



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 October 2019



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: Sinead McAlynn, deputy manager</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: 41</p>

4.0 Inspection summary

An unannounced inspection took place on 8 October 2019 from 11.50 hours to 18.20 hours.

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

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

The responsible individual Jill Canavan was present throughout the inspection and during feedback.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

An area of improvement was identified in relation to the refurbishment of the environment. Record keeping was identified at the previous care inspection as an area for improvement which has been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after 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	0

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jill Canavan, responsible individual and Ailish Devlin, clinical governance leader, 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 care and medicines management inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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 provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 30 September 2019 to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction files
- seven patient care records
- eight patient care charts including food and fluid intake charts, reposition charts and bowel elimination records
- a sample of governance audits/records
- medicine records for the administration of drugs in distressed reactions
- complaints record
- compliments received
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as either met, partially met, or not 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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	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. Specific reference to recording charts and daily records:	Partially met

	<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>Action taken as confirmed during the inspection: On review of a sample of daily records in relation to fluid intake it was identified that where set targets had not been maintained there was no action documented within the patient's notes. This area for improvement has not been met.</p> <p>It was positive to note that where a patient had been repositioned the frequency reflected the current care plan and stated the intervention on each repositioning. This area for improvement has been met.</p> <p>On review of a sample of care records we identified that where a patient did not have a bowel movement within the time frame which was normal for them, the action taken was not clearly documented. This area for improvement has not been met.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the settings on a sample of pressure relieving mattresses were maintained at the correct setting and included in the patients care plan.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patients' privacy is upheld.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a number of bedrooms and evidenced that locks had been installed to ensure that patients have control over who accesses their room and when this happens.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a programme of activities was displayed in a suitable format and in an appropriate location.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the complaints procedure included detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p>	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: Second time	The registered person shall ensure that when medicines are administered on a “when required” basis for the management of the distressed reactions, the reason for and outcome of the administration is recorded.	Met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of care records for patients who were prescribed ‘when required’ medication for the management of distressed reactions. There was evidence that the reason for and the outcome of each administration was recorded.	

6.2 Inspection findings

6.2.1 The Patient Experience

We arrived in the home at 11.50 hours and were greeted by staff who were helpful and attentive. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the main corridor and in the lounges evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity person was off duty; however, staff were able to discuss the provision of activities and the current arrangements within the home to facilitate community involvement. The patients appeared to enjoy the interaction between the staff and each other.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display at each table within the dining areas and offered a choice of two main meals. The dining rooms were well presented with table cloths, condiments and drinking glasses available at each table and

staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Drapersfield House was a positive experience.

Patient comments:

- "Staff are looking after me well."
- "Food is very good."
- "We have everything we need."
- "They are very good in here."
- "The staff are very good."

Representatives' comments:

- "We couldn't say a bad thing about here."
- "They are very good."
- "Really happy is here."

We also sought relatives' opinion on staffing via questionnaires. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 30 September 2019 and 7 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the deputy manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but also stated that this is effected occasionally due to short notice absenteeism. Staff also stated that they felt supported by management. Comments included:

- “I love it here.”
- “Anything that is needed is never a problem with management.”
- “Great team.”

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Drapersfield House. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of seven patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary care charts such as repositioning records were well maintained; however, review of fluid intake charts evidenced that action had not been taken when set fluid targets had not been maintained. We further identified that where a patient did not have a bowel movement within the time frame which was normal for them, the action taken was not clearly documented. This was discussed with the responsible individual and clinical governance leader who agreed to review current systems for recording bowel frequency and to communicate with all relevant staff regarding the importance of documenting within the patients daily progress notes when set fluid targets have not been met and the action taken. This area for improvement was identified at the previous care inspection and has only partially been met and has therefore been stated for a second time.

The management of medicines prescribed for administration on a “when required” basis for the management of distressed reactions was reviewed for a sample of patients. The dosage instructions were recorded on the personal medication record and staff knew how to recognise

signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded and a care plan was maintained. This was identified as an area for improvement at the previous medicines management inspection which has been suitably addressed.

There were no new areas for improvement during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As previously discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. On inspection of patient bedrooms it was observed that a number of items of bedroom furniture, over bed tables, floor coverings, radiator covers and identified walls were marked/worn requiring refurbishment. This was discussed with the responsible individual who had already identified that areas within the home required redecorating and was in the process of implementing a refurbishment plan. The estates inspector for the home was notified and an area for improvement was identified.

Oxygen tubing and nasal spectacles for one identified patient was observed as unclean and on review of care records it was identified that there was no system in place for the renewal of this type of equipment. We discussed this with the responsible individual and clinical governance leader and following the inspection assurances were received that a system for renewing oxygen tubing/nasal spectacles has been implemented and included within the monthly audits.

We identified a mattress that was stained and no longer appropriate for use. The mattress was replaced during the inspection and a detailed review of all mattresses was scheduled to be undertaken following the inspection with ongoing audits to be initiated to ensure that standards are maintained.

We observed a number of commodes with rust and the surface to the underneath of identified hand paper/toilet paper dispensers stained. The above deficits were discussed with the responsible individual and clinical governance leader and the equipment was cleaned during the inspection. The responsible individual agreed to monitor this closely to ensure that the environment remains clean and to replace identified equipment where necessary.

An area for improvement was identified during the inspection in relation to the refurbishment of the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.2.5 Management and Governance of the home

Since the last inspection, a clinical governance leader has been employed to support the registered manager with the overall governance of the home. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns

supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the deputy manager 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.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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 leader, 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

<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>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The supplementary charts are currently monitored daily by staff nurses. There is now a bowel audit sheet daily to record actions taken. Also, supervisions have been carried out with staff to ensure triangulation of care is recorded in patients' daily notes and action taken.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First Time</p> <p>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>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: A refurbishment programme has commenced in the Home, all issues mentioned are included to be addressed in the refurbishment plan. A detailed copy of the plan has been submitted.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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