



# Unannounced Care Inspection Report 29 October 2018



## Drumlough House

**Type of Service: Residential Care Home**  
**Address: 3-19 Moira Road, Lisburn, BT28 1RB**  
**Tel No: 028 9260 1228**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 39 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The ground floor of the home provides care on a permanent basis for people living with dementia. The first floor has a small number of permanent residents and also provides care for people admitted for short term periods of rehabilitation.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual(s):</b> Hugh McCaughey	<b>Registered Manager:</b> Michele Barton
<b>Person in charge at the time of inspection:</b> Michele Barton	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia 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 TI – Terminally ill SI – Sensory impairment A - Past or present alcohol dependence	<b>Number of registered places:</b>  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

### 4.0 Inspection summary

An unannounced care inspection took place on 29 October 2018 from 10.00 to 16.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment, communication between residents, staff and other interested parties, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the review and updating of an identified resident's care records. One area for improvement has been stated for a second time this related to ensuring an up to date legionella risk assessment was in place.

Residents said they were happy with their life in the home, their relationship with staff and the service provided.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Michele Barton, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 June 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 11 residents and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by residents' representatives.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records

- Annual Quality Review report
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in seven areas and not met in one area.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 18 June 2018.**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 18 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken and response to any recommendations made from this assessment.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that this had not been completed. The estates inspector for the home was made aware of this. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records reviewed showed risk assessments and care plans were in place for identified residents who smoked.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure notice to the RQIA the occurrence of any event which adversely affects the care, health, welfare or safety of any resident.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records in the home showed RQIA had been notified of events accordingly.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall formally gather the views of residents and representatives with regards to the running of the home and compile the information within a report.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of information available showed views had been formally gathered. The registered manager confirmed this information would be compiled within a report.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all staff complete a structured orientation and induction.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of two staff induction records confirmed that these had been completed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of supervision information showed staff supervision was maintained on an up to date basis.</p>	<p><b>Met</b></p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure the identified residents care records are reviewed and updated accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified care record had been reviewed and updated accordingly.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> First time	The registered person shall ensure completed written consent forms are maintained within individual files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records in the home showed consent forms were included in a sample of files viewed.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.



Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry system. The registered manager advised any restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an infection prevention and control (IPC) policy and procedure in place. The registered manager confirmed plans were in place to ensure all staff completes infection prevention and control training updates. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

During the previous inspection an area for improvement was identified regarding the need to have an up to date legionella risk assessment in place. This was not in place during the inspection. This area for improvement has been stated for a second time in the QIP appended to this report. An estates checklist was given to the registered manager to complete during the inspection. This was forwarded to RQIA following the inspection and shared with the estates inspector.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The home had an up to date fire risk assessment in place dated 9 November 2017 and recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and were regularly maintained.

Three completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and unsatisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment.

### Areas for improvement

No new areas for improvement were identified during the inspection. One area relating to the completion of a legionella risk assessment has been stated for a second time in the QIP appended to this report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included an assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

One of the care records examined showed the resident's care plan and falls risk assessment was last reviewed in February 2017, this should be reviewed and updated accordingly.

The care records also reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents preferred rising and retiring times were recorded in care records and staff shared this information.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. Staff confirmed there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team regarding any areas of concern.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager advised audits of care plans had been completed with actions identified. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual quality review report were available on request for residents, their representatives any other interested parties to read.

Three completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as satisfied, undecided, unsatisfied or very unsatisfied.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the review and updating of an identified residents care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence and dignity and explained how confidentiality was protected. For example ensuring the office door is locked when not in use whilst storing records.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example the daily menu was displayed in a central part of the home.

Discussion with staff, residents, and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings and visits by the registered provider.

The registered manager confirmed steps had been taken to gather the views of residents using the service, at the time of the inspection some questionnaires remained outstanding however evidence was available from the returned questionnaires. The registered manager confirmed findings from the consultation would be collated into a summary report.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example during the inspection a musical entertainer visited the home a number of residents were observed engaging with this. The registered manager advised family members were also invited to participate in this event to strengthen relations between families and the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example there was information available which outlined plans to link in with local schools. The registered manager also advised residents were supported to attend local church and charity groups.

Residents spoken with during the inspection made the following comments:

- “Everyone is very nice, very helpful”.
- “Happy enough, the food is ok, no complaints”.
- “I find the staff very kind, very helpful”.
- “I am well cared for here, the staff are very good. I have no complaints”.
- “It is very pleasant, staff are nice”.

Three completed questionnaires were returned to RQIA from residents’ visitors/representatives. Two respondents described their level of satisfaction with this aspect of care as satisfied one was unsatisfied.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. a large number of thank you letters and cards were displayed in a central part of the home and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness. The registered manager advised staff had been involved in quality improvement initiatives within the home including an oral hygiene project and communication/handover improvement project.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that senior management was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. Two respondents described their level of satisfaction with this aspect of care as very satisfied one was undecided.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michele Barton, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13.(7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 December 2018	The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken and response to any recommendations made from this assessment.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b> Trust Estates department are presently making arrangements for the above Risk Assessment to be prioritised and completed in New Year.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 November 2018	The registered person shall ensure the identified resident's care records are reviewed and updated accordingly.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Identified residents Care records have been reviewed and updated.

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





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