

Inspection Report

17 November 2021



Drapersfield House

Type of service: Nursing Home
Address: 19 Drapersfield Road,
Cookstown, BT80 4868
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

<p>Organisation/Registered Provider: Drapersfield Ltd</p> <p>Registered Person: Mrs Jill Canavan</p>	<p>Registered Manager: Mrs Margaret Kolbohm</p> <p>Date registered: 16 June 2016</p>
<p>Person in charge at the time of inspection: Mrs Margaret Kolbohm</p>	<p>Number of registered places: 45</p> <p>There shall be a maximum of 1 named patient in category NH-MP(E) and 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. 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: 31</p>
<p>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 an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 November 2021, from 11.15 am to 5.15 pm 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.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. Six areas for improvement relating to medicines management have been carried forward for review at the next inspection.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Drapersfield House and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients unable to voice their opinions 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.

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 and 'Tell Us' cards 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

The inspector spoke with 14 staff, 11 patients individually and others in a group during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were nine questionnaires returned from patients and one from a relative. The respondents were very satisfied with the overall provision of care. Comments included; "Everything first class", "I feel very safe and secure here" and "Great place."

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. There were four responses from the staff online survey. The respondents were either satisfied or very satisfied with the overall provision of care. Comments from staff included; "Drapersfield House is a really good nursing home, it puts its Patients first",

“Great home, we all work as a team and provide top class care” and “We treat all the residents with great respect while they live in the home and it is a pleasure to look after them all.”

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 23 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that updates to warfarin dosage regimes are received in writing on each occasion and in a timely manner.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall review the administration of medicines process to ensure records are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13(4) Stated: First time	The registered person shall develop a robust auditing process which covers all aspects of medicines management.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 27(4) (b) Stated: First time	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that: The practice of propping open the identified bedroom door is reviewed and appropriate measures are implemented in accordance with fire safety regulations	Met

	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement has been met.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 29 Stated: First time</p>	<p>The registered person shall ensure that all obsolete records are discontinued and securely archived.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall review the stock control of medicines to ensure that expired medicines are removed from stock and medicines are only ordered as needed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3 Ref: Standard 29 Stated: First time</p>	<p>The registered person shall ensure that all handwritten entries on medication administration records involve two trained staff to check that the information is accurate.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4 Ref: Standard 6 Stated: First time</p>	<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>Action taken as confirmed during the inspection: Observation of patient care and review of a sample of care records evidenced that this area for improvement has been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 23.2 Stated: First time	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	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the management team evidenced that this area for improvement has 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 to enable them to carry out their roles and responsibilities effectively.

Safe staffing begins at the point of recruitment. Review of two employee recruitment records evidenced that the dates of previous employment had not been recorded and it was therefore uncertain if there were any gaps in employment or if they had been explored. It was further identified that the registration status with the Northern Ireland Social Care Council (NISCC) had not been reviewed prior to an offer of employment for one employee. This was discussed in detail with the management team and an area for improvement was identified.

Review of a sample of registration checks completed by management to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with NISCC, evidenced that a number of care assistants recorded on the duty rota had not been included within the registration monitoring list. It was further identified that a care assistant had not been registered within the required timeframe. The inspector was therefore unsure if all care assistants working within the home were suitably registered and an area for improvement was identified. Following the inspection the Registered Person provided written confirmation that relevant action had been taken to address this issue.

Staff said teamwork was good and that the Manager was approachable. Staff also 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 accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Whilst there was evidence that competency and capability assessments were completed for the nurse in charge in the absence of the Manager, a number of nurses did not have an

assessment completed. This was discussed with the management team who acknowledged these shortfalls and agreed to complete relevant assessments prior to any of these nurses taking charge. Following the inspection the Registered Person provided written confirmation that all relevant nurses had a competency and capability assessment completed and were deemed competent to take charge of the home in the absence of the Manager.

Patients said that they felt well looked after and that staff were attentive. One patient commented "Very happy here" and a further patient referred to the staff as "Brilliant".

5.2.2 Care Delivery and Record Keeping

The Manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. 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. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Whilst most care records relating to repositioning were maintained, a number of recorded entries exceeded the recommended frequency of repositioning. Care records for one patient did not include the recommended frequency of repositioning within the care plan and there was conflicting information in a further patient's care records regarding the frequency of repositioning. This was discussed in detail with the management team and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

The inspector reviewed a sample of supplementary recording charts which evidenced that the date and recommended dietary/fluid type for identified patients were not consistently recorded within all charts. Abbreviations were also used within recording charts without any code to signify what they represented. These deficits were discussed in detail with the management team and an area for improvement was identified.

Review of three patient care records evidenced that care plans and risk assessments were reviewed regularly. However, on review of patient profiles and admission records, it was identified that a number of medical conditions had not been recorded within care plans. It was further identified that care plans for patients at risk of dehydration evidenced that a recommended daily fluid target was not recorded or the action to take if the daily fluid intake was below the target. This was discussed in detail with the management team and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had flooring replaced. The Registered Person confirmed that refurbishment works were ongoing including the replacement of identified bedroom furniture with surface damage to ensure the home is well maintained. A system was in place to ensure any maintenance issues were reported and addressed in a timely way.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

The inspector observed a potential trip hazard from a service outlet above the surface of a floor within a corridor and discussed this with the management team who agreed to make this area safe until reviewed by relevant personnel.

The use of a keypad was observed at the front door of the home and identified doors at stairwells on each floor which was considered to be restrictive practice. The need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was discussed with the management team. Following the inspection written confirmation was received from the Registered Person that the keypad code had been displayed at each keypad to enable patients to freely move around the home.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DOH and infection prevention and control (IPC) guidance.

The majority of staff were observed wearing PPE correctly and adhering to best practice IPC with the exception of two staff. This was discussed in detail with the management team who agreed to address with relevant staff and to monitor during daily walk arounds. Following the inspection the Registered Person provided written confirmation that relevant action had been taken.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

The activity person discussed a range of activities that patients liked to participate in and that the activity planner which was on display was subject to change in accordance with patient preference. The inspector observed patients engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Registered Person in their role.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The audit process included an action plan with 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 home was visited each month by the Registered Person 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 completed and available for review by patients, their representatives, the Trust and 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
Total number of Areas for Improvement	6*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Margaret Kolbohom, Registered Manager, Ailish Devlin, Clinical Governance Lead, and Jill Canavan, Registered Person, 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(4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that updates to warfarin dosage regimes are received in writing on each occasion and in a timely manner.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall review the administration of medicines process to ensure records are accurately maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall develop a robust auditing process which covers all aspects of medicines management.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
Area for improvement 4 Ref: Regulation 21 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • documentary evidence of pre-employment registration with an appropriate professional regulatory body where necessary • the dates of previous employment are recorded • any gaps in employment are explored and recorded. <p>Ref: 5.2.1</p>

	<p>Response by registered person detailing the actions taken: A robust recruitment process has been implemented, Dates of employment section has now been added to our application forms, any gaps in employment are explored during the interview process. Any pre-employment registration is also sought before commencement of employment.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a robust system is in place to ensure that relevant staff are registered with an appropriate professional regulatory body.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A vigorous system is now in place. A new matrix has been devised to highlight areas in relation to professional regulatory bodies, and requirement when due dates.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2021</p>	<p>The registered person shall ensure that care records are maintained to direct the delivery of care.</p> <p>With specific reference:</p> <ul style="list-style-type: none"> • where a patient has a relevant medical condition a care plan is implemented • patients at risk of dehydration have a care plan in place detailing the recommended daily fluid target with the action to be taken, and at what stage, if the recommended target is not met. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care files have been reviewed, updated, new careplans implemented and any deficits corrected. Supervision and staff meeting carried out with staff in relation to same.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all obsolete records are discontinued and securely archived.</p> <p>Ref: 5.1</p>

<p>To be completed by: Immediate and ongoing</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
<p>Area for improvement 2 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall review the stock control of medicines to ensure that expired medicines are removed from stock and medicines are only ordered as needed. Ref: 5.1</p>
<p>To be completed by: Immediate and ongoing</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
<p>Area for improvement 3 Ref: Standard 29 Stated: First time</p>	<p>The registered person shall ensure that all handwritten entries on medication administration records involve two trained staff to check that the information is accurate. Ref: 5.1</p>
<p>To be completed by: Immediate and ongoing</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next inspection.</p>
<p>Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: With immediate effect</p>	<p>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: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans reviewed whereby a resident requires repositioning to ensure accuracy, any deficits amended and updated in care plans. Supervision carried out with staff and staff meeting carried out to discuss same, ongoing review and auditing of care files.</p>
<p>Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary recording charts contain the following information:</p> <ul style="list-style-type: none"> • the date of entry • relevant information regarding patient recommended dietary/fluid type • where abbreviations are utilised a code is provided to signify what they represent. <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken: Supplementary charts have been reviewed and additional information provided on same. Supervision and staff meeting carried out with staff in relation to same. Ongoing review of supplementary charts.</p>
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