

Unannounced Care Inspection Report

4 March 2021



Drummaul House

Type of Service: Nursing Home (NH)
Address: 41 New Street, Randalstown, BT41 3AF
Tel No: 028 9447 3958
Inspector: Mandy Ellis

www.rqia.org.uk

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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 43 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual(s): Naomi Carey Janet Montgomery	Registered Manager and date registered: Maria Margaret Bothwell 1 April 2005
Person in charge at the time of inspection: Maria Margaret Bothwell	Number of registered places: 43 A maximum of 7 patients in category NH-DE. The home is approved to provide care on a day basis only to 2 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 32

4.0 Inspection summary

An unannounced inspection took place on 4 March 2021 from 09.40 to 15.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Maria Bothwell, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 22 February 2021 to 7 March 2021
- the home's registration certificate
- three patients' care records
- eight patients' supplementary care charts in regard to repositioning
- four patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 22 February 2021 to 7 March 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the manager.

Comments made by staff included:

- "I love it here; the girls are all great".
- "I love it".
- "I like it here".
- "I like my job, I have no issues".

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We observed thickening agents in a dresser in the dining room. Thickening agents should be kept secured when not in use. This was brought to the manager's attention and the containers were immediately removed and placed in secure storage.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounges and the dining room had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients spoken with commented positively about the care they received; they told us:

- "It's ok here, they look after me well".
- "I'm very happy; the staff are kind and helpful".
- "It's brilliant here".

We spoke with a visiting health professional who commented positively about the staff in the home. They visit the home frequently and find the staff welcoming, organised and helpful.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls between the home, patients and their relatives were also in place. We spoke with a family member during their visit. They advised us that this was their first visit but they were glad to see their family member, they also told us they had no issues with the care received in the home.

We observed the serving of the lunch time meal. We saw that staff attended to the patients' needs in a prompt, caring manner and that staff wore the appropriate PPE. The menu was displayed, the tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising.

Review of three patients' care records evidenced individualised, comprehensive up to date care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. Four supplementary care records in regard to patients' food and fluid intake were consistently recorded.

Eight repositioning charts were reviewed. A review of the repositioning records evidenced patient repositioning was not as prescribed in the patients' plan of care. This was discussed with the manager and an area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, care records, accident and incidents. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home.

Areas of good practice

Areas of good practice were identified with regard to care delivery, effective team working throughout the home and the management and governance arrangements.

Areas for improvement

One new area for improvement was identified in regard to the consistent recording of pressure area care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs. The home was clean, tidy and fresh smelling. One new area for improvement was made and is outlined in the body of the report and in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maria Bothwell, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) Stated: First time	The registered person shall ensure patients' supplementary care records evidence pressure area care as prescribed in the patients' care plan. Ref: 6.2.4
To be completed by: With immediate effect	Response by registered person detailing the actions taken: It has been communicated with all care staff that they accurately document and record every time a patient is being repositioned and that their plan of care is followed. Audits of these records are being carried out daily to ensure compliance.

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



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