recommendations.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure the identified resident's care records are reviewed and updated accordingly.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the identified care records showed they had been reviewed and updated accordingly.	

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.

On arrival we observed the home was clean comfortably heated and welcoming. Residents spoken with appeared well cared for, were appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents were relaxing in their bedrooms, others were observed as being supported by therapists, and others were chatting in small groups.

The registered manager advised staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers were adjusted when needed to meet the changing numbers and identified needs of residents. Staff confirmed levels were adjusted according to the needs of the residents which can vary due to the short term nature of admissions to the home. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The registered manager advised competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of competency and capability assessments was viewed and was found to be satisfactory.

Residents spoken with confirmed staff were available to help when needed; residents also confirmed they were aware of how to call staff using the call bell system if needed.

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 in the home and showed that they were maintained on an up to date basis.

The registered manager 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.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was generally maintained on an up to date basis. The registered manager advised plans were in place to increase the completion rates for staff training relating to Control of Substances Hazardous to Health (COSHH) and challenging behaviour. This shall be followed up at a future inspection.

The manager outlined the adult safeguarding champion arrangements for the home. The annual adult safeguarding position report had been completed for 2018 and was available for review. Staff training in adult safeguarding was maintained on an up to date basis. Discussions with staff confirmed that they were aware of different types of abuse, signs of

abuse and were able to describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed. The measures in place to minimise the risk of falls included, for example, fall risk assessments, the completion of rounding charts upon admission to the home and following any falls in the home, and input from trust occupational therapists regarding the provision of various aids and appliances to aid mobility as needed. The registered manager advised care reviews were undertaken on a weekly basis for residents admitted to the first floor for a period of rehabilitation and recovery to assess residents' progress regarding their period of recovery/rehabilitation in the home. Any changes, including improvements in mobility, are closely monitored. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken across the ground and first floor. Residents' bedrooms were found to be clean and tidy, with personal mementoes on display on the ground floor which accommodates residents on a permanent basis. The bedrooms on the first floor were also found to be clean, tidy and functional. The registered manager advised residents could if they so wish bring personal items into the home for the duration of their stay. Areas within the home including communal areas were observed to be comfortably heated, odour free and clean.

The registered manager advised there had been improvements made to the environment within the dementia unit on the ground floor level of the home; this was evident during inspection. The need to ensure there was improvement to the environment on the first floor of the home was discussed with the registered manager. Particular attention should be paid to the paint work including walls, skirting boards, door frames and hand rails. In addition, other areas identified for improvement included the plastering on an identified bedroom, removal of an identified chest of drawers from a toilet area, the improvement and replacement of identified ceiling tiles above the stairway and to ensure the identified bedroom was cleared of boxes and archival records. An area for improvement was identified.

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. Review of training records showed staff completed training in infection prevention and control (IPC). Hand hygiene audits were completed with staff; staff spoken with were aware of practices to be maintained to reduce or minimise the risk of infection.

Walkways throughout the home were kept clear with no obvious risks. Staff training records showed staff had completed training in fire safety.

Medicines Management

Medicines were generally managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. The sample of medicines examined had been administered in accordance with the prescriber's instructions. Audits were performed regularly, discrepancies investigated and records maintained.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. However, checks were not routinely performed on controlled drugs which require safe custody, at the end of each shift. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding and risk management and the management of medicines as part of the admission process.

Areas for improvement

An area for improvement was identified in relation to the home's environment. One area was identified for improvement regarding medicines management in relation to ensuring 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.

	Regulations	Standards
Total number of areas for improvement	1	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 well. Staff were able to describe the different care needs of 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.

There was evidence within three residents' care records reviewed that risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management. Care plans had been completed to reflect the risk assessments. It was noted from one of the care records reviewed there was insufficient information regarding a residents condition and the plan of care for same. This issue was discussed with the registered manager; an area for improvement was identified.

Records showed residents were weighed on a monthly basis; the registered manager 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 is sought as needed. Following the inspection the registered manager provided an update regarding the status of a SALT referral that had previously been made four months earlier; in addition dietetic information was also shared.

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 but well organised. The residents said that they enjoyed the food in the home. Comments from residents included:
“The food is brilliant, there are drinks, and breaks all through the day as well, couldn’t be better.”
“There is plenty of food, I couldn’t eat it all.”
“The food is nice.”

The front door to the home was open; a keypad entry/exit system was in place for the dementia unit on the ground floor. Other restrictive practices used in the home included, for example, alarm mats. The registered manager advised if the use of an alarm mat was required this would be reflected in the resident’s risk assessment and care plans accordingly. Care plans reviewed were signed by residents and/or their representative as necessary.

The registered manager advised if residents in the home required input for pressure care damage this would be done through district nursing involvement.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes. Staff said there was very good team work with few staff changes over the years. Staff demonstrated good knowledge of residents’ care needs and confirmed that all residents’ care needs were being met. Review of staff meeting minutes showed that the last meeting was held in June 2019.

The registered manager explained review of residents’ progress was ongoing and there were regular updates provided to staff from visiting professionals, including occupational therapists and district nurses. There was also the opportunity for residents to engage in daily rehabilitation therapy supported by rehab assistants in the home.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the registered manager. Staff commented that the home’s manager was “very supportive”. Another staff member commented, “I’m happy in my job, I love working with rehab, you see them (residents) improve and get better.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, information sharing regarding IDDSI, and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to reviewing and updating the identified resident's care plan to reflect clearly how their condition is managed.

	Regulations	Standards
Total number of areas for improvement	0	1

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 could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate, with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us and appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

Residents' preferences and interests were reflected within care records, for example "helping us get to know you" information was included in a sample of the records viewed. Preferences of residents, including for example their preferred rising and retiring time, and food likes and dislikes were recorded.

Staff described how they aim to promote residents' independence, for example by way of encouragement during periods of rehabilitation, to ensure residents' conditions improve throughout the duration of their stay in the home. Staff shared they experienced significant job satisfaction regarding seeing the improvement with residents from when they are first admitted to the home until their discharge. Comments from residents included:

"I have no complaints. I would have no qualms about coming back, staff are all very nice."
 "It's terrific, it's like a second home to me, I come twice a week, all the staff are so kind."

The registered manager advised the dementia unit was engaged in "Active aging well programme". Part of this programme included the completion of Resident Active Aging profiles which included an assessment of the physical ability and interests of residents to help build a clear activity profile for each resident. A two week activity programme was also displayed in the home; activities available included interactive games, magic table, music therapy, reminiscence, bingo and a selection of games. The registered manager advised the home had recently purchased a Toverafel "magic table" which provides residents with dementia the opportunity to participate in a range of interactive games. Staff shared that they felt residents engaged with the activity well.

Staff advised that residents in the home were also supported to enjoy the garden, and be involved in local community events. Residents were observed relaxing in the garden at the

back of the home. During the inspection three residents were observed as being supported to attend a local tea dance. Residents were in good spirits prior to leaving the home for attendance at the dance; staff interacted with the residents in a pleasant and friendly manner.

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 residents and their representatives and taking account of the views of residents. .

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 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.

Staff in the home stated that they got good support from the registered manager who was supportive and approachable. The registered manager described the staff team as being committed and reliable with a focus on delivering a high quality of care to residents.

The registered manager advised the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

There had been no change in the organisational structure of the home since the previous inspection. The home retains a wide range of policies and procedures in place to guide and inform staff which were reviewed and revised on a regular basis.

Audits of accidents/incidents, NISCC registration, infection prevention and control, hand hygiene, and equipment in use were undertaken. 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 March - May 2019 were viewed 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 which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines. Information was displayed around the home to inform residents and visitors on how and to whom they can complain. We looked at the records of complaints since the last inspection; these had been managed appropriately. A large number of compliments had been received from former residents and their representatives expressing words of thanks and gratitude as a result of their stays in the home.

There was evidence that information was shared with the staff team about any issues or changes arising in care delivery, for example, information regarding the International Dysphagia Diet Standardisation Initiative (IDDSI) was shared with the staff team and was used in the home for the benefit of residents.

We reviewed accidents and incidents which had occurred in the home and checked these against information that had been forwarded to RQIA. It was noted that there were four occasions when information regarding accidents/incidents in the home that should have been shared with RQIA were not. This issue was discussed with the registered manager; an area for improvement was identified.

Staff spoken with were aware of the home's whistleblowing procedure and confirmed they would be comfortable in approaching management if they had any concerns. Staff advised there were good working relationships within the home and also with external stakeholders.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to the reporting of notifiable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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 Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2019</p>	<p>The registered person shall ensure all notifiable events are reported to RQIA accordingly.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All notifiable events will be reported to RQIA with immediate effect.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Senior staff will ensure Schedule 3 controlled drugs are checked and reconciled at each senior staff daily change of duty.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2019</p>	<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 skirting's • the identified ceiling tiles • plastering to the identified bedroom wall • removal of the identified chest of drawers • removal of achievable records to secure storage area <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Chest of Drawers removed Estates requested to replace ceiling tiles and carry out necessary plaster work in bedroom Records in identified bedroom presently being archived and will be removed to secure storage area. Phase 3 of Redecoration programme within Drumlough House to include corridor area on first floor.</p>

Area for improvement 2 Ref: Standard 6.2 Stated: First 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. Ref: 6.4
To be completed by: 30 July 2019	Response by registered person detailing the actions taken: Identified individuals care plan has been updated to reflect greater detail in relation to care needs.

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



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