



Unannounced Care Inspection Report 11 September 2018



Drummaul House

Type of Service: Nursing Home (NH)
Address: 41 New Street, Randalstown, BT41 3AF
Tel No: 02894473958
Inspector: Karen Scarlett

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual(s): Janet Montgomery Naomi Carey	Registered Manager: Maria Margaret Bothwell
Person in charge at the time of inspection: Sarah Brady	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 43 The home is approved to provide care on a day basis only to 2 persons. There shall be a maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 11 September 2018 from 09.10 to 13.30 hours.

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.

The term 'patient' is used to describe those living in Drummahaire House which provides both nursing and residential care.

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

There were examples of good practice found throughout the inspection in relation to staffing, their recruitment, induction and ongoing training. The environment was well maintained, safe and clean. There was evidence that risks to patients were well managed. Care records were maintained to a high standard, and in particular, the standard of repositioning charts was commended. Systems for communication between residents, staff and other key stakeholders were in place. Examples of good practice were found in relation to the culture and ethos of the home. Staff evidently knew the patients very well and care was individualised and person centred. Robust governance and management arrangements were in place. The improvement to the system for the auditing of care records was commended.

No areas for improvement were identified at this inspection.

Patients commented positively on living in Drummahoe House and no concerns were raised by the patients or their representatives.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sarah Brady, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 24 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 May 2018. There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 13 patients, two patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Have we missed you 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.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- seven patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 24 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (4) (b) (i) Stated: First time	The registered person shall ensure that the system for checking staffs' registration with their professional regulatory bodies is sufficiently robust and adhered to in accordance with this regulation.	Met

	<p>Action taken as confirmed during the inspection: A robust system for checking staffs' registration with their professional bodies was in place and signed off monthly by the registered manager. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 13 (1) Stated: First time</p>	<p>The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registered categories of care and statement of purpose.</p>	Met
	<p>Action taken as confirmed during the inspection: The arrangements had been reviewed and the code for exit was visible to service users. This area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 12 Stated: Second time</p>	<p>The registered provider should ensure that appropriate aids and equipment are used at meal times to enable patients' independence with eating and drinking.</p>	Met
	<p>Action taken as confirmed during the inspection: The lunch time meal was observed and it was noted that appropriate equipment was available for patients. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure that where a patient is assessed as at risk of pressure damage that a care plan is put in place to address this risk in accordance with NICE guidelines on the management and prevention of pressure damage.</p>	Met
	<p>Action taken as confirmed during the inspection: From a review of seven care plans it was evident that this area for improvement had been met.</p>	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that a schedule is put in place to ensure that care records are audited in a consistent and timely manner. There should be recorded evidence that any deficits identified have been addressed, in order to enhance the quality of the care records.	Met
	Action taken as confirmed during the inspection: A care record audit schedule was in place and audits were consistently completed. The Named Nurses for each patient signed the audit when the required amendments were made. There was a notable improvement in the quality of the care planning overall as a result and this was commended. This area for improvement has been met.	

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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 to 15 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that, although they were kept busy, there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Drummahaire House. No concerns were raised in relation to staffing levels. We also sought the opinion of patients and relatives on staffing via questionnaires. Four relatives returned questionnaires and all indicated that they were very satisfied that there were enough staff available.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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. A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018/19. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the deputy manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of seven patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the deputy manager and staff there was evidence of proactive management of falls.

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. One bathroom on the ground floor was found to contain several items of equipment including alarm mat, sling and cuddly toy, which were being inappropriately stored. These items were removed prior to the conclusion of the inspection. In discussion with the maintenance officer it was determined that whatever equipment was required for the home was always provided in a timely manner and to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The deputy manager and registered nursing staff had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, their recruitment, induction and ongoing training. The environment was well maintained, safe and clean. There was evidence that risks to patients were well managed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of seven patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care plans were in place to address patients’ nutritional needs and modified diets. Patients’ weights were monitored on at least a monthly basis and there was evidence of referral to SALT and dieticians as required. Care plans were in place to direct wound care and there was evidence that dressings were done in accordance with this care plan and evaluated regularly. When a patient was prescribed an antibiotic a corresponding care plan was in place. There was evidence that any deterioration was quickly identified and responded to.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. Repositioning records were particularly well maintained and evidenced the frequency of repositioning, the actual position of the patient and the condition of the skin at least twice daily. A random sample of three repositioning charts was audited each day to ensure these were maintained to a high standard. This was commended.

There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

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 the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and relatives meetings were held on a regular basis. Minutes were available for each on the notice board at the entrance to the home.

Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders. In particular, the standard of repositioning charts was commended.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We arrived in the home at 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in one of the two dining rooms, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. Patients spoken with commended the quality of the food and the choice.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Plans were in place for a 'bake off' day the following weekend and patients had been very well engaged in the preparation for this.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. The meal was reflective of the menu board. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Drummahaire House was a positive experience.

Patient comments included:

'It's 100 per cent here. This is my home now.'
'You can have whatever you like (food).'

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.

Two relatives were spoken with and were very satisfied with the care provided with one stating that it was better than the care their relative had been receiving at home. Both relatives confirmed that they were always made very welcome and raised no concerns.

Ten relative questionnaires were provided and four of these were returned within the timescale for inclusion in the report. All of the respondents were very satisfied that the care was safe, effective, compassionate and that the service was well led. Additional comments were recorded as follows:

" I have no concerns about my ... care. The staff are above all expectations."
"I am very satisfied with my ... care at present. Thank you to all the nursing staff."
"Our relative is well looked after and cared for."
"Very happy."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home. Staff evidently knew the patients very well and care was individualised and person centred.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice. The deputy manager was directed to the Equality Commission for Northern Ireland for further guidance on best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the deputy manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. Significant work had been done on developing the care record audits, an area for improvement identified at the previous inspection. This was reflected in the high standard of the care records.

Discussion with the deputy manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. The improvement to the system for the auditing of care records was commended.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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