

# Inspection Report

10 May 2023



## Drapersfield House

**Type of Service: Nursing Home**  
**Address: 19 Drapersfield Road,**  
**Cookstown, BT80 8RS**  
**Tel no: 028 8676 4868**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Drapersfield Ltd	<b>Registered Manager:</b> Mrs Margaret Kolbohm
<b>Responsible Individual:</b> Mrs Jill Canavan	<b>Date registered:</b> 16 June 2016
<b>Person in charge at the time of inspection:</b> Mrs Ailish Devlin, clinical governance lead	<b>Number of registered places:</b> 45  There shall be a maximum of 1 named patient in category NH-MP(E) and there shall be a maximum of 1 named resident receiving residential care in category RC-I.
<b>Categories of care:</b> 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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b>  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 10 May 2023, from 10.10am to 5.15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients told us that they felt well looked after. Patients who were less able to communicate their views 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 were identified during the inspection as discussed throughout this report and 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: "This is a great home", "Getting good care here", "(The) staff couldn't be better", "This is a brilliant home", "I couldn't fault it" and "Very happy".

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 great", "Good morale", "Really good induction" and "I love it here". There was no feedback from the staff online survey.

One relative spoke positively about the overall provision of care within the home. Comments included: "Very happy with the care" and "Staff are very friendly".

Nine questionnaires were returned, seven from patients and two from relatives. The respondents were very satisfied with the overall service provision.

Comments received during the inspection were shared with the management team.

## 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 2 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First 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"> <li>that fire doors are not wedged/propped open.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.3.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.3.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7)	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently	

<b>Stated:</b> First time	addressed and a system is initiated to monitor ongoing compliance.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of staff practices and the environment evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.3.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second 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.  <b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had not been fully met and has been stated for a third time.  This is discussed further in section 5.2.2.	<b>Partially met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that supplementary recording charts contain the following information: <ul style="list-style-type: none"> <li>• relevant information regarding patient recommended dietary/fluid type.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that fluid intake management is clearly documented in individualised care plans and recording charts. This should include: <ul style="list-style-type: none"> <li>• the patients recommended daily fluid intake target</li> <li>• the action to take and at what stage if the fluid target is not met</li> <li>• the total fluid intake over 24 hours is recorded within the daily fluid intake chart</li> </ul>	<b>Met</b>

	<ul style="list-style-type: none"> <li>there is daily oversight by registered nurses of patients' total fluid intake over 24 hours.</li> </ul>	
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that the full audit process is completed where an action plan has been implemented to include a time frame, the person responsible for addressing the deficit and a follow up.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant governance records 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. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of a sample of employee recruitment records evidenced that relevant pre-employment checks were completed prior to employment. A record of induction was also available within employee files.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that staffing levels were good and that the number of staff on duty was satisfactory to meet the needs of the patients.

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

The inspector reviewed five staff competency and capability assessments for the nurse in charge in the absence of the manager and found these to be completed. The clinical governance lead confirmed that there was a system in place to review these assessments annually.

A record of staff supervision and appraisals was maintained by management with staff names and the date that the supervision/appraisal had taken place.

### **5.2.2 Care Delivery and Record Keeping**

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of three patients repositioning records evidenced that whilst the recommended frequency of repositioning was recorded on the charts, this was not consistent within care plans. There was also a number of entries within repositioning charts which exceeded the recommended frequency of repositioning. This was discussed in detail with management and an area for improvement has been stated for a third time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. During the inspection a number of patients were seated within the dining rooms whilst others were either seated within the lounge or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice.

Patients who choose to have their lunch in their bedroom or lounge had trays delivered to them and the food was covered on transport. There was a choice of meals offered and patients said they very much enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

The management team confirmed that a new electronic system for care records had recently been introduced to the home and that staff were continuing to familiarise themselves with this system. Review of three patients' care records evidenced that care plans and risk assessments were reviewed regularly. However, a number of care plans were not fully reflective of patients' needs. This was discussed with the management team who provided paper copy care plans with the relevant information and further advised that the electronic records would be updated with ongoing monitoring by management.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

A number of computers with confidential patient information were observed to be unattended and medication records were also observed unsecure within an area of the home. This was discussed with the management team and an area for improvement was identified.



### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests; a malodour was identified within one patient's bedroom, this was discussed with the management team who had this addressed prior to the completion of the inspection and agreed to monitor going forward.

Outdoor spaces and gardens were well maintained with areas for patients to sit. The management team advised that refurbishment work was ongoing to both the internal and external of the home to ensure that it is well maintained.

Whilst most corridors and fire exits were clear of clutter and obstruction two identified bedroom doors were observed to be propped open and the door to a staff room was unable to close effectively. This was discussed with the management team and an area for improvement has been stated for a second time.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows were opening wider than recommended. This was discussed with the management team who agreed to have all windows reviewed as a matter of urgency. Following the inspection written confirmation was received from the management team that relevant action had been taken to address this issue.

Observation of the environment highlighted that cleaning items within a staff kitchenette on the ground floor and a thickening agent within a patient's bedroom were not securely stored. There was also unsupervised access to a roof space on the second floor. The importance of ensuring that all areas of the home are hazard free was discussed with management and an area for improvement has been stated for a second time.

There were a number of practices which were not in keeping with infection prevention and control (IPC) best practice. For example; one staff member was wearing nail polish; a further staff member was observed carrying unclean linen without personal protective equipment (PPE) and there was inappropriate storage of patient equipment in bedrooms and communal bathrooms. The above details were discussed with management and an area for improvement has been stated for a second time.

### 5.2.4 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. One patient said: "The staff are all very good" and a further patient said: "I have everything I need here."

During the inspection a number of patients were having their hair cut/styled by the hair dresser in the morning and one to one activities were provided in the afternoon organised by the activity coordinator. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: "The food is great", "Plenty of food and a good choice" and "The food is unreal".



### 5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The clinical governance lead said they felt well supported by the manager and the responsible individual.

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

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. Where deficits were identified the audit process included an action plan, the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The clinical governance lead confirmed that 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. The reports of these visits were available to patients, visitors, the Trust and to RQIA.

### 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2*

\* The total number of areas for improvement includes three regulations that have been stated for a second time and one standard that has been stated for a third time.

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	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"> <li>that fire doors are not wedged/propped open.</li> </ul> Ref: 5.1 and 5.2.3

	<b>Response by registered person detailing the actions taken:</b> Supervisions carried out, all raised at staff meetings.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> 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.  Ref: 5.1 and 5.2.3
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Areas identified in inspection now have keypad, locks to secure areas.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> 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.  Ref: 5.1 and 5.2.3
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Supervisions carried out, ongoing infection control audits and monitoring.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> 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.  Ref: 5.1 and 5.2.2
<b>To be completed by:</b> 24 May 2023	<b>Response by registered person detailing the actions taken:</b> All Residents requiring frequent repositioning careplans, reviewed and are reflective of frequency. Carefile audits carried out monthly.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 37 <b>Stated:</b> 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.  Ref: 5.2.2
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Supervisions carried out, addressed at Staff Meeting.

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



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