

Unannounced Care Inspection Report 22 May 2017



Drummaul House

Type of service: Nursing Home
Address: 41 New Street Randalstown, BT41 3AF
Tel no: 02894473958
Inspector: Karen Scarlett

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drummaul took place on 22 May 2017 from 09.20 until 16.40 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

A review of the duty rota and discussion with staff and patients confirmed that the planned staffing levels for the home were adhered to and that these levels met the assessed needs of the patients. The environment was observed to be clean, warm and comfortable and systems were in place to manage identified risks, such as fire and infection control and equipment. A system of intentional rounding had been introduced to ensure that patients were frequently checked to ensure that they had access to drinks, their call bell and to ensure their comfort. No areas for improvement were identified.

Is care effective?

Risk assessments had been carried out, were regularly reviewed and were used to formulate care plans. There were two concerns identified within the care records in which the care plans were not reflective of the current needs of the patients and a recommendation was made. Regular meetings were held for staff, patients and relatives and minutes were available. Staff and one relative spoken with confirmed that communication in the home was good and staff worked well as a team.

Is care compassionate?

Observations confirmed that staff were kind, caring and compassionate and that relationships between staff, patients and relatives were friendly. Staff were noted to be assisting patients in a timely manner and promptly answering call bells and requests for help. The lunch time meal service was observed and two areas for improvement were identified in relation to staff use of aprons during meal service and the provision of appropriate aids and equipment. Patients and relatives expressed their satisfaction with the care provided. A recommendation in relation to hot meal service was not met and was stated for a second time.

Is the service well led?

There was evidence of a clear organisational structure in the home and staff, patients and relatives knew who was in charge. Governance systems were in place to ensure that complaints and incidents were managed appropriately and regular audits were carried out and used to enhance the quality of care. No areas for improvement were identified.

The term 'patients' is used to describe those living in Drummaul which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (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 unannounced care inspection undertaken on 28 November 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Hutchinson Homes Ltd Maria Margaret Bothwell	Registered manager: Maria Margaret Bothwell
Person in charge of the home at the time of inspection: Maria Bothwell	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	Number of registered places: 43

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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.

The inspector met with seven patients individually and with the majority of others in groups, five care staff, two registered nursing staff, the activities co-ordinator, two ancillary staff and one resident's visitors/representative.

Questionnaires were left for the registered manager to distribute to staff not on duty, patients and their representatives. A poster was also displayed at the front entrance inviting service users to speak to the inspector.

The following information was examined during the inspection:

- four patient care records and a selection of supplementary charts
- staff training records
- staff duty rota from 14 to 27 May 2017
- accidents and incidents audits completed since last inspection
- complaints records
- monthly quality monitoring reports
- minutes of staff meetings
- minutes of relatives' meetings
- minutes of residents meetings
- one recent recruitment file
- a selection of monthly audits
- patient satisfaction survey for March 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 November 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP have been validated at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 November 2017

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The reports were reviewed from February to May 2017. It was clear that the recommendations made at the previous visit were followed up at subsequent visits. This recommendation has been met.	
Recommendation 2 Ref: Standard 23 Stated: First time	The registered provider should ensure that the frequency of repositioning required for each patient is recorded on the repositioning charts.	Met
	Action taken as confirmed during the inspection: The repositioning charts consistently recorded the frequency of repositioning and evidenced that repositioning was carried out according to the care plan. This recommendation has been met.	
Recommendation 3 Ref: Standard 18, criterion 10 Stated: First time	The registered provider should ensure that staff receive training and/or supervision in relation to restrictive practice and deprivation of liberty appropriate to their role.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that the majority of staff had received training in relation to restrictive practice and deprivation of liberty. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that when fluid deficits are identified that appropriate action to address this and these actions documented.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager, nursing staff and care staff demonstrated that they were very aware of the fluid intake needs of their patients. A checklist had been introduced for use by the nursing staff for use at shift changes to ensure that any fluid deficits were reported to the registered nurses. It was very evident that fluids were available and being encouraged by staff throughout the day. In addition, if a patient's intake was low monitoring commenced using a fluid balance chart and staff liaised with the GP when concerned. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that care plans are person centred and reflect the advice and recommendations of relevant health and social care professionals.</p> <hr/> <p>Action taken as confirmed during the inspection: A system of auditing had been introduced and carried out by the deputy manager. The comments returned to named nurses clearly included recommendations on how to improve the record keeping and personalise the care plans. On review of the care plans it could be evidenced that these recommendations had been put in to practice. There was a noted improvement in the person-centeredness of the care plans and the continued audit of the care plans should aid in sustaining this improvement. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered provider should ensure that facilities are available to enable patients in the delirium unit to take their meal at the dining table if this is their preferred choice.</p> <hr/> <p>Action taken as confirmed during the inspection: A dining table was now available in the delirium unit for use by patient wishing to eat their meals at a table. The table was also used to facilitate</p>	<p>Met</p>

	activities. This recommendation has been met.	
Recommendation 7 Ref: Standard 12, criterion 17 Stated: First time	<p>The registered provider should ensure that a choice of drinks are available at the dining tables to ensure this is visible and accessible to patients.</p> <p>Action taken as confirmed during the inspection: A choice of fluids was available at meal and snack times. Jugs of water were now placed on the tables which acted as a visual cue for patients and that they did not have to ask should they want more water. This recommendation has been met.</p>	Met
Recommendation 8 Ref: Standard 12 Stated: First time	<p>The registered provider should ensure that the mealtime experience of patients is reviewed to ensure that hot food is served hot.</p> <p>Action taken as confirmed during the inspection: The lunch time meal was observed and patients commented that their main meals were warm enough. Plates of food leaving the kitchen on trays were also covered to retain the heat. The warm pudding was set out uncovered on a trolley whilst patients were eating their main meal, thus this would have been served cold without our intervention. This recommendation has not been met and has been stated for a second time.</p>	Not Met

4.3 Is care safe?

The registered 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. Discussion with the registered manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the patients and observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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/schedule 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. Training had been planned in relation to the thickening of fluids in the management of dysphagia and this was available to all staff including kitchen staff.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion has been identified for the organisation and the registered manager and a company director have attended relevant training.

Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of four 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.

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.

On a review of supplementary charts it was noted that the home had initiated a system of intentional rounding whereby all patients were regularly attended to ensuring they had access to a drink, their call bell and that they were comfortable. These charts were also used as repositioning records for those at high risk of pressure ulcers.

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. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of four 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 with one exception, in which a patient's pressure ulcer risk had increased and the care plan had not been updated. There was evidence that care plans 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 care plan for one patient's nutritional needs had not been fully developed to reflect the actions required given the level of risk identified. A recommendation has been made that care plans are updated in response to risk assessments and are reflective of the current needs of the patient.

Supplementary care charts including fluid charts, repositioning records and behavioural charts, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. It was noted that some copies of the behavioural charts did not have a space for the patients' name and date of birth. The manager agreed to ensure that the more up to date version was used which included this information.

Review of the four 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. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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.

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.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. These had been poorly attended despite the efforts of the management but staff confirmed that they were able to read and sign the minutes.

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.

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 quarterly basis. Minutes were available. The next residents' meeting was planned for May and signs were up to alert the patients and their representatives.

Patient 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 with the exception of one patient who responded in a questionnaire.

Areas for improvement

One area for improvement was identified in relation to care planning.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. 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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Relationships between patients, staff and relatives were observed to be relaxed and friendly.

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 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. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. The latest patient satisfaction survey conducted in March 2017 was reviewed and patients expressed overall satisfaction with the services provided. Patients had expressed a preference for a selection of cold drinks to be served mid-morning rather than tea and coffee and this had been put in to practice.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One patient explained that they had raised a concern in relation to the blocking of wheelchair access doors by cars in the car park but had not received a response. On discussion with the registered manager she stated that arrangements had been made for the car parking lines to be drawn more clearly and 'keep clear' signs to be placed at the access points later this week. She stated that she planned to feed this back at the residents meeting at the end of the week.

Consultation with patients individually, and with others in smaller groups, confirmed that their experience of living in the home was largely positive. Patients stated that they had their needs met in a timely way and that staff were very caring. Patients commented positively in relation to the activities provided and there was evidence that these were well advertised. Patients were noted to be enjoying manicures in the morning and playing bingo in the afternoon if they wished. Another patient appreciated the hairdressing facilities provided.

Staff spoken with were happy working in the home and raised no concerns. They reported that the manager was approachable and they worked well as a team to provide the care to patients. Four staff returned questionnaires and they indicated that they were either very satisfied or satisfied with the care provided. No comments were provided nor concerns raised.

Questionnaires were distributed to patients and relatives. Five patients returned questionnaires and all indicated that they were either very satisfied or satisfied with the care provided. Comments included:

“Every little thing is cared for.”

“If you are looking for a home away from home, you couldn’t get better than this.”

One patient replied ‘no’ when asked if they saw the manager regularly but they indicated that they were very satisfied that the home was well led.

Four relatives returned questionnaires and all respondents indicated that they were either very satisfied or satisfied with the care provided. One respondent was of the opinion that the buzzer was not answered ‘immediately’ but they indicated that they were satisfied that the care provided was safe.

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.

The lunch time service was observed in the two main dining rooms on the ground floor. Patients were assisted to the dining room or took their meals in their rooms as was their preference. Tables were nicely set, the menu was on display and clothing protectors and napkins were available for patients. The menu only displayed one choice when there were in fact, two choices available. Earlier in the day the cook was noted to be offering these choices to patients. This was discussed with the registered manager to give consideration to putting both choices on the board/menu for patients.

Patients were observed to be enjoying their meals and they were attractively presented. Patients confirmed that the meals were warm enough. It was noted that warm puddings were placed on an open, unheated trolley during the patients’ main course which would have resulted in the pudding being served cold. Following our intervention the registered manager ensured that these were placed in the hot trolley. A recommendation made in this regard at the previous care inspection has been stated for a second time.

Staff were noted to be kind and attentive and timely assistance was available for those who required it. It was noted that not all staff wore blue aprons in accordance with infection prevention and control guidelines. A recommendation has been made.

One patient was observed to be feeding themselves but they were only able to use one hand and were having difficulty managing; an aid, such as a plate guard, may have been useful. A recommendation has been made that appropriate aids and equipment are used at meal times to enable patients’ independence with eating and drinking.

Areas for improvement

Two areas for improvement were identified in relation to the provision of appropriate aids and equipment at meal times to enable patients’ independence with eating and drinking and that staff should wear appropriate aprons for meal service.

Number of requirements	0	Number of recommendations	2
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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.

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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was displayed but had expired at the end of April 2017. The manager assured RQIA that this was current and on its way and would be displayed as soon as possible. A copy of the current certificate was sent to RQIA following the inspection.

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

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 the representative spoken with confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person 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 and 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 falls, care records and incidents/accidents. 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 Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. 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.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rgia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 12 Stated: Second time To be completed by: 22 June 2017	The registered provider should ensure that the mealtime experience of patients is reviewed to ensure that hot food is served hot. Ref: Sections 4.2 and 4.5
	Response by registered provider detailing the actions taken: All hot food including the puddings are now being placed into the heated trolley and kept there whilst the patients are eating their main meal.
Recommendation 2 Ref: Standard 4 Stated: First time To be completed by: 22 June 2017	The registered provider should ensure that care plans are updated in response to risk assessments and are reflective of the current needs of the patient. Ref: Section 4.4
	Response by registered provider detailing the actions taken: All staff are aware that careplans must be updated to reflect the current needs of the patients. This is checked during monthly careplan audits and randomly at various times throughout the month by the manager and deputy manager.
Recommendation 3 Ref: Standard 12 Stated: First time To be completed by: 22 June 2017	The registered provider should ensure that appropriate aids and equipment are used at meal times to enable patients' independence with eating and drinking. Ref: Section 4.4
	Response by registered provider detailing the actions taken: A plate with deep edges is now in use for the identified patient to maintain her independence at mealtimes.
Recommendation 4 Ref: Standard 46 Stated: First time To be completed by: Immediately from date of inspection	The registered provider should ensure that staff wear appropriate aprons when assisting patients with their meals in accordance with best practice in infection prevention and control. Ref: Section 4.4
	Response by registered provider detailing the actions taken: Staff have been reminded of the importance of wearing blue aprons in accordance with infection prevention and control guidelines.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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