



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: Drummaul House
Establishment ID No: 1411
Date of Inspection: 06 March 2015
Inspector's Name: Bridget Dougan
Inspection No: IN021395

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Drummaul House
Address:	41 New Street Randalstown BT41 3AF
Telephone Number:	028 9447 3958
E mail Address:	mariabothwell@hutchinsonhomes.co.uk
Registered Organisation/ Registered Provider:	Hutchinson Homes Ltd Mrs Naomi Carey Mrs Janet Montgomery
Registered Manager:	Mrs Maria Bothwell
Person in Charge of the Home at the time of Inspection:	Ms Sarah Rice, deputy manager
Categories of Care:	RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH
Number of Registered Places:	43
Number of Patients Accommodated on Day of Inspection:	39 patients/residents
Scale of Charges (per week):	£461.00 - £581.00 plus £30 Top Up Fee
Date and type of previous inspection:	24 November 2014 Secondary Unannounced
Date and time of inspection:	06 March 2015: 13.30 to 16.30 hours
Name of Lead Inspector:	Bridget Dougan

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 nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- 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 registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	20
Staff	6
Relatives	0
Visiting Professionals	1

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 5 – NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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.

7.0 Profile of Service

Drummaul House is situated in its own grounds in a quiet area on the edge of Randalstown.

The home is a two-storey building, which has been extensively developed and extended.

Facilities available include 37 single and three double bedrooms located on both floors.

Communal lounges and dining rooms are also provided and a hairdressing salon and visitors' room is located on the first floor.

Toilet, bathing and showering facilities are available throughout the home. Catering and laundry facilities are available on site.

Car parking is provided to the front of the home.

The home is registered to provide care for a maximum of 43 persons under the following care categories.

Nursing Care-

I	Old age not falling within any other category
PH	Physical Disability under 65 years

Residential Care

I	Old age not falling within any other category
PH (E)	Physical Disability over 65 years
MP (E)	Mental Health over 65 years.

8.0 Executive Summary

The unannounced secondary inspection of Drummaul House was undertaken by Bridget Dougan on 06 March 2015 between 13.30 and 16.30 hours. The inspection was facilitated by Ms Sarah Rice, deputy manager, who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/residents, staff and one visiting professional, and all commented positively on the care and services provided by the nursing home.

As a result of the previous inspection conducted on 24 November 2014 nil requirements and one recommendation was issued. The previous recommendation had been complied with. Details can be viewed in the section immediately following this summary.

A sample of four patients/residents care records was reviewed. There was evidence that satisfactory admission arrangements were in place. An assessment of care needs had been completed for patients/residents and care plans were in place to meet the immediate care needs of three patients/residents. One patient/resident with significant weight loss did not have a Malnutrition Universal Screening Tool (MUST) assessment completed on admission and their weight had not been reviewed on a regular basis. There was however, evidence of

appropriate referral and more regular monitoring having been put in place following identification of the patient/residents weight loss.

Care management review meetings were held post admission and annually thereafter. There was evidence that patients/residents and/or their representatives had been involved in the care planning process. A recommendation has been made for evidence of consultation with patients/residents and/or their representatives regarding the use of bed rails.

A total of four recommendations have been made with regard to nursing care.

A review of the staff duty rotas for a three week period and discussion with staff and patients confirmed that the numbers of staff on duty were in accordance with the RQIA's recommended minimum staffing guidelines.

Accidents/incidents and complaints records were reviewed and found to be maintained appropriately. The interior of the home was comfortable and all areas were maintained to a high standard of hygiene.

Based on the evidence reviewed, presented and observed the level of compliance with this standard was assessed as moving towards compliance.

Four recommendations are made as a result of this inspection. These recommendations are detailed in the report and in the quality improvement plan (QIP).

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

9.0 Follow-Up on Previous Issues – 24 November 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	19.2	It is recommended that a policy and procedure on stoma care be put in place.	The inspector can confirm that a policy and procedure on stoma care had been put in place.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding potential safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Inspection Findings

STANDARD 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion Assessed:

5.1 At the time of each patient's admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.

COMPLIANCE LEVEL

Inspection Findings:

The inspector reviewed four patients/residents care records which evidenced that pre-admission assessments had been completed. Information was gained from the patient (if appropriate), relatives and from other multidisciplinary staff involved in the patients/residents care. Each patient/resident was also assessed through the care management process and copies of these assessments along with associated care plans were provided to the home prior to, or on admission. The deputy manager confirmed that, following review of all this information, a decision is made in regard to the home's ability to meet the needs of the patient/resident.

Moving towards compliance

Review of four patients/residents care records confirmed that, at the time of admission to the home, a nurse carried out initial risk assessments using validated assessment tools. However, there was no evidence that a Malnutrition Universal Screening Tool (MUST) had been completed for one patient at the time of admission. A recommendation has been made in this regard.

Care plans to meet the patients/residents immediate care needs had been developed for three patients/residents. However, there was no evidence of care plans having been developed for one patient/resident admitted on 13 February 2015. This patient/resident had been subsequently admitted to hospital on 17 February 2015 and returned to the home on 04 March 2015. Review of daily progress notes and discussion with the registered nurse evidenced that, while care plans had not been developed, care had been provided to meet the assessed needs of the patient/resident.

A recommendation has been made to ensure that, in consultation with the patient/resident and/or their representative, an agreed nursing care plan has been drawn up to meet the patients immediate care needs.

<p>Criterion Assessed: 5.2 A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: In the sample of four patients/residents care records reviewed, there was evidence that care plans were completed for three patients/residents within 11 days of admission to the home. As stated in criterion 5.1, there was no evidence of care plans having been completed for one patient/resident. However, it is recognised that this patient/resident had been admitted to hospital and had only been in the home for a total of six days (excluding the time in hospital).</p>	<p>Substantially compliant</p>
<p>Criterion Assessed: 5.3 A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The inspector observed that a named nurse/key worker system was operational in the home. Discussion with two registered nurses and one senior carer confirmed that the role and responsibilities of the named nurse/key worker included discussing, planning and agreeing care interventions with the patients/residents and/or their representative to meet their assessed needs.</p> <p>Care records inspected reflected advice provided by health care professionals such as dieticians, speech and language therapists, physiotherapists and psychiatrist. The promotion of independence including rehabilitation was addressed in the care plans inspected. However, as previously stated, there was no evidence of care plans having been developed for one patient.</p> <p>Communication records evidenced that patients/residents’ representatives were informed of any change in the patient/residents general condition, and of visits made by other healthcare professionals. There was however no evidence that the use of bed rails had been discussed and agreed with patients/residents and/or their representatives. A recommendation has been made accordingly.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 5.4 Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Day and night nursing staff record an evaluation of the delivery of care to each patient/resident during their span of duty.</p> <p>The inspector was informed that re-assessment was an on-going process and was carried out daily and at identified agreed time intervals. There was evidence that three patient/residents care plans and risk assessments had been reviewed on a monthly basis. One patient/resident however did not have a MUST assessment completed on admission and while their weight had been recorded on admission, there was no evidence of it having been reviewed again until six weeks following admission. The patient had a 6 kg weight loss in the six weeks following admission. Discussion with the registered nurse and review of care records evidenced that an appropriate referral had been made to the dietician and more regular monitoring had been put in place following identification of the patient/residents weight loss.</p> <p>It is recommended that risk assessments and care plans are reviewed on at least a monthly basis and more frequently depending on the needs of the patients/residents.</p>	<p>Moving towards compliance</p>
<p>Criterion Assessed: 5.5 All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The deputy manager confirmed that nursing interventions, activities and procedures are supported by research evidence and best practice guidance. Care records reviewed during the inspection reflected best practice guidance and included some DHSSPS documentation.</p> <p>Documents pertaining to evidenced based practice were observed to be available to staff in the home.</p>	<p>Compliant</p>

<p>Criterion Assessed: 5.6 Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: In the care records reviewed, nursing staff on day duty and night duty recorded a daily statement to reflect the care and treatment provided to each patient/resident. These statements were recorded in the daily nursing notes and referenced to the corresponding care plan. As stated in criterion 5.1, there was no evidence of care plans having been developed to meet the immediate care needs of one patient/resident. Care records contained details of the outcomes and treatment prescribed following visits by other healthcare professionals.</p>	Moving towards compliance
<p>Criterion Assessed: 5.7 The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: As previously stated the records examined confirmed that the outcome of care delivered is evaluated at least once daily, a daily statement of evaluation was recorded by both the nurse on day duty and night duty. Care records examined contained care plan evaluations and clinical assessments, however these were not always reviewed monthly or more frequently as required. Discussions with patients/residents indicated that nursing staff would discuss any nursing interventions and seek consent before contacting the patient's GP or other healthcare professional.</p>	Moving towards compliance
<p>Criterion Assessed: 5.8 Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multi-disciplinary review meetings arranged by local HSC Trusts as appropriate.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The deputy manager informed the inspector that care management reviews were held post admission and annually thereafter. Care reviews could also be arranged in response to changing needs, expression of dissatisfaction with care or at the request of the patient or their representatives.</p>	Compliant

<p>A member of nursing staff attended each care review and patients and their representatives were also invited to attend the reviews which are managed by the Health and Social Care Trust.</p>	
<p>Criterion Assessed: 5.9 The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The inspector reviewed the minutes of two care management review meetings. There was evidence that, where appropriate, patients/residents and their representatives had been invited to attend. Copies of the minutes of care management review meetings are maintained in patients/residents care records and were shared with their representatives.</p>	<p>Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p>Moving towards compliance</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect. Good relationships were evident between patients/residents and staff.

Patients/residents were well presented with their clothing suitable for the season. The demeanour of patients/residents indicated that they were relaxed in their surroundings.

11.2 Patients/Residents and Professionals Comments

During the inspection the inspector spoke with 20 patients/residents individually.

Patients/residents spoken with confirmed that they were treated with dignity and respect and they were happy with the care and services provided.

Some comments received from patients/residents and relatives:

- “Everything is great. You couldn’t improve anything.”
- “Staff are all very good and attentive.”
- “The home is a happy and welcoming place.”

The inspector also had the opportunity to speak with one visiting professional. The palliative care nurse informed the inspector that staff were very welcoming and any recommendations made had always been implemented.

11.3 Staff Comments

Review of a sample of staff duty rosters evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA’s recommended minimum staffing guidelines for the number of patients/residents currently in the home. The inspector met with staff during the inspection and no concerns were expressed. Staff informed the inspector that they were happy working in the home and were provided with a variety of relevant training including mandatory training.

The following are examples of staff comments during the inspection:

- “Drummaul House is a very well organised/run home.”
- “Drummal has high standards of care. Overall, I would suggest that the care rendered is top quality.”
- “A lovely home with good staff that care.”

11.4 Complaints

A review of the complaints records confirmed that the complaints were fully investigated and copies of these investigations were retained.

11.5 Incidents/Accidents Records

A number of randomly selected accident/incident records were reviewed and were found to be well maintained. Accidents are reviewed on a monthly basis to establish trends.

11.6 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients/residents' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed Ms Sarah Rice, deputy manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

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 the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT9 0NS



Quality Improvement Plan

Secondary Unannounced Care Inspection

Drummaul House

06 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sarah Rice, deputy manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No Requirements were made as a result of this inspection.			

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.1	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. Reference: Section 10, criterion 5.1	One	On admission all staff nurses are aware that a MUST assessment has to be carried out on each patient and each resident is to have a care plan developed to meet the individuals immediate care needs. This is being audited by management after each admission to ensure this is being carried out.	28 days from date of this inspection
2	5.3	The registered manager must ensure that the use of bed rails, including the risks have been discussed and agreed with patients/residents and/or their representatives. Written evidence of this consultation should be maintained. Reference: Section 10, criterion 5.3	One	A restraint consent form is in use within the home to detail the use of bed rails which must be signed by the next of kin and the named nurse following discussion and in agreement with the patient and/or their representatives.	28 days from date of this inspection
3	5.4	It is recommended that risk assessments and care plans are reviewed on at least a monthly basis and more frequently depending on the needs of the patients/residents. Reference: Section 10, criterion 5.4	One	Care plans are being reviewed as necessary and at least monthly.	28 days from date of this inspection

4	5.6	<p>The registered manager must ensure that Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient/resident. These records include outcomes for patients/residents.</p> <p>Reference: Section 10, criterion 5.6</p>	One	<p>A care plan is devised for each patient immediately upon admission and statements within the daily records refer to this corresponding care plan.</p>	<p>28 days from date of this inspection</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Maria Bothwell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Janet Montgomery

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	B. Dougan	05/05/15
Further information requested from provider			