



Announced Variation to Registration Care Inspection Report 27 August 2019



Drummaul House

Type of Service: Nursing Home
Address: 41 New Street, Randalstown BT41 3AF
Tel No: 02894473958
Inspector: Lyn Buckley

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 provider 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 for up to 43 persons.

3.0 Service details

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| <p>Organisation/Registered Provider: Hutchinson Homes Ltd</p> <p>Responsible Individual: Naomi Carey</p> | <p>Registered Manager and date registered: Maria Margaret Bothwell – 1 April 2005</p> |
| <p>Person in charge at the time of inspection: Senior Staff Nurse E Espina</p> | <p>Number of registered places: 43</p> <p>The home is approved to provide care on a day basis only to 2 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p> |
| <p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 38</p> |

4.0 Inspection summary

An announced variation to registration inspection took place on 27 August 2019 from 11:30 to 13:00 hours. This inspection was undertaken by a care inspector.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Drummahaire House Nursing Home to add a category of care; NH- Dementia (DE).

The variation to registration to add the category of care NH- DE for 7 persons was approved in principle following the inspection. However, in order to begin to admit patients under the new category of care RQIA needed confirmation, in writing, that the outside space had been secured. This was received and the variation application was approved on 16 September 2019.

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 | *1 | *4 |

*The total number of areas for improvement includes four which have been carried forward for review at the next inspection.

Areas for improvement, relating to this inspection, and details of the Quality Improvement Plan (QIP) were discussed with Eddy Kerr, operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 October 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 3 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

- the application to vary the registration of the home
- 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 previous care inspection report
- the home's Statement of Purpose and Patient Guide.

The findings of the inspection were discussed with the operations manager at the conclusion of the inspection and with the registered manager and operations manager during a meeting at the nursing home on 10 September 2019.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 October 2018

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

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last inspection

An unannounced care inspection was conducted on 11 September 2018. There were no areas for improvement made as a result of the last care inspection.

An unannounced finance inspection was conducted on 3 October 2018. Areas for improvement were made. These areas for improvement have been carried forward for review during the next inspection. Please refer to the quality improvement plan (QIP) for details.

6.3 Inspection findings

6.3.1 Environment

The proposed dementia care unit is located to the left of the main corridor. It comprises of seven bedrooms, a lounge, communal bathrooms/toilets and access to an enclosed garden.

The provider proposed that the door to this unit would remain open with patients moving freely throughout the home to make use of the main dining and lounge areas on the ground floor. This also meant that patients from the main part of the home would have access to the designated smoking area through the dementia unit.

Concerns were raised, by RQIA, in relation to the safety of the patients with a diagnosis of dementia who required a secured environment. Further discussion took place with the home's management team at a meeting, in the home, on 10 September 2019. We also received an email from the operations manager confirming the dementia unit door would be secured to ensure the safety of patients within the dementia unit.

We also raised concerns about the limited communal space within the unit. While it met with the minimum standards for communal space we were concerned that patients within the unit had only their bedroom or the lounge to access. We asked the management team to consider moving the home's designated smoking area to a new area which would then provide the dementia unit with an outdoor covered seating area and to reduce the number of people walking through the dementia unit to access the designated smoking area. We received confirmation that an alternative designated smoking area had been identified and that the original designated smoking area would be secured as part of the dementia unit's garden access.

Review of the environment evidenced that fire safety measures and infection prevention and control measures were in place.

It was acknowledged that the proposed unit's environment had some limitations in relation to dementia care and best practice guidance. Some adjustments had been implemented, for example the light levels had been increased. However, an environmental audit in respect of dementia care and best practice guidance had not been undertaken. An area for improvement was made.

6.3.2 Staffing

The operations manager confirmed that all staff were in the process of completing dementia awareness training.

Staffing arrangements for the unit were not separate to the current arrangements for the whole home. Concerns were raised regarding this decision. Further to the meeting in the home it was agreed that as a minimum there would be a suitably trained care assistant, supervising in this unit and that this cover would be available 24 hours a day. This was confirmed as being implemented by the operations manager.

Areas for improvement

An area for improvement was made in relation to undertaking an environmental audit.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.4 Conclusion

The application to vary the registration of Drummaul was granted from a care perspective following this inspection and further discussion with providers on 9 September 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eddy Kerr, operations 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 19 (2) Schedule 4 (3) Stated: First time To be completed by: 3 November 2018 | <p>The registered person shall ensure that a record of all accounts relating to the home, including a record of patient's fees and financial arrangements that are handled by the nursing home and a record of persons working at the home acting as the appointee or agent of a patient are kept in the home.</p> <p>This relates to ensuring that written patient agreements are accessible within the home.</p> <p>Ref 6.2</p> |
| Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 14.25 Stated: First time To be completed by: 17 October 2018 | <p>The registered person shall ensure that a reconciliation (check) of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2</p> |
| Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 3 November 2018 | <p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2</p> |
| Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

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| <p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2018</p> | <p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p> | <p>The registered person shall undertake an environmental audit in relation to the dementia environment within the dementia unit; in accordance with best practice guidelines</p> <p>Following this audit consideration should be given to the outcome and an action plan put in place identifying actions and timescale for completion.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: An environmental audit is conducted informally on a regular basis with response being made to the needs of the residents in situ. With regards giving consideration to the best practice guidelines this was considered prior to and during the initial application process. The limitations of the environment are clear but a review will be conducted during the next 3 months as part of the monitoring and suitability of the environment for the identified users.</p> |

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



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