

Inspection Report

4 January 2024



Drapersfield House

Type of service: Nursing

Address: 19 Drapersfield Road, Cookstown, BT80 8RS

Telephone number: 028 8676 4868

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Drapersfield Ltd	Registered Manager: Mrs Margaret Kolbohm
Responsible Individual: Mrs Jill Canavan	Date registered: 16 June 2016
Person in charge at the time of inspection: Mrs Ailish Devlin, Clinical Governance Lead	Number of registered places: 45 There shall be a maximum of 1 named patient in category NH-MP(E) and a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 38
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 45 people. Bedrooms and living areas are located over three floors with access to communal lounges, dining areas and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 4 January 2024, from 9.45 am to 3.25 pm by a care inspector.

The purpose of the inspection was to follow-up on progress with all areas for improvement identified in the home since the last care inspection on 10 May 2023; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff, are included in the main body of this report.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

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

3.0 How we inspect

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

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

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

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

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "They (staff) couldn't do enough for you", "I am treated like a lord", "I doubt if I would find anywhere as nice as this", "I have everything I need here" and "Very happy here".

Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The management are very good and treat you with respect", "Great teamwork", "The morale is very good" and "I love it here". There was no feedback from the staff online survey.

Ten questionnaires were returned, one from a patient, six from relatives and three which did not indicate if they were from a relative or a patient. The respondents were either satisfied or very satisfied with the overall service provision. Comments included: "Care is personal, professional and compassionate", "This is the third nursing home we have been in and it is so much better than the previous two", "I can honestly say that Drapersfield Nursing Home far exceeds in terms of excellent care, leadership and skill" and "We the family and (relative) are very happy with (relatives) care".

5.0 The inspection

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

Areas for improvement from the last inspection on 10 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring: <ul style="list-style-type: none"> that fire doors are not wedged/ propped open. 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement had been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: Third time	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the care plan accurately reflects the frequency of repositioning within the patient's recording charts.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Review of mandatory training records evidenced good compliance overall.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

5.2.2 Care Delivery and Quality of life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. During the inspection patients were observed reading newspapers, listening to music, watching TV, sitting in the lounge resting or chatting to staff. The activity co-ordinator was also in attendance and a notice board was on display within the home with a varied list of activities available seven days a week.

Patients appeared to be content and settled in their surroundings and in their interactions with staff. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that a patient requiring one to one supervision had temporarily been left unattended. Details were discussed with the management team who agreed to address this with the relevant staff member and to monitor going forward.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure patients were comfortably seated.

Patients commented positively about the food provided within the home with comments such as: "The food is excellent", "Plenty of choices" and "Good food here".

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

5.2.3 Care Records

Daily records were kept of how each patient spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a patient.

There was evidence that care records were regularly reviewed and updated. However; a number of patients with known medication and/or food allergies did not have relevant care plans in place to direct staff. This information was shared with the RQIA pharmacy inspector and an area for improvement was identified.

One patient's wound care evaluation records evidenced a gap where the dressing had not been renewed within the recommended timeframe. Review of the communication diary also identified that the date for the dressing to be renewed had not been entered to alert relevant staff. This was highlighted to the management team for action; and an area for improvement was identified.

5.2.4 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit.

A number of maintenance related issues were identified requiring repair/replacement. Details were discussed with the management team who had most of these issues addressed prior to the completion of the inspection and confirmed that relevant action had been taken to address any remaining issues identified.

Review of the most recent fire risk assessment completed on 2 November 2023 evidenced two actions; one had been signed off as completed and a date was scheduled to address the other recommendation.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. Advice was provided on how to improve the recording of the fire drills and following the inspection written confirmation was received that this had been completed. A system was also in place to ensure that all staff attend at least one fire evacuation drill yearly.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

Regular meetings were held with patients and staff and a copy of the minutes were available for review within the home. The responsible individual also advised that relatives are encouraged to attend meetings.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home.

The home was visited each month by the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jill Canavan, Responsible Individual and Mrs Ailish Devlin, Clinical Governance Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 14 January 2024	<p>The registered person shall ensure that all known medication and food allergies are fully documented within relevant care plans along with the type of allergic reaction if known and the action to take.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All careplans for residents with food/meds allergies reviewed and careplans are in place to identify type of allergic reaction if known and action which is to take place if allergic reaction occurs. Raised at staff meeting, and supervisions carried out.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 14 January 2024	<p>The registered person shall ensure that wounds are dressed in accordance with the prescribed timeframe and that the date for dressing renewal is recorded within a communication diary to alert relevant staff.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervisions carried out and raised at Staff Meeting. All residents wounds reviewed and ongoing monitoring.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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