



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Drumlough House (10061)**

**Date of Inspection: 27 February 2015**

**Inspector's Name: Ruth Greer**

**Inspection ID: IN016884**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**

**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General information

<b>Name of Service:</b>	Drumlough House
<b>Address:</b>	3-19 Moira Road Lisburn BT28 1RB
<b>Telephone number:</b>	02892601228
<b>E mail address:</b>	michele.barton@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Hugh Henry McCaughey
<b>Registered Manager:</b>	Michele Barton
<b>Person in charge of the home at the time of inspection:</b>	Kim Lyness ( Senior Care Assistant)
<b>Categories of care:</b>	RC-I,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>	19 permanent 6 rehabilitation 1 palliative care
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 23 October 2014
<b>Date and time of inspection:</b>	Secondary Unannounced Inspection 27 February 2015
<b>Name of Inspector:</b>	Ruth Greer

## 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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

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

- Discussion with the senior care assistant (Ms Kim Lyness) who was in charge of the home at the time.
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visitor
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 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 Standard:

### **Standard 9 - Health and Social Care**

**The Health and Social Care Needs of Residents are Fully Addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

## 6.0 Profile of service

Drumlough House Residential Care home is situated in the town of Lisburn and within reach of shops, churches and community amenities

The residential home is owned and operated by the south Eastern Health and Social Care Trust. Mrs M Barton is the registered manager of the home.

Accommodation for residents is provided in single rooms on both ground and first floor. Included within the registered premises is an 18 bedded unit for people with dementia. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

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

## 7.0 Summary of inspection

This secondary unannounced care inspection of Drumlough House was undertaken by Ruth Greer on 27 February 2015 between the hours of 10 00 am and 1 30 pm Ms K Lyness was available during the inspection and for verbal feedback at the conclusion of the inspection.

Three recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 - The Health and social care needs of residents are fully addressed. There was evidence that the home is compliant with the requirements of this standard and there were processes in place to ensure the effective management of the standard inspected.

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, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion 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 relative indicated his/her satisfaction with the provision of care and life afforded to his/her relative and complimented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, one relative and staff are included in section 10.0 of the main body of the report.

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 satisfactory.

A number of additional areas were also examined these included the management of continence Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of this unannounced inspection.

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

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 23 October 2014**

NO.	REGULATION REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	<p>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).</p> <p>Ref: 9.0</p>	This amendment has been made to the home's policy.	Compliant
2	10.1	<p>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.</p> <p>Ref:9.0</p>	A human rights approach has been added to the training.	Compliant
3	13.4	<p>The programme of activities should be displayed more prominently in the living areas across the home.</p> <p>Ref:9.0</p>	The activity programme was on view in several prominent positions on the day of this inspection.	Compliant



**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The details listed above are held within each residents' care file. Residents who are admitted to the home for a temporary period can register with a local surgery for the duration of their stay if their own G P is too far away to provide a service	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The home is registered to accommodate various categories of care in respect of the persons who use the service for temporary rehabilitative purposes and DE (dementia) for 18 permanent residents The senior care assistant in charge stated that training is provided regularly for staff. Records showed that within the last year this has included Dementia Awareness, Challenging Behaviours and First Aid. The community nursing service supply training, when required, in relation to specific conditions. This has included stoma care, catheter care and diabetes awareness. Residents are admitted to the home have a multi-disciplinary assessment of needs undertaken .A copy of the assessment and the care plan is held in the home for staff information and guidance.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  The health and wellbeing of all residents is kept under daily assessment. There are written and verbal hand over reports at the change of each shift. Records show that residents' weights are monitored monthly. Referrals to outside professionals are made via the G P. Community staff visit the home on a daily basis as part of the rehabilitative aspect of care. The care files contain comprehensive records of all contact with outside professionals.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>                  9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Where possible relatives are encouraged to accompany the residents who have dementia to outside appointments. Where this is not possible, a staff member will accompany the residents, feedback from the appointment is shared with relatives usually by phone and a record is maintained.</p>	<p align="center">Compliant</p>

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
<b>Inspection Findings:</b>	
In addition to care files the home maintains a "medical book" in which all contact with G P's, Consultants and Community nurses is recorded. This allows senior staff to monitor the frequency of appointments and referrals	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
<b>Inspection Findings:</b>	
Personal items such as dentures and spectacles are maintained as part of each residents' daily hygiene routine. Aids to mobility for example, walking frames, wheelchairs etc form part of a weekly cleaning schedule usually undertaken by night staff. The Trust Estates department provide a service and maintenance programme for the home. This included the lift and hoist which have been contracted to outside companies.	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with 13 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all 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. No concerns were expressed or indicated.

Comments received included:

"I like them (staff) very much"

"You wouldn't get better"

"Look round - the place is spotless and my bed is changed all the time so it's always clean"

"I love the food and have put on weight"

### **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 relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"I have visited it in other homes and none can touch this one" My (relative) is really well cared for"

### **10.3 Staff consultation**

The inspector spoke with staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents as individuals with specific and differing needs and preferences.

### **10.4 Visiting professionals' consultation**

No professional visited the home.

### **10.5 Environment**

The inspector viewed the home accompanied by Ms Lyness and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory.

## **11.0 Quality Improvement Plan**

The findings of this inspection were discussed with Ms Lyness as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the secondary unannounced inspection of **Drumlough House** which was undertaken on **27 February 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

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

<b>Approved by:</b>	<b>Date</b>
Bronagh Duggan	25.3.15