Unannounced Care Inspection Report
18 January 2017

Drapersfield House

Type of Service: Nursing Home
Address: 19 Drapersfield Road, Cookstown, BT80 8RS
Tel no: 02886764868
Inspector: Aveen Donnelly and James Laverty

1.0 Summary

An unannounced inspection of Drapersfield House took place on 18 January 2017 from 09.45 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The term 'patients' is used to describe those living in Drapersfield which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	1

The total number of requirements above includes one requirement that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Margaret Kolbohm, registered manager; and Jill Canavan, responsible person, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Mrs Jill Canavan	**Registered manager:** Mrs Margaret Kolbohm
Person in charge of the home at the time of inspection: Mrs Margaret Kolbohm	**Date manager registered:** 16 June 2016
Categories of care: RC-I, RC-MP(E), RC-MP, NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E) A maximum of 10 residential places. 2 identified persons in categories NH-LD/LD(E), 1 identified person in category RC-MP and 2 identified persons in category RC-MP(E).	**Number of registered places:** 45

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with six patients, two care staff, two registered nurses, one domestic staff, one kitchen staff, three patients' representatives and one visiting professional.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- accident and incident records
- records relating to adult safeguarding
- two staff recruitment and selection records
- monthly quality
- monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures.
- complaints received since the previous care inspection

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector; and will be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 13 June 2016

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 11 August 2016	The registered persons must ensure that the any chemicals used within the home are stored securely in accordance with COSHH regulations.	**Not Met**
	Action taken as confirmed during the inspection: Although keypad locks had been installed to the sluice room doors, the doors had not been closing properly and therefore were still accessible to patients. Cleaning chemicals such as 'Difficile S' were observed in unlocked cupboards in both sluice rooms. This requirement was not met and has been stated for the second time.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 4 Criteria (1) (7) **Stated:** Second time **To be completed by:** 11 August 2016	It is recommended that the continence assessment is reviewed and developed to ensure a comprehensive assessment is completed. Assessments and care plans should include all interventions required to manage patients' continence needs and should include but not limited to; bowel patterns and type and continence products required.	**Met**
	Action taken as confirmed during the inspection: A review of patient care records evidenced that continence assessments were completed in line with this recommendation.	

Recommendation 2 **Ref**: Standard 38 **Stated:** First time **To be completed by:** 11 August 2016	The registered persons should ensure that the recruitment and selection processes are further developed, to ensure that staff members do not commence employment until two satisfactory employment references have been received. This process should also ensure that a record is maintained of whether or not the AccessNI criminal record checks are clear.	**Met**
	Action taken as confirmed during the inspection: There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.	
Recommendation 3 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 11 August 2016	The registered persons should ensure that the infection prevention and control audits are further developed to ensure there is traceability in terms of the equipment and furnishings inspected. This refers specifically to the integrity of patients' seating in the home.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager evidenced that cleaning schedules had been further developed, to ensure that patients' armchairs were checked and cleaned as appropriate. There was also evidence that many new armchairs had been purchased. No concerns were raised with regards to the quality of the armchairs observed.	

4.3 Inspection Findings

4.3.1 Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 9 January 2017 evidenced that the planned staffing levels were generally adhered to. The registered manager explained there was currently one registered nurse vacancy and that this vacancy was being filled by permanent staff working additional hours. Some care staff had been recruited and were going through the appropriate checks before starting in post. Discussion with patients evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

4.3.2 Care practices

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients consulted with informed the inspectors, that their needs were always met and that the staff always responded promptly to any calls for assistance.

A number of patients required the use of bedrails to be used when they were in bed. One patient was observed to be in bed with only one side of the bedrails raised. This meant that in the absence of staff being present, there was a risk that the patient could have fallen out of bed. The inspectors stayed with the patient until the care staff member returned to the patient's bedroom. The care staff member explained that the patient had only been left momentarily and that they had left the room to get the patient's wheelchair. The registered manager stated that this matter had been addressed with the individual staff member; however, a requirement has been made in respect of staff training, to ensure that patient safety is maintained at all times.

Although there was a process in place to ensure that equipment was being checked as in good working order and fit for use; we were not assured about the effectiveness of the checking processes. For example, the suction machine had been disassembled and did not have the appropriate attachment in place. This is unsafe practice. If equipment is not checked regularly and any faults or missing equipment is not reported and managed, in the event of an emergency it may not be in a useable condition. The registered manager showed us the records pertaining to equipment checks and there was evidence that checks of the suction machine were included; however, these checks were conducted on a weekly basis, rather than on a daily basis. The registered manager immediately took action to ensure that the suction machine was assembled and ready for use. Assurances were also provided that the checking of the equipment would be done on a daily basis. A requirement has been made in this regard.

Patients commented positively regarding the quality of the food and all stated that it was always very nice. The dining room tables were set attractively and were well-spaced so that people could move about freely and choose where they sat. The atmosphere was quiet and tranquil and patients were encouraged to eat their food. Menus were displayed in pictorial format to assist in making choices and to provide an awareness of the meal to be served.

A list of planned activities was displayed on a noticeboard in order to assist patients to choose which to participate in. All those consulted with stated that there was always plenty to do and that the staff always encouraged them to become involved in the various activities provided. The weekly list of activities varied from that on the daily activities planner. This was brought to the attention of the registered manager to address.

A small number of continence products which had been removed from their packaging were observed in a storage unit on the top floor. This is not in keeping with good infection prevention and control practices. When the registered manager was made aware of this issue, the storage unit was removed from use.

4.3.3 Care records

A review of four patient care records evidenced that a range of validated risk assessments were generally completed as part of the admission process and reviewed as required. There was good evidence that care records were generally well maintained; however, the review evidenced a number of areas for improvement. For example, pain assessments were routinely completed for all patients on admission to the home; however, the pain assessments were not undertaken thereafter. This was concerning given that a number of patients required transdermal opioid analgesia to manage their pain. RQIA acknowledges that appropriate care plans were in place and that the patient's pain had been effectively managed; however, assessment is the starting point and key element of the nursing process and should be used to inform the development and evaluation of the patients' care plan. This was discussed with the registered manager. A requirement has been made in this regard.

Observation on the day of the inspection and discussion with patients and their representatives confirmed that patients were regularly offered plenty to eat and drink throughout the day. However, a review of two patients' fluid intake records identified a number of days where the patients had a poor fluid intake. The review of the corresponding entries in the daily progress notes evidenced that they did not accurately reflect the fluid intake recorded on the fluid intake charts. For example, where a patient was identified as having a total fluid intake of only 140mls, the registered nurse had recorded that the patient had a 'good appetite' and was 'eating and drinking well'. This was evidenced on three occasions within the one week reviewed. The registered manager stated that the fluid intake record were most likely not accurate; however we could not be assured that that the registered nurses were monitoring patients' fluid intakes appropriately because there was no evidence within the care record to demonstrate any action taken in response to identified deficits. A requirement has been made in this regard.

Some patients used urinary catheters, due to their individual needs. Good practice suggests that reusable drainage bags are changed every five to seven days in accordance with manufacturers' recommendations. We found that staff were not recording accurately when the catheter drainage bags were changed. This meant that the patients could potentially be exposed to increased risk of acquiring an infection. However, all staff consulted with, were able to clearly state the specified date the drainage bags were changed. This was discussed with the registered manager. A recommendation has been made in this regard.

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Despite these issues, the review of care records also identified areas of care which were very well managed within the home. For example, a review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident, care management and patients' representatives were notified appropriately. Where patients required the use of bedrails, the appropriate risk assessments and care plans had been developed. Patients who were identified as requiring a modified diet, had the relevant choke risk and malnutrition risk assessments completed. The prescribed modified diet was included in the assessment, together with recommended strategies for ensuring correct feeding techniques were utilised or maintaining optimum posture. This information was included in the care plan.

Where a patient had a wound, there was evidence of regular wound assessments and review of the care plan regarding the progress of the wound. A review of the daily progress notes evidenced that the dressing had been changed according to the care plan. Wound care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines.

There was also evidence that tissue viability nurse specialist (TVN) input had been sought. A review of repositioning records also evidenced that patients were repositioned according to their care plans.

Some patients were at risk of losing weight due to a poor appetite or being unable to eat independently. Patients were weighed regularly according to the guidance in their care plans. These weight records were audited regularly to ensure that any loss of weight was identified and action was taken to address the concern.

Some patients displayed behaviour that might challenge or upset others. Where appropriate, care plans were developed with regard to the patients' behaviour and included enough guidance about the action the staff should take. Staff consulted with stated that training had been provided and that they felt sufficiently skilled to work with patients who needed additional support. Infection control care plans had been developed for patients who required the use of urinary catheters and care plans had also been developed in regards to acute infections the patients may have. For example, where a patient was prescribed an antibiotic for the treatment of a chest infection, a care plan had been developed.

4.3.4 Consultation

During the inspection, we met with six patients, two care staff, two registered nurses, one domestic staff, one kitchen staff, three patients' representatives and one visiting professional. Some comments received are detailed below:

Staff

"The care is very good, we know the patients individually and like to do things their way"
"Everything is ok here"
"The care is very good, the residents are happy and we get a lot of compliments from relatives"
"I have no concerns"

Patients

"I have no complaints at all, this is a lovely place"
"I am treated fairly well"
"We are all treated very good"
"The staff are very good"
"The food is good, I just love them (the staff)"
"It is all very good"

Patients' representatives

"The care is very good and we have a good rapport with the staff and the manager"
"The care is very good, everything is grand"
"The staff are lovely"

Visiting Professionals

"No problems at all here, they are very good. They are managing fractures well and all recommendations are being followed"

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. No relatives returned questionnaires within the timeframe for inclusion in this report. However, three patients and five staff had returned their questionnaires. All respondents indicated that they were either 'very satisfied' or 'satisfied' that the care was safe, effective and compassionate; and that the home was well led. No written comments were received.

4.3.5 Governance and management arrangements

There was a clear organisational structure within the home. All those consulted with knew who the registered manager and other members of the senior management team were and stated that they were available at any time if the need arose. Although one requirement that had previously been made has been stated for the second time, there was evidence that the management team were responsive and had taken action to improve the effectiveness of the care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. All those consulted with confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. For example, the registered manager described the action taken in response to an identified increase in the rate of falls in the home, falls prevention training had been arranged and the concern had been discussed at a recent staff meeting. The registered manager also described how they personally tested sensor mats, to ensure that the staff responded promptly. This is good practice and is commended.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The monthly quality monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to ensure that the policies and procedures for the home were systematically reviewed. Discussion with the registered manager and a sampling of policies confirmed that policies were reviewed in response to any incidents which had occurred where learning had been identified.

4.3.6 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy and warm throughout. There was evidence of ongoing refurbishment works.

As discussed in section 4.2, the sluice room doors were not closing properly, which meant that patients could have had access to cleaning chemicals that were stored in these rooms. A requirement that was previously made in this regard has been stated for the second time.

Areas for improvement

A requirement has been made that training is provided and work practices are monitored, in relation to the safe use of bedrails, to ensure that work practices are safe and without risk to health or welfare. Evidence of training, in whatever format provided, must be retained in the home for inspection.

A requirement has been made that the processes in place for checking that emergency equipment is checked as in good working order are further developed, to ensure that emergency equipment is ready for use at all times.

A requirement has been made that pain assessments are completed (if applicable) for all patients requiring regular or occasional analgesia. This assessment should review the effectiveness of the analgesia and the outcome should be reflected in the patients' care plans. The pain assessment tool to be used must be commensurate with the patient's ability to communicate.

A requirement has been made that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.

A recommendation has been made that where patients require a urinary catheter, records are maintained, to evidence the date the catheter bag has been changed.

Number of requirements	4	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Kolbohm, registered manager; and Jill Canavan, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref**: Regulation 14 (2) (c) **Stated:** Second time **To be completed by:** 31 March 2017	The registered persons must ensure that the any chemicals used within the home are stored securely in accordance with COSHH regulations. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: All chemicals are now located in a sluice cupboard. The sluice doors have now all been fixed and close automatically when a member of staff leaves the sluice room and all staff have been informed to ensure door closed and if any problems to report immediately.
Requirement 2 **Ref:** Regulation 20 (1)(c) **Stated:** First time **To be completed by:** 31 March 2017	The registered persons must ensure that training is provided and work practices are monitored, in relation to the safe use of bedrails, to ensure that work practices are safe and without risk to health or welfare. Evidence of training, in whatever format provided, must be retained in the home for inspection. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: A scheduled training session provided by staff training Ltd, focused on best practices with in the workplace. A section of the training included the safe use of bedrails. Internally all staff are encouraged and monitored of their use of the evo training online system to aid their ongoing development.
Requirement 3 **Ref:** Regulation 12 (2) (b) **Stated:** First time **To be completed by:** 31 March 2017	The registered persons must ensure that the processes in place for checking that equipment is in good working order, are further developed and monitored, to ensure that emergency equipment is ready for use at all times. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: A new format for checking all equipment has now been introduced and the registered nurse on night duty checks and signs off on a nightly basis, The nurse manager/ deputy managers audit weekly to ensure this is carried out.

Requirement 4 **Ref:** Regulation 15 (2)(a)(b) **Stated:** First time **To be completed by:** 31 March 2017	The registered persons must ensure that pain assessments are completed (if applicable) for all patients requiring regular or occasional analgesia. This assessment should review the effectiveness of the analgesia and the outcome should be reflected in the patients' care plans. The pain assessment tool to be used must be commensurate with the patient's ability to communicate. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: Patients continue to have a pain assessment on admission but any transdemal opioidianangesia are commenced on a pain chart for 24hrs when their transdemal opioidanagesia is due to assess the patients level of pain and document in the appropriate care plan problem review page. If registered nurse observe that the patients pain is not controlled they will contact the patients GP, and implement new directions.
Requirement 5 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 31 March 2017	The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: Following a review to discuss the findings of the inspection, the registered provider highlighted the current shortfalls in the system regarding patients' total fluid intake records. New procedures now see all registered nurses checking all patients in their care, fluid balance chart at the end of their shift and verifying that the fluid balance chart is up todate with their signature. The total Fluid intake over 24hrs for each patient is recorded on the Fluid balance chart daily. A registered nurse has also been assigned to oversee that all patients details have been recorded on the Fluid balance chart and updated on the daily evaluation sheet.
Recommendations	
Recommendation 1 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 31 March 2017	A recommendation has been made that where patients require a urinary catheter, records are maintained, to evidence the date the catheter bag has been changed. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: Further to the recommendation, a new plan has been implemented where all urinary catheters are changed weekly, should they require changing more often, the actions are recorded on the fluids balance chart and daily evaluation sheet.

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