



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

**Name of Establishment and ID:** Drumlough House (10061)  
**Date of Inspection:** 23 October 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection ID:** IN016859

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Drumlough House (10061)
<b>Address:</b>	3-19 Moira Road Lisburn BT28 1RB
<b>Telephone Number:</b>	02892601228
<b>Email Address:</b>	michele.barton@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	South Eastern HSC Trust
<b>Registered Manager:</b>	RP01439 - Michele Barton
<b>Person in Charge of the Home at the Time of Inspection:</b>	Michele Barton
<b>Categories of Care:</b>	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
<b>Number of Registered Places:</b>	39
<b>Number of Residents Accommodated on Day of Inspection:</b>	27
<b>Scale of Charges (Per Week):</b>	Trust rates
<b>Date and Type of Previous Inspection:</b>	3 October 2013 Primary Announced Care Inspection
<b>Date and Time of Inspection:</b>	24 October 2014 Primary Announced Care inspection
<b>Name of Inspector:</b>	Bronagh Duggan

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	21
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	25	0

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not Applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to Become Compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not Compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 – Moving Towards Compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Drumlough House Residential Care home is a purpose built residential facility managed by South Eastern Health and Social Care Trust, the home is situated in Lisburn, close to local shops and amenities. The current registered manager is Mrs Michele Barton.

The home provides accommodation for 39 residents in a two story two building. The first floor cares for 21 physical frail older people; the ground floor provides care for 18 older people in a dementia specific unit. Accommodation for residents is provided in single rooms. Within the "traditional" unit there are ten designated beds for rehabilitation and assessment purposes three permanent residential beds, five beds designated for respite care, one district nurse led palliative care bed and two free beds.

Access to the first floor is via a passenger lift and stairs. Communal lounge and dining areas are provided on each floor, a number of sanitary facilities are available throughout the home.

The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 39 persons under the following categories of care:

### Residential Care

I	Old age not falling into 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

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of eight residents.

## 8.0 Summary of Inspection

This primary announced care inspection of Drumlough House was undertaken by Bronagh Duggan on 23 October 2014 between the hours of 10:00am – 5:00pm. Michele Barton registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated

that the two requirements relating to the completion of competency and capability assessments and the maintenance of a shower on the first floor have been addressed. Recommendations which focused on the amending of care management review records and the homes policy on the Protection of Vulnerable Adults have been met. In relation to resident and representative involvement in the recruitment process the registered manager confirmed to the inspector that she had spoken with residents and sought their views on what qualities to look for when recruiting staff. The registered manager had also addressed the issues identified in one of the returned questionnaires from the previous inspection. Evidence of this was available in the minutes from staff meetings held in the home. The detail of the actions taken by Mrs Barton the registered manager can be viewed in the section following this summary.

Prior to the inspection on 23 October 2014 Mrs Barton completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Barton in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and one relative discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

### **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation has been made that the policy includes information to state that RQIA need to be informed of each occasion restraint is used in the home. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Although staff had completed training in managing behaviours which challenge a recommendation has been made that the training content be developed further to include a human rights perspective to complement the good work already done in relation to residents care plans. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Drumlough House was overall compliant with this standard.

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. A recommendation has been made that the programme of activities is displayed more prominently in the living areas throughout the home. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Drumlough House was overall compliant with this standard.

## **8.3 Resident, Representatives, and Staff Consultation**

During the course of the inspection the inspector met with residents, representatives, and staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident's representative indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussion with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. No completed questionnaires were returned to RQIA prior to the inspection.

Comments received from residents, representative, and staff are included in section 11.0 of the main body of the report.

## **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard, bedrooms varied in that permanently occupied rooms were personalised, intermediate and respite bedrooms were functional, and fit for purpose.



A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting, and fire safety. Further details can be found in section 10.0 of the main body of the report.

Three recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, and staff for their assistance and co-operation throughout the inspection process.

### 9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 3 October 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (3)	<p><b><u>Competency and capability assessments</u></b></p> <p>The registered manager is required to undertake Competency and Capability Assessment of any person left in charge of the home for any period of time in the manager's absence.</p>	<p>Evidence available during the inspection confirmed that competency and capability assessments had been carried out with those staff members that are left in charge for any period of time in the manager's absence.</p>	<p>Compliant</p>
2	Regulation 27 (2) (j)	<p><b><u>Shower – first floor</u></b></p> <p>The shower on the first floor which was reported to lack power was discussed with the manager who confirmed this was reported to estates maintenance and she would follow this up in regard to timescale for work to be completed..</p>	<p>This has been reviewed by the estates maintenance team.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.4	<p><b><u>Care Management review records</u></b></p> <p>Pre care management review records examined did not reflect the signature of the resident / representative.</p> <p>Additionally financial arrangements and bed rail risk assessment of one resident was not included within the pre care management record or the trust care managers review minutes. The manager readily agreed to address issues identified for improvement.</p>	<p>The pre care management review records were reviewed; these have been revised to include signatures of residents / representatives.</p> <p>Care management review records have been reviewed to include bedrail assessments and financial arrangements.</p>	Compliant
2	Standard 16.1	<p><b><u>Policy review</u></b></p> <p>Examination of the home's policy on Protection of Vulnerable Adults showed this document was dated October 2009. The policy requires reviewing and revision to include greater detail in keeping with DHSSPS Guidelines.</p>	<p>The homes policy on the Protection of Vulnerable Adults was updated in December 2013, this is due to be revised in December 2016. The policy included relevant information.</p>	Compliant
3	Standard 19.6	<p><b><u>Resident/representative Involvement</u></b></p> <p>As indicated by the manager, continue to pursue the involvement of residents/representatives in the selection of new staff for their home.</p>	<p>The registered manager confirmed to the inspector that she had spoken to residents and sought their views on qualities new staff members should have.</p>	Compliant

4	Staff Questionnaires	<b><u>Staff Questionnaires</u></b> As discussed and agreed the manager is to follow up on issues raised by one of the four respondents in staff questionnaires returned to RQIA.	Issues raised in one of the returned questionnaires were discussed by the manager and staff team. Records available from staff team meetings confirmed this.	Compliant
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<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff are aware of residents individual needs ,behaviours and conduct. This is discussed and communicated with staff via individual assessments and care plans. Also staff are updated at beginning of each shift on clients conduct and behaviour via verbal and written reports. Staff Iso discuss appropriate methods of interventions at handover reports and individual staff supervision to ensure consistent and positive outcomes for each resident.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a procedure titled Procedure for Responding to Residents Behaviour, this was to be read along with the South Eastern Trust's Management of Violence and Aggression and Use of Restraint Policy (2012). A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. One recommendation has been made that the policy should detail the need to notify RQIA on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Aggressive and Challenging Behaviours during May and July 2014. A recommendation has been made that the training content is developed further to incorporate a human rights approach when looking at management strategies for dealing with challenging behaviours to complement the good work already done in relation to residents care plans.</p> <p>A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments</p>	Substantially Compliant

<p>were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a residents behaviour causes concern this is reported to the senior member of staff on duty. Senior staff will assess and monitor situation and contact relevant others professionals as necessary and inform residents representative if appropriate.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Staff were also aware of relevant professionals and services which could be accessed.</p> <p>Four care records were reviewed these contained the relevant information regarding the residents identified behaviour and the treatment / care needed.</p> <p>A review of the records and discussions with one visitor confirmed that they had been informed appropriately.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each resident has an individual care plan which indicates to staff methods of intervention required. The care plan is discussed and signed by the resident and/or their representative.	Compliant
<b>Inspection Findings:</b>	
A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident and /or their representative, the staff member drawing it up and the registered manager.	Compliant
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Appropriate professional advice and intervention is requested if a resident has a specific behaviour management issue. This would be detailed in residents care plan and risk assessments	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not Applicable

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
If specific behavioural management is required for a resident necessary training would be identified and guidance and support given to the staff team	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that there were no behaviour management programmes in place. A review of staff training records evidenced that staff had received training in Managing Aggressive and Challenging Behaviour. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings. The inspector is satisfied that if a behaviour management plan was in place staff would have the necessary skills to use same.	Compliant



<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If an incident occurs that is outside the scope of the residents care plan this is recorded and reported to relevant other staff members and the residents key worker. If necessary advice is sought from other relevant professionals and a review would be completed and care plan reviewed.	Compliant
<b>Inspection Findings:</b> A review of the accident and incident records from June 2014 to October 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.  A review of one care plan identified that it had been updated and reviewed and included involvement of the Trust personnel and relevant others.  Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If restraint was required for an individual client appropriate advice and intervention would be sought from relevant professionals and all incidents recorded. An urgent re-assessment of the clients needs would be requested to ensure clients needs could be fully met within the facility.	Compliant
<b>Inspection Findings:</b>	
A key pad is in place at the entrance to the dementia specific unit on the ground floor of the home. The use of the key pad system is reflected in the homes statement of purpose. Residents care plans considered residents human rights balanced against risks. An alarm cushion is also in use for one identified resident this was supported by the relevant consultation and documentation.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Activities and events provided aim to ensure a positive outcome for all residents. This is based on individual needs and residents interests	Provider to complete
<b>Inspection Findings:</b>	
<p>The home had a policy dated June 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plans.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities programme is designed to include purposeful, flexible and inclusive activities for all residents. Activities are varied and appropriate and as far as possible aims to facilitate inclusion in community events	Substantially compliant
<b>Inspection Findings:</b>	
Examination of the programme of activities identified that social activities are organised five times each week.  The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	
<b>Provider's Self-Assessment</b>	
All residents are informed and facilitated to attend residents meetings to discuss activity programme. Their views on activities and their interest is sought on admission and also information is gathered from their representatives	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.  Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, and care management review meetings.	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Programme of Activities is displayed in an appropriate manner on noticeboards.	Compliant
<b>Inspection Findings:</b>  On the day of the inspection the programme of activities was on display on the notice board at the top of the staircase, a recommendation has been made that the programme of activities is displayed more prominently throughout the sitting room areas of the home.  Discussions with residents confirmed that they were aware of a Halloween party which was happening on the day of the inspection.  The programme of activities was presented in an appropriate format to meet the residents' needs. This included a weekly pictorial format.	Substantially Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff encourage and enable residents to participate in activities by assisting them in the activity and ensuring appropriate equipment and aids are available to optimise resident participation	Compliant
<b>Inspection Findings:</b>	
Activities are provided for residents each week by designated care staff.  The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, music, puzzles, DVD's, skittles and a spacious library area.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme and duration of activity is designed to facilitate the needs and abilities of residents. Activities take place at a time that is suitable for all residents.	Compliant
<b>Inspection Findings:</b>	
The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
Activities provided by contracted persons in the home are observed by staff members. The activity is monitored by staff to ensure the person undertaking the activity has the necessary skills to do so and that the activity is appropriate for the resident group participating.	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that musicians and pet providers were employed to provide musical entertainment and introduce pets to residents.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant



<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If an activity is provided by a person contracted into the home they are informed of the changing needs of the residents and staff will monitor activity. Feedback from residents in relation to activities is sought at resident meetings and with individual residents.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
A record is kept of activities and resident participation	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme is reviewed at least twice a year following discussion with residents. Activity programme can be adapted to enable ad hoc activities seasonally activities to take place such as outings etc .	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had last been reviewed during the residents meeting. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.  Residents who spoke with the inspector largely confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. One resident stated they would like to do more crosswords this information was shared with the registered manager who readily agreed to same.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident Consultation**

The inspector met with 21 residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their bedrooms. In accordance with their capabilities the majority of residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident expressed some dissatisfaction with the activities provided this information was shared with the registered manager.

Comments received included:

“The care is very good, I have no complaints”

“It is very good here, the staff are all great, I am very satisfied”

“I’m getting on well; staff are helpful they do their best”

“I come here every day, I like the company, I enjoy it, it is very good”

“I don’t really do anything, I would like to do crosswords”

“I have no complaints, the food is good, and there are things to do”

### **10.2 Relatives/Representative Consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“I am very happy with the care provided, he / she is very well looked after staff are very open and keep me informed”.

### **10.3 Staff Consultation/Questionnaires**

The inspector spoke with four staff during the inspection. Discussions with staff identified that they were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place. No questionnaires were completed and returned by staff prior to the inspection.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

### **10.4 Visiting Professionals Consultation**

There were no visiting professionals available to speak with inspector on the day of the inspection.

## **10.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **10.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## **10.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## **10.8 Environment**

The inspector viewed the home accompanied by Mrs Barton and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector 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 of a satisfactory standard.

## **10.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **10.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated January 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff in September 2014. The records also identified that an evacuation had been undertaken on 4 April 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors managed appropriately.

### **10.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Barton registered manager. Mrs Barton confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Michele Barton , as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Drumlough House

23 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Michele Barton registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.



**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	The need to notify RQIA on each occasion restraint is used should be included in the homes policy on Management of Violence and Aggression and use of Restraint (2012).  Ref: 9.0	One	Facility`s local policy Responding to Clients Behaviours has been reviewed to include recommendation. Request has been forwarded to include recommendation in SET Corporate policy Mangement of Violence and Aggression and use of Restraint (2012)	14 January 2014
2.	10.1	A human rights approach should be incorporated in to the training provided in relation to managing challenging behaviour to complement the good work already done in this area within residents care plans.  Ref:9.0	One	A review of managing challanging behaviour training has taken place on 24.11.14 with Trust trainers and Manager to incorporate a Human Rights approach within this training.	14 January 2014
3.	13.4	The programme of activities should be displayed more prominently in the living areas across the home.  Ref:9.0	One	Activites programme will be displayed in various locations within the facility .	2 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Michele Barton
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	29.1.15
Further information requested from provider			