

# Inspection Report

7 October 2021



## Drummaul House

Type of service: Nursing (NH)  
Address: 41 New Street, Randalstown, BT41 3AF  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Ms Naomi Carey	<b>Registered Manager:</b> Mrs Maria Margaret Bothwell  <b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Bernadeth Cabigting Registered Nurse	<b>Number of registered places:</b> 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.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides both general nursing care and care for people living with dementia. The home is divided in two units over two floors. A downstairs unit provides care for up to seven people living with dementia. Patients have access to communal lounges, dining rooms and a garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 October 2021, from 9.50 am to 4.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

One new area for improvement has been identified as part of this inspection as detailed in the quality improvement plan.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, relatives and staff, are included in the main body of this report.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Maria Bothwell, Manager and Marianna Paun, Deputy Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection four patients were spoken with individually and others were engaged in small groups in communal areas. Two relatives and 11 staff were spoken with. No staff survey responses were received within the allocated timeframe. Ten patient questionnaires were returned with a very satisfied response to all questions regarding care provision.

Patients spoken with on an individual basis told us that they were happy with the care and services provided in Drummahoe House. One patient said they were "well looked after". Relatives spoke positively about their experiences, stating that they had "no complaints" with the care their loved one received.

Messages of thanks including any thank you cards received were kept and shared with staff.

One message written within a thank you card from a patient's family stated "We were always able to rest easy knowing that she was in safe hands".

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 04 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 12 (1)  <b>Stated:</b> First time	The registered person shall ensure patients' supplementary care records evidence pressure area care as prescribed in the patients' care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients.

Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients who required care for wounds had this clearly recorded in their care records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced the delivery of pressure area care to patients. It was noted from a few records that staff did not always document refusals of care; this was discussed with the Manager who agreed to discuss this with the appropriate staff.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

The dining experience was an opportunity of patients to socialise the atmosphere was calm, relaxed and unhurried.

It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food.

A review of the four weekly menu did not evidence two meal options were available for all patients at lunch and dinner time. This was discussed with the Manager who advised if patients do not like the food on offer alternatives are always offered. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The fire risk assessment available for review was dated 5 October 2020; this was discussed with the Manager who agreed to forward the annual review of the fire risk assessment when available.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

### **5.2.4 Quality of Life for Patients**

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished. A schedule of activities was available for review; however the provision of activities had been disrupted recently due to some staffing issues. Patients were observed content and settled listening to music, chatting with staff, reading or watching TV.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.



### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Maria Bothwell has been the Registered Manager in this home since 1 April 2005. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed. Discussions with the Manager and staff, and observations on inspection indicated good working relationships.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The home was clean, tidy and well maintained.

One new area for improvement was identified in regard to the daily menu.

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe, effective care in a caring and compassionate manner; and that the service is well led by the Manager.

Thank you to the patients, relatives and staff for their assistance and input during the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Maria Bothwell, Manager and Marianna Paun, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.13  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2021	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> <li>• The daily menu offers a choice of meal for patients.</li> </ul> Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> A new menu has been devised to include alternative options for patients at all mealtimes.

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





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