

Inspection Report

23 November 2021



Drumlough House

Type of service: Residential (RC)
Address: 3-19 Moira Road, Lisburn, BT28 1RB
Telephone number: 028 9260 1228

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: South Eastern HSC Trust</p> <p>Responsible Individual: Mr Seamus McGoran (Acting)</p>	<p>Registered Manager: Mrs Michele Barton</p> <p>Date registered: 01/04/2005</p>
<p>Person in charge at the time of inspection: Mrs Michele Barton</p>	<p>Number of registered places: 39</p> <p>There shall be a maximum of one resident accommodated in Category of Care RC-TI. The home is approved to provide care on a day basis only to 8 persons.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. TI – Terminally ill. SI – Sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 28</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 39 residents. The home comprises two units. The ground floor includes an 18 bedded secure dementia unit for permanently placed residents. The first floor provides intermediate / step down care for people usually discharged from hospital for a period of rehabilitation before returning to their permanent placement. Residents have access to communal lounges, dining rooms, and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 November 2021 from 10:00 am to 17:45pm by a care inspector.

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.

Residents looked well cared for in that they were comfortable in their surroundings and were observed to engage well with staff. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to provide a prompt response to residents needs and interacted in a warm and pleasant manner with residents. Staff were observed communicating with each other and prioritising tasks and addressing the needs of the residents. It was evident that staff were knowledgeable of residents needs were able to deliver safe and effective care.

While some areas for improvement were identified during this inspection, we found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Michele Barton, registered manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eighteen residents individually and in groups and with seven staff. Residents spoken with told us they were happy with the care and services provided in Drumlough House. Residents spoke positively about their relations with staff and described them as being helpful and kind.

Staff told us that they enjoyed working in the home saying there was good teamwork and they felt well supported by the manager. Staff shared that there had been some challenges over the past two years due to the Covid 19 global pandemic including covering extra shifts due to staff shortages created by sickness or isolation. Staff understood the problems caused by the pandemic and shared that they tried to help as best they could to ensure planned staffing levels were maintained to ensure resident's needs were always met. Staffing was discussed with the manager who confirmed the staff team pulled together well to cover shifts. The manager advised staff recruitment was ongoing but that only small numbers of applications were being received.

Staff said that they were kept informed of any changes through regular meetings and daily handover reports. Discussion with staff evidenced that they knew how and when to escalate concerns relating to resident care or the running of the home.

Five completed questionnaires were received from residents that indicated they were very satisfied with the care and services delivered. There was no completed staff questionnaires received in the identified timescale.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 January 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 27 Stated: Second time	The registered person shall ensure the premises are well maintained by: <ul style="list-style-type: none"> repairing the damaged floors and panel in the downstairs bathroom. repairing the damaged floor in the upstairs shower room. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment showed the repairs had been made in the identified bathroom and shower room.	
Area for improvement 2 Ref: Standard 8 Stated: Second time	The registered person shall ensure that communication and recommendations from other health care professionals is properly recorded and reflected in the care plans.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records showed that communications and recommendations from health care professionals were recorded and reflected in the residents care plans.	
Area for improvement 3 Ref: Standard 8 Stated: Second time	The registered person shall ensure that a robust system for the auditing and oversight of care records is developed.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of audit information in the home showed there was a system in place to monitor care records on a regular basis.	

Area for improvement 4 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that the falls risk assessments are reviewed and fully completed for the identified residents.	Met
	Action taken as confirmed during the inspection: Review of identified care records showed that falls risk assessment information had been reviewed and updated accordingly.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job, with training provided on an ongoing basis. Records maintained in the home showed anyone left in charge of the home in the managers absence had been assessed as being competent and capable to do so. There was a system in place to ensure staff member’s professional registration status was regularly reviewed and maintained on an up to date basis.

Staff said there was good team work and that they felt well supported in their role. Staff shared that there were additional challenges in maintaining cover due to the Covid 19 pandemic and associated staff sickness and isolation cover. Staff confirmed they were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that there was usually enough staff on duty to meet the needs of the residents. If on occasion there was short notice absence staff confirmed every effort would be made to get additional cover in place.

Staff confirmed they would cover extra shifts when required to ensure the resident’s needs were met. The manager confirmed all reasonable steps were being taken to recruit additional staff but shared that overall applications were low.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met and reviewed prior to new admissions including the step down service.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents were supported to participate in interactive quiz activities whilst others were observed engaging in art activities.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said the staff were “lovely” and they were “getting on very well” in the home. One resident said “It’s a wonderful place, the clients are lovely, the staff are lovely and the food is too!”.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were also observed as being respectful, understanding and sensitive to residents' needs. For example one resident did not want to have their lunch in the dining room but choose to have it in a quieter and more secluded area of the home. A staff member was observed supporting and assisting the resident with their choice.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records showed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as necessary for example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The manager explained the arrangements in place to support residents that required additional support and supervision at meal times. Staff were observed supporting each resident as required.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Residents were supported to have their meals and regular snacks and drinks throughout the day. Records showed residents weights were monitored regularly.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. The menu options were displayed for resident's information. There was a variety of drinks available. Records were kept of what residents had to eat and drink daily.

Residents said the food was "very good" and were happy with the choices available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. It was noted however nutritional screening information was not fully completed in two of the records reviewed. This issue was discussed with the manager who advised the matter would be addressed with staff. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records for example residents preferred rising and retiring times were recorded. Care plans contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Arrangements were in place to ensure permanently placed residents had an annual review of their care, arranged by their care manager or Trust representative. Discussions with staff confirmed assessment and review was ongoing with multi-disciplinary input for residents admitted to the home for a short term period of rehabilitation.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The manager confirmed there were plans in place for ongoing environmental improvements.

Residents' bedrooms were personalised with items important to them. Bedrooms on the first floor were clean, tidy, well decorated, and comfortable for residents who were admitted for periods of rehabilitation.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Staff advised a significant number of residents on the first floor resided mostly in their bedrooms in keeping with isolation procedures upon recent admission to the home.

It was noted that resident orientation information that previously was in place had been removed in the dementia unit. This issue was discussed with the manager who explained how this had happened. The benefit of maintaining clear signage and orientation information easily visible for residents with dementia was discussed with the manager. An area for improvement was identified.

Fire safety measures were in place and being managed to ensure residents, staff and visitors to the home were safe.

There was evidence that clear systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents and in keeping with their level of understanding confirmed that they were able to choose how they spent their day. For example, residents could relax in their rooms or participate in a range of activities.

It was observed that staff offered choices to residents throughout the day which included preferences for food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as interactive games, going out for coffee where possible, musical therapy. The manager also outlined that residents in the home were encouraged to participate in the "Active Ageing Well" programme. Arrangements were also in place for residents to participate in seasonal events with plans being made for a special Christmas Carol service. The manager advised that appropriate risk assessments and testing arrangements were in place for all visitors to the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were also in place with positive benefits to the physical and mental wellbeing of residents reported.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager outlined the safeguarding champion and appointed persons arrangements for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. The benefit of ensuring regular

review of accidents and incidents in the home to help identify patterns or trends was discussed with the manager. An area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. There was also a system in place to monitor compliments received.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said “the door is always open” and that they “would be happy to approach the manager if they had any issues”.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits included action plans for improvement; these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA. We discussed with the manager ensuring that when actions were completed that the reports should be signed off to reflect same. The manager confirmed this would be addressed moving forward.

6.0 Conclusion

Residents looked well cared for and were seen to be content and relaxed in the home. Staff treated residents with warmth and respect and were seen to be attentive to resident’s needs. The home was comfortable, warm, clean and tidy. Residents were seen to express their right to make choices and staff were observed as ensuring the residents privacy and dignity was maintained. Residents were observed enjoying interactive group activities.

Based on the inspection findings three areas for improvement were identified. These were in relation to care records, dementia friendly signage / orientation information and to ensure there is a system in place to regularly review and monitor accidents and incidents in the home.

RQIA were satisfied the home was delivering safe and effective care, which was compassionate and the service was being well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes’ Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Michele Barton, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 5 Stated: First time To be completed by: 25 November 2021	The registered person shall ensure the identified nutritional screening records are completed appropriately for the identified residents. Ref: 5.2.2 Response by registered person detailing the actions taken: Nutritional screening tool has been reviewed and amended for the identified residents
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 23 January 2022	The registered person shall ensure the environment is managed in such a way so as to ensure clear signage and orientation information for residents in keeping with dementia best practice. Ref: 5.2.3 Response by registered person detailing the actions taken: New signage to be purchased for environment and orientation information presently being updated .
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 23 December 2021	The registered person shall ensure there is a regular auditing system in place to review and analyse information in relation to accidents and incidents in the home and ensure action is taken when necessary. Response by registered person detailing the actions taken: Drumlough House is presently participating in the PHA Regional Falls project and we are presently piloting new documentation in relation to falls .This will improve auditing systems in relation to accidents and incidents on a monthly basis by the Registered Manager.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care