Unannounced Care Inspection Report
23 October 2017

Drummaul House

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

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):** Naomi Carey Janet Montgomery	**Registered Manager:** Maria Margaret Bothwell
Person in charge at the time of inspection: Sarah Brady (deputy manager)	**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. Residential Care (RC) I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 43

4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09.30 to 15.00 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 'patients' is used to describe those living in Drummaul 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.

Evidence of good practice was found in relation to staffing and recruitment and the home's environment. Staff reported that they worked well as a team and had effective communication systems in place. They spoke positively about the organisation of the home and the approachability of the management. The staff were observed to be polite, friendly and caring and were knowledgeable in regards to patients' needs. Management had used feedback to improve the services delivered, particularly in relation to mealtimes.

Areas requiring improvement were identified under the regulations in relation to the checking of staffs' registration with their professional bodies and the review of a key-padded exit from the home with the potential to restrict patients' freedom of movement.

Areas for improvement under the standards were identified in relation to record keeping for pressure ulcer prevention and care record auditing. A previous area for improvement in relation to the use of mealtime aids has been stated for a second time.

Patients said that they were happy living in the home and were complimentary of the staff and the care provided. No concerns were raised with us on inspection.

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	**2**	***3**

*The total number of areas for improvement includes one under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Brady, deputy 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 22 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- 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.

The inspector met with eight patients individually and with others in small groups and seven staff. A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance. No patients' visitors or representatives spoke with the inspector. Twenty questionnaires were also left in the home to obtain feedback from patients and their representatives. A poster was displayed at the nurses' station inviting staff to respond to an on-line questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 October 2017
- 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 file
- five patient care records
- a selection of governance audits
- record of complaints since the previous care inspection
- compliments received
- minutes of staff meetings
- minutes of relative/resident meetings
- RQIA registration certificate
- certificate of public liability
- 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 22 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 22 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12 **Stated:** Second time	The registered provider should ensure that the mealtime experience of patients is reviewed to ensure that hot food is served hot.	**Met**
	Action taken as confirmed during the inspection: The serving of breakfast and lunch were observed. Observations and comments from patients evidenced that their meals were served hot and no concerns were raised in this regard.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Five care records were reviewed and risk assessments were in place for patients. These had been used to inform the care planning process and were regularly reviewed. This has been met. There were deficits identified specifically in relation to care planning for pressure ulcer prevention and an area for improvement has been made. Please refer to section 6.5 for further information.	

Area for improvement 3 **Ref**: Standard 12 **Stated:** First time	The registered provider should ensure that appropriate aids and equipment are used at meal times to enable patients' independence with eating and drinking.	**Partially met**
	Action taken as confirmed during the inspection: The lunch time meal was observed and one patient was noted to be struggling to feed themselves. No aids or equipment were in place to assist. On discussion the deputy manager stated that these had been purchased for two identified patients and were normally used. This has been partially met but given the lack of evidence of use today has been stated for a second time.	
Area for improvement 4 **Ref**: Standard 46 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: On observation staff were noted to be wearing appropriate aprons when assisting patients with their meals.	

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 for week commencing 8 to 21 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. 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. The deputy manager stated that further dates were planned for infection control, basic life support and first aid to ensure all staff had attended. 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. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Records for monitoring the registration status of nursing and care staff were reviewed. The checks for registered nurses had not been done in September although it was evident that all were currently registered with the Nursing and Midwifery Council (NMC). The most recent checks for care staffs' registration with Northern Ireland Social Care Council (NISCC) on file had been completed on 4 August 2017. It could not be evidenced that all care staff were currently registered with NISCC. The deputy manager was able to ascertain that all care staff on duty for the next two days were current and she agreed to complete the checks and report the outcome to RQIA the next day. An email was received on the evening of 23 October 2017 confirming that all staff were appropriately registered. An area for improvement has been identified to ensure that a robust system is in place in this regard.

All 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 had been identified. The deputy manager stated that there were no current safeguarding investigations ongoing.

Review of five 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.

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

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 of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and the home's environment.

Areas for improvement

An area for improvement under the regulations was identified in relation to adhering to a sufficiently robust system for ensuring staff are registered with their professional bodies.

	Regulations	Standards
Total number of areas for improvement	**1**	**0**

6.5 Is care effective?

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

Review of five 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. An exception was identified specifically in relation to care plans for pressure ulcer prevention. It was noted that in two patients' records, the pressure ulcer risk assessments had been completed and identified them as high risk, but care plans to manage this potential risk were not in place. It was evident that appropriate measures, such as pressure relieving equipment and repositioning schedules, were in place for these patients but a care plan to guide staff was required. An area for improvement under the standards was identified.

A number of patients were in receipt of enteral feeding. Care plans were in place and were reflective of the feeding regimes put in place by the dietician. Staff were knowledgeable regarding these patients and their needs. Contemporaneous records were kept of the interventions. The supplementary charts in use had been photocopied and were of poor quality. This was raised with the deputy manager for attention and action.

Care records accurately reflected the assessed needs of patients, 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. Discussion with the cook evidenced that they were aware of the dietary needs of patients and the requirements for modified diets. They maintained a communication book which recorded any relevant changes and was signed by all staff. A live record of patients' nutritional needs was maintained and changes made as required.

Supplementary care charts evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of five 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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and 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. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff were allocated to specific areas of the home at the outset of their shift and also had access to a communications book to ensure any issues were recorded and responded to appropriately. 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 regular basis. Minutes were available and demonstrated that issues raised in the past had now been addressed.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and team working.

Areas for improvement

An area for improvement under the standards was identified in relation to care planning for pressure ulcer prevention.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Staff were observed to be speaking kindly and politely to patients and encouraging them with mobilising, eating and drinking. On one occasion a patient became tearful and upset and the care assistant was kind and compassionate, offering comfort and reassurance. She was fully aware of the reason for the patient's distress and how to manage it. On another occasion a patient was noted to be in a poor position in bed and we activated the call system. This was responded to in a timely manner and the patient was offered prompt assistance in a cheerful manner. Patients were afforded choice, privacy, dignity and respect. 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.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The activities co-ordinator explained that harvest services were planned for later in the week.

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. Numerous thank you cards were on display on the noticeboard from relatives expressing gratitude for the care provided.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The lunch time meal was observed. Patients were assisted into one of the two dining rooms prior to lunch or took their meal in their room, as was their preference. Tables were nicely set and staff were all on hand to offer timely assistance with the meal. Patients were observed to be enjoying their meal and it looked and smelt appetising. One patient commented that the food was always good here. An area for improvement in relation to the use of aids and equipment to help patients eat their meals independently had been identified at the previous inspection. These aids were not in use during this meal and one patient was noted to be having some difficulty eating independently. The area for improvement has been stated for a second time. It was noted during one of the monthly quality monitoring visits that patients had only been offered one choice of hot meal at mealtimes. This had been reviewed in response and two options were now available.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Drummaul was a positive experience and that staff couldn't do enough for them. All patients spoken with were complimentary of the food, the staff and the care provided. Some comments included:

'They spoil me rotten here.'
'It couldn't be any better. I am very happy here.'

Questionnaires were also left with the deputy manager for distribution to patients and their representatives. No questionnaires were returned within the timeframe for inclusion in the report.

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.

Staff were also invited to comment using an on-line survey. One response was received and they indicated that they were either very satisfied or satisfied that the care was safe, effective and compassionate and the service well led.

On exiting the premises it was noted that a keypad lock was in use on the inside of the door. The deputy manager stated that it was for security and patients had the code. The keypad was inaccessible for wheelchair users and, whilst it was acknowledged that access into the premises should be restricted to ensure security, patients should not have to ask to exit their home. It was agreed that this would be reviewed and an area for improvement was made under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and staffs' knowledge of the patients and their needs. The management had responded to feedback in order to improve the mealtime experience of patients.

Areas for improvement

An area for improvement under regulations was identified in relation to reviewing the use of a key padded lock to exit the front door.

	Regulations	Standards
Total number of areas for improvement	**1**	**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.

Discussion with the deputy 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. All staff spoken with commented that the home was extremely well organised and they knew exactly what was expected of them. They were very positive about the management in the home and felt they could raise any concerns or make suggestions for improvement.

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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate and certificate of public liability insurance were up to date and displayed appropriately. Discussion with deputy manager and observations evidenced that the home was operating within its registered categories of care.

The deputy manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff were required to read and sign new policies in the home and this could be clearly evidenced.

Discussion with the deputy 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. There had been no new complaints since the previous inspection.

Patients 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.

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

Discussion with 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, incidents/accidents, medicines and care records. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified, with the exception of the care record audits. Whilst there was evidence that care record audits were done there was no schedule in place for the number which should be completed each month. As a consequence not all records had been audited in a consistent and timely manner. The audits were shared with the named, registered nurse with the actions required, but not all of these had been returned with the actions completed. This was discussed with the deputy manager who

accepted that a schedule of audits would be helpful. She was of the opinion that due to current registered nurses vacancies her hours for administrative duties had temporarily been reduced making auditing of the records more challenging. Given the deficits in relation to pressure ulcer prevention care planning, an area for improvement under the standards was made.

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 (or 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 and there was evidence that actions identified had been appropriately addressed. Copies of the reports were available for patients, their representatives, staff and trust representatives. The report for June 2017 was not available in the file but this was forwarded to RQIA following the inspection.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, maintaining good working relationships and the organisation of the home.

Areas for improvement

An area for improvement under the standards was identified in relation to care record auditing.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Brady, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 21 (4) (b) (i) **Stated:** First time **To be completed by:** Immediately from the date of inspection	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. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: More robust procedures for checking staffs registration on a monthly basis are now in place.
Area for improvement 2 **Ref:** Regulation 13 (1) **Stated:** First time **To be completed by:** 23 December 2017	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. **Ref: Section 6.7**
	Response by registered person detailing the actions taken: The code for the keypad has now been placed beside the door exit so all residents can see this when they wish to exit the building.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 12 **Stated:** Second time **To be completed by:** 23 November 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 6.2**
	Response by registered person detailing the actions taken: This has been re communicated to both catering and care staff and appropriate aids are being used at all times.
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 23 November 2017	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. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: All patients at risk of pressure damage now have specific individual care plans in place to address these risks.

Area for improvement 3 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 23 January 2018	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. **Ref: Section 6.7**
	Response by registered person detailing the actions taken: A new schedule has been put in place to ensure that care records are audited in a consistent and timely manner.This documentation will evidence that any deficits have been addressed.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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