

# Unannounced Care Inspection Report 3 May 2016



## Drummaul House

**Address: 41 New Street, Randalstown, BT41 3AF**

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**Inspector: Karen Scarlett**

## 1.0 Summary

An unannounced inspection of Drummaul took place on 3 May 2016 from 09.15 to 16.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There was evidence of competent delivery of safe care with positive outcomes for patients. Two recommendations have been made in relation to fire safety and moving and handling training for staff in order to secure compliance and to drive improvement.

### Is care effective?

There was evidence of competent delivery of effective care with positive outcomes for patients. One recommendation has been made in relation to repositioning charts.

### Is care compassionate?

Observations on the day of inspection and comments from patients, their representatives and staff evidenced that there was competent delivery of compassionate care with positive outcomes for patients. However, there were a small number of negative comments and observations made on the day of inspection, regarding the timely delivery of care to patients. A recommendation has been made that these are addressed with urgency by the registered manager.

### Is the service well led?

There was evidence that the service was well led and that systems were in place to ensure positive outcomes for patients. In order to drive improvement, one recommendation has been made, that issues identified during the monthly quality monitoring report are carried forward for review at subsequent visits.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

For the purposes of this report the term “patients” will be used to describe those living in Drummaul, which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>5</b>

Details of the QIP within this report were discussed with Maria Bothwell, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection on 2 December 2015. Enforcement action did not result from this inspection. Other than those actions detailed in the previous QIP there were no further actions required.

A review of documentation in relation to one ongoing safeguarding concern, confirmed that this was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Hutchinson Homes Ltd	<b>Registered manager:</b> Maria Bothwell
<b>Person in charge of the home at the time of inspection:</b> Maria Bothwell	<b>Date manager registered:</b> Prior to 1 April 2005
<b>Categories of care:</b> RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH The home is approved to provide care on a day basis only to 2 persons.	<b>Number of registered places:</b> 43

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with seven patients individually and with the majority of others in groups, two care staff, two registered nurses, one ancillary staff member, two visiting professionals and two patients' representatives.

The following information was examined during the inspection:

- four patient care records
- staff duty rotas from 24 April to 7 May 2016
- staff training records
- a random sample of incident and accident records from February 2016 to the present
- complaints records from January 2016 to the present
- a sample of audits
- monthly quality monitoring reports from December 2015 to February 2016
- minutes of staff meetings
- minutes of patients/relatives meetings
- one recent recruitment file.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 December 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 6 October 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.1 <b>Stated:</b> Second time	The registered manager must ensure that at the time of each patient/residents admission to the home a nurse carries out an initial risk assessment using validated assessment tools (including a MUST assessment) and draws up a plan of care to meet the patient/residents immediate care needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that a range of assessments were completed for each patient, including a MUST assessment. A plan of care was drawn up in accordance with the needs identified.  This recommendation has been met.	

### 4.3 Is care safe?

Discussion with the registered manager and a review of duty rotas for registered nurses and care staff confirmed that planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, some issues were identified with the timely delivery of care to patients. Please refer to section 4.5 for further information.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Observation of the delivery of care evidenced that training had been embedded into practice. However, it was noted that the majority of staff had not attended moving and handling training in 2015 or 2016. A number of sessions had been held since January 2016 and the registered manager stated that more sessions were planned. A recommendation has been made in this regard.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation in relation to one ongoing safeguarding concern, confirmed that this was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since February 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Infection prevention and control measures were adhered to and equipment was appropriately stored. Fire exits and corridors were observed to be clear of clutter and obstruction. The majority of doors in the home were fitted with magnetic, hold open devices linked to the fire alarm system. However, it was noted that one specified bedroom door had a device fitted to hold open the door which was not linked to the fire alarm system. In addition, sluice doors were being held open with waste bins.

This was discussed with the registered manager who agreed to fit a magnetic hold open device to the specified bedroom door as soon as possible and to address this issue with staff. A recommendation has been made.

**Areas for improvement**

A recommendation has been made that the registered persons ensure that training in safe moving and handling is provided to all staff.

A recommendation has been made that the registered persons ensure that fire doors are not wedged open in order to protect patients, staff and visitors in the event of a fire.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

A review of repositioning charts in use in the home, evidenced that two types of charts were in use, one entitled “room check and repositioning chart” and one entitled, “zero pressure chart”. This was discussed with the registered manager and deputy manager who had already identified the need to review the repositioning charts in order to improve this aspect of documentation. A registered nurse had recently been appointed as the tissue viability link nurse and was now attending meetings with the local Trust. The repositioning charts were consistently completed but it was noted that in three charts reviewed, up to four consecutive entries indicated that the patients had been left in the same position. A recommendation has been made that the repositioning charts are updated to reflect best practice guidelines and that they are completed to evidence that the patient has been effectively repositioned or has declined to be repositioned. It was noted that there were no patients in the home with pressure ulcers and that specialist equipment was in place based on a validated risk assessment.

Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ condition. In addition, there were communication books in use in the home in order to pass on relevant information regarding patients to each subsequent shift, for example, bloods due, appointments, incidents and care reviews. When a patient was admitted to the home a synopsis of their needs was written into the registered nurses’ communication book and all

staff signed that this had been read. Those staff spoken with were of the opinion that communication within the team was effective.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. Staff confirmed that they could access the minutes of the meetings.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager and that their concerns would be promptly addressed.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and relatives meetings were held on a regular basis. Minutes of these meetings were available on the notice board in the entrance hall.

Patient and their representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives knew the registered manager.

### Areas for improvement

A recommendation has been made that the registered persons should update the repositioning charts to reflect best practice guidelines. The charts should evidence that the patient has been effectively repositioned or document if a patient declines to be repositioned.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. They were noted to be friendly and offering encouragement to patients to drink or take part in activities, for example. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and the outcomes of consultation were displayed on the notice board at the entrance to the home.

The outcomes of the consultation evidenced a high level of satisfaction with staff attitude, food, complaints management, activities and the laundry service, for example, RQIA reports and the minutes of relatives' and patients' meetings were also available.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The majority of patients spoken with were happy living in the home and commented positively on the care, the staff and the food provided. However, two patients commented that they often had to wait for assistance to use the toilet. In addition, it was noted that two patients were left in the corridor in wheelchairs, for a period of at least 20 minutes, outside the treatment room. On another occasion one lady was left sleeping in a chair in the lounge during lunch time and we had to intervene to ensure that she had her lunch. It was unclear if this would have been identified by staff. A recommendation has been made in this regard.

Two patients' representatives were spoken with and both commented positively on the care provided. They each confirmed that they were made welcome and if they had a concern they could address this with the registered manager. Ten questionnaires were issued to patients' representatives and one was returned. The respondent expressed a high level of satisfaction with the care provided in the home.

Ten questionnaires were left for staff who were not on duty on the day of inspection to complete but none were returned within the required timeframe.

### Areas for improvement

A recommendation has been made that the registered persons should review the negative comments and observations made in relation to provision of timely care. Patients' level of satisfaction should be assessed and any concerns addressed accordingly.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was displayed but was found to have expired on 30 April 2016. The registered manager stated that she was awaiting the new certificate to be issued. It was agreed that she would email RQIA upon receipt of the new certificate. A copy of the updated certificate was received by RQIA via email on 4 May 2016.

Discussion with the registered manager and observation at the inspection evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and their representatives confirmed that they were confident that staff and



management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager, the deputy manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to care records, incidents and accidents, hand hygiene, medicines and falls. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The reports were reviewed from December 2015 until February 2016 and it was noted that the issues identified at each previous visit had not been carried forward for review at each subsequent visit to ensure that these had been appropriately actioned. A recommendation has been made in this regard.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

### Areas for improvement

A recommendation has been made that the registered persons should ensure that actions identified during the monthly quality monitoring visits are carried forward for review at subsequent visits to ensure that issues have been appropriately addressed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maria Bothwell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

**Statutory requirements – no requirements resulted from the findings of this inspection**

### Recommendations

#### Recommendation 1

Ref: Standard 39

Stated: First time

To be completed by:  
30 September 2016

The registered persons should ensure that training in safe moving and handling is provided to all staff.

**Ref: Section 4.3**

**Response by registered person detailing the actions taken:**

The majority of staff have now had training in moving and handling with a final session taking place on the 15<sup>th</sup> June 2016.

#### Recommendation 2

Ref: Standard 48

Stated: First time

To be completed by:  
Immediately from the  
date of inspection

The registered persons should ensure that fire doors are not wedged open in order to protect patients, staff and visitors in the event of a fire.

**Ref: Section 4.3**

**Response by registered person detailing the actions taken:**

This has been recommunicated to all staff and the bedroom door identified during the inspection is having a magnetic device fitted to it which will be connected to the fire system.

#### Recommendation 3

Ref: Standard 23

Stated: First time

To be completed by:  
30 September 2016

The registered persons should ensure that the repositioning charts are updated to reflect best practice guidelines. The charts should evidence that the patient has been effectively repositioned or document if a patient declines to be repositioned.

**Ref: Section 4.4**

**Response by registered person detailing the actions taken:**

We have reviewed and updated our repositioning charts which are currently in draft form to reflect best practice guidelines. The detail of these will evidence that the patient has been repositioned.

#### Recommendation 4

Ref: Standard 16

Stated: First time

To be completed by:  
Immediately from the  
date of inspection

The registered persons should review the negative comments and observations made in relation to the provision of timely care. Patients' level of satisfaction should be assessed and any concerns addressed accordingly.

**Ref: Section 4.5**

**Response by registered person detailing the actions taken:**

Patient comments are being reviewed on a daily basis by the homes management and staff through observation and interacting with the residents and their family. Satisfaction is also assessed through 3 monthly residents meetings, regular reviews with named workers and patient satisfaction surveys carried out. Residents needs are met in a timely manner and staff are aware this is essential within the home.

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 June 2016</p>	<p>The registered person should ensure that actions identified during the monthly quality monitoring visits are carried forward for review at subsequent visits to ensure that issues have been appropriately addressed.</p> <p><b>Ref: Section 4.6</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Following a regulation 29 visit, when an issue has been identified the action taken is documented and forwarded to the person doing the visit and then this is followed up on their next visit.</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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