



Unannounced Care Inspection Report 12 January 2021



Drapersfield House

Type of Service: Nursing Home

Address: 19 Drapersfield Road, Cookstown BT80 8RS

Tel No: 028 8676 4868

Inspector: Jane Laird

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 persons.

3.0 Service details

<p>Organisation/Registered Provider: Drapersfield Ltd</p> <p>Responsible Individual: Jill Canavan</p>	<p>Registered Manager and date registered: Margaret Kolbohm 16 June 2016</p>
<p>Person in charge at the time of inspection:</p> <p>Marie-Louise Nevin, deputy manager 11.00 – 12.00 hours. Ailish Devlin, clinical governance lead 12.00 hours – 17.30 hours.</p>	<p>Number of registered places: 45</p> <p>There shall be a maximum of 1 named patient in category NH-LD (E) and a maximum of 1 named patient in category NH-MP (E). 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. LD (E) – Learning disability – over 65 years. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 35</p>

4.0 Inspection summary

An unannounced inspection took place on 12 January 2021 from 11.00 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- Infection Prevention and Control (IPC) measures
- the home's environment
- leadership and management arrangements.

Details of the inspection findings and areas for improvement are discussed within section 6.2 and the Quality Improvement Plan (QIP) within this report.

Comments received from patients and staff during the inspection, are included in the main body of this report.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jill Canavan, responsible individual and Ailish Devlin, clinical governance lead, 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection, registration information, and any other written or verbal information received.

This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was also left for staff inviting them to provide feedback to RQIA online.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 4 January 2021 and the 11 January 2021
- three patients' daily reports and care records
- three patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- compliments folder
- a sample of governance audits/records
- refurbishment plan
- adult safeguarding folder

- record of staff mandatory training
- monthly quality monitoring reports from November 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was recorded as 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 8 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 8 November 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained. • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. • Where a patient has not had a bowel movement within a time frame which is normal for them, the action taken must be clearly documented. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2 Ref: Regulation 27 Stated: First Time To be completed by: 8 December 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of radiator covers, over bed tables and bedroom furniture in a number of patient bedrooms, the repair to damaged floors in several rooms and the redecorating of walls.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and review of governance records evidenced that the refurbishment plan had been implemented with ongoing review by management.</p>	Met

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 11.00 hours we were greeted by the responsible individual and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The management team advised us of the daily staffing levels and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. On review of the staff duty rota the planned staffing levels had been adhered to.

Observation throughout the inspection evidenced that the number and skill mix of the staff on duty met the needs of the patients. Discussion with staff confirmed that they were satisfied with the current staffing arrangements. Comments from staff included:

- “Very supported by management.”
- “Great team.”
- “I love working here.”
- “Everyone pulls together to ensure the patients are well looked after.”
- “The management team here are fantastic.”
- “Lots of training.”

We discussed staff training specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by management that the majority of staff had completed level 2 training and that registered nurses with overseeing responsibilities had completed level 3 training, with ongoing monitoring from management to ensure full compliance.

We discussed with the responsible individual the location for staff breaks which was within an area of the home that patients have access to and the importance of ensuring that there are defined zones in accordance with the regional COVID-19 guidance. The responsible individual advised that there is a designated staff room in a separate area of the home which is not accessible to patients and that staff would be instructed to use this room going forward.

6.2.2 Care delivery

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Drapersfield House. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required. We observed three patients with a specific aspect of personal care which had not been maintained. Review of their care records did not provide sufficient details to advise staff on how to manage and/or record these aspects of personal care. We discussed this with the management team who acknowledged that a more robust oversight of the delivery, recording and care planning around specific aspects of personal care was required and agreed to have these records updated. In order to drive and sustain improvement an area for improvement was stated.

Staff were observed attending to patients specific requests and were compassionate in their approach. Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Comments from patients included:

- "Happy here."
- "Great food. "
- "Staff are very good here."
- "The people working here are all very kind."
- "Staff always make sure I'm ok and pop in to say hello."
- "Feel safe here. "

Two questionnaires were returned from relatives who were satisfied/very satisfied with the service provision within the home. Comments included: "Very happy with care and staff have been very supportive during pandemic with phone calls to visits", "I have always found staff to be approachable, pleasant and willing to help" and "I feel my is cared for very well. "

We confirmed through discussion with staff and patients that systems were in place to ensure good communications between the home, patient and their relatives during the Covid-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

The responsible individual advised the inspector that a smoking room had been divided into two separate rooms with a dividing wall and separate entrance doors to accommodate indoor visiting whilst maintaining a separate smoking area for patients. The visiting room contained a large screen with a separate entrance for visitors, hand sanitising gel and personal protective equipment (PPE) with a clinical waste bin for disposing used PPE. We discussed the change of purpose to the smoking room with the estates inspector at RQIA who requested a copy of

the fire risk assessment and written confirmation of the temporary changes that were made to the original room. Following the inspection this information was received and reviewed by the estates inspector as satisfactory.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. Staff wore the appropriate PPE and sat beside patients when assisting them with their meal.

We observed two patients that did not have access to a nurse call alarm and discussed this with management who advised that one of the patients is assessed as not being suitable to use a nurse call alarm but that other measures were in place to ensure the assessed needs of the patient are met. The management team acknowledged that the other patient should have been provided with the nurse call alarm prior to staff leaving the patient's bedroom and agreed to discuss this with staff and to monitor this as part of the daily walk around.

We discussed the registered categories of care with the responsible individual and reviewed the certificate of registration issued by RQIA which was appropriately displayed in the home. It was evidenced that there had been a change in the assessed needs of one of the named residents and an additional admission of a residential client which had not been communicated to RQIA. This was discussed with the responsible individual and an area for improvement under the regulations was stated. Following the inspection a variation application was submitted by management to be reviewed by RQIA.

6.2.3 Care Records

We reviewed three patient's care records which evidenced that the majority of care plans were person centred and reviewed regularly. However, care records reviewed for one patient regarding wound care identified that the care plan did not contain information regarding the recommended wound dressing type/treatment to be applied and the frequency of dressing renewal. The management team acknowledged that the care plan should have been updated to reflect the wound assessment chart and an area for improvement was stated.

6.2.4 Infection Prevention and Control (IPC) measures

Upon entering the home, the inspector's temperature and contact tracing details were obtained. The management team advised that this is carried out on all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

We found that there was an adequate supply of PPE and hand sanitising gel within the home and an area identified to safely remove PPE. Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly. One member of staff was wearing nail polish and we discussed the importance of staff being bare

below the elbow with management who agreed to monitor this practice during daily walk arounds and hand hygiene audits and action as necessary.

6.2.5 The home's environment

The home was fresh smelling, neat and tidy with communal areas such as lounges, dining rooms and corridors kept clear and free from obstruction. Patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Since the last inspection positive improvements had been made to the overall décor of the home. Floor coverings had been fitted to a number of rooms, new bedroom furniture had been installed, and walls had either been painted or wallpapered. The responsible individual advised that painting of walls and door frames was ongoing and discussed that recent refurbishment plans had been delayed due to the COVID-19 restrictions but that the work would recommence as restrictions were relaxed.

We observed a patient seated at the entrance of their bedroom door which was also a designated fire door. We discussed this with staff who advised that the patient preferred their bedroom door to be kept open. The importance of ensuring that all fire doors are kept clear from obstruction was discussed with management who agreed to review the patient's bedroom door and make arrangements to have a suitable fire door release installed. This was identified as an area for improvement.

6.2.6 Leadership and management arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. IPC, care records, hand hygiene and environment audits were reviewed which evidenced that there was a clear action plan detailing the time frame and the person responsible for addressing any deficits identified.

Discussion with management and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives and provided information in relation to the conduct of the home. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found in relation to friendly, supportive and caring interactions by staff towards patients.

Areas for improvement

Four new areas were identified for improvement. These were in relation to care delivery, adherence with registered categories of care, wound care records and fire safety.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Patients appeared to be content and settled in their surroundings. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jill Canavan, responsible individual and Ailish Devlin, clinical governance lead, 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 15 (1) (e) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that at all times admissions to the home are in accordance with the categories and conditions of care for which the home is registered unless discussed with and approved by RQIA.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All Residents admitted to Drapersfield are in accordance with the categories and conditions of Care for which the home is registered, currently all residents fall within our categories of care as per our registration.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • The practice of propping open the identified bedroom door is reviewed and appropriate measures are implemented in accordance with fire safety regulations. <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: An appropriate device has been fitted to the identified bedroom door, to eliminate this practice. This issue has also been discussed with our fire officer and addressed at recent staff meeting.</p>
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 6 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patients' personal care and grooming needs are met. Care records should reflect specific measures on how to maintain patients' personal care and clearly record the type of intervention provided.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Patients' personal hygiene care charts have been amended to reflect and record clearly the type of intervention provided and same addressed at staff meeting.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a wound has been assessed as requiring treatment, a care plan is implemented to include the dressing type and frequency of dressing renewal and is updated when necessary to reflect any changes.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Care plans are in place for Patients with wounds, these Implemented care plans for wound care have now been update dated to include the dressing type and frequency of dressing renewal, these are updated and reflect any changes.</p>

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



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