



# Unannounced Care Inspection Report 21 July 2018



## Drapersfield House

**Type of Service: Nursing Home (NH)**

**Address: 19 Drapersfield Road, Cookstown, BT80 8RS**

**Tel No: 028 8676 4868**

**Inspector: Kieran McCormick**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 45 persons.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Drapersfield Ltd<br><br><b>Responsible Individual:</b><br>Jill Canavan   | <b>Registered Manager:</b><br>Margaret Kolbohm   |
| <b>Person in charge at the time of inspection:</b><br>Noeleen Mallon – Registered nurse, from 09.25 to 10.30 hours.<br>Margaret Kolbohm – Registered manager, from 10.30 to 15.10 hours.   | <b>Date manager registered:</b><br>16 June 2016  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>LD(E) – Learning disability<br>MP(E) – mental disorder excluding learning disability or dementia – over 65 years<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | <b>Number of registered places:</b><br>45<br><br>Inclusive of a maximum of three named residents receiving residential care. |

### 4.0 Inspection summary

An unannounced inspection took place on 21 July 2018 from 09.25 to 15.10 hours.

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 Care Standards for Nursing Homes 2015.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to communication with patients, their representatives and members of the multiprofessional team, governance arrangements and adult safeguarding. There was also evidence of good practice identified in relation to the management of staff training, recruitment and the culture and ethos of the home.

Areas requiring improvement were identified and include oversight of patient bowel management, administration of medications and communal use of 'net pants'.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | *3        |

\*The total number of areas for improvement include one which has been stated for a second time and which will be carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Kolbohm, registered manager, Julie McCrystal, administrator, Noeleen Mallon and Marie-Louise Nevin, registered nurses as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 October 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with six patients, 12 staff and one patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the

registered manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home. The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 July 2018
- 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
- two staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 26 October 2017**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 9 October 2017

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005                  |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 15 (2) (a) and (b)<br><br><b>Stated:</b> Second time | 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. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of patient care records evidenced a comprehensive assessment on individual patients pain management needs within the pain care plan. A sample of pain observation charts were also reviewed, those reviewed were consistently completed.   |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (1) (a)<br><br><b>Stated:</b> Second time         | 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.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The progress records for one patient on fluid management records evidenced that the daily fluid charts were signed off by a registered nurse. Daily progress notes reflected the target and actual fluid intake for the patient.  |                          |



| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b> |  | <b>Validation of compliance</b> |
|--|--|---------------------------------|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> First time | The registered persons shall ensure that care plans are developed for patients who have acute infections.  | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>Care records reviewed evidenced that an individualised care plan had been devised for an identified patient who was currently in receipt of antibiotics for an acute infection.   |                                 |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> First time | The registered persons shall ensure that the process for recording patients' bowel motions is further developed, to ensure that the registered nurses' have oversight of these records; and that evidence of any action taken in response to deficits is recorded in the daily progress notes.   | <b>Not met</b>                  |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of bowel observation charts for two patients evidenced gaps in records of up to eight days. There was no evidence of robust oversight from registered nurses of patients' bowel management.<br><br><b>This area for improvement has not been met and will be stated for a second time.</b> |                                 |

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The nurse in charge, at the commencement of the inspection, confirmed the planned daily staffing levels for the home. Discussion with patients, relatives and staff confirmed that they had no concerns regarding staffing levels. 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. Staff rotas also confirmed that catering and housekeeping staff were rostered to help meet the needs of the patients and to support the nursing and care staff.

The inspector observed a patient who was in bed lying on a pressure relieving mattress that was deflated. This was immediately discussed with staff on duty who were aware of the situation and who were taking action to address the matter.

Discussion with staff evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Discussion with staff confirmed that they were coached and mentored through a process of both supervision and appraisal.

At the commencement of the inspection it was noted that a registered nurse administering medicines had pre-dispensed the medicines for six patients into the medicines pots prior to administration. This is unsafe practice. The registered person must ensure that the registered nurses do not pre-dispense medicines in this manner. This matter was discussed with the registered manager during the inspection and post inspection with the pharmacist inspector for the home. It was agreed between the inspectors that an area for improvement under the standards would be made.

Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A review of training records provided assurance of compliance with mandatory training requirements; there were arrangements in place for the training of existing and new staff members. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of accident/incident records evidenced that, as required, these had been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction. The home had recently had a water leak which resulted in visible damage to décor in a number of rooms. The inspector was assured that repair of these damaged areas was scheduled to take place.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC). However a check of NMC registrations had not been completed on a monthly basis. This was discussed with the registered manager who agreed to align the monthly check of NMC registrations in the same way as NISCC. A review of records to monitor the registration of care staff with the Northern Ireland Social Care Council (NISCC) evidenced a monthly system in place to monitor staff registrations.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

## Areas for improvement

The following area was identified for improvement in relation to the administration of medications.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

A review of three patients' care records evidenced that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians.

Care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of pain, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. The care records and risk assessments evidenced that these had been consistently reviewed or evaluated.

A review of bowel observation charts for two patients' evidenced gaps in records of up to eight days, there was no evidence of robust oversight from registered nurses of patients' bowel management. A previous area for improvement under the standards has been stated for a second time.

Discussion with staff evidenced that nursing and 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 the shift handover provided information regarding each patient's condition and any changes noted.

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

Patient representatives confirmed their input into the care planning process. There was evidence of regular communication with representatives within the care records.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who the registered manager was.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to nursing care plans and assessments, communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.25 hours and were greeted by staff who were helpful and attentive. Patients were observed to be resting in one of the two communal lounges or were in their bedroom. Patients had access to fresh water and/or juice.

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

We observed the serving of the lunchtime meal. Staff were observed wearing appropriate personal protective equipment (PPE). Patients were assisted to the dining room or had trays delivered to them as required; food leaving the dining room on trays was observed to be covered. Staff were observed appropriately assisting patients with their meal. Patients able to communicate indicated that they enjoyed their meal. 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.

Observation in the laundry area evidenced a box of 'net pants', that had been laundered, but none were identified with patient names. This practice has the potential for these items to be used communally in the home. An area for improvement in this regard has been made under the standards.

A review of information displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Information regarding advocacy services was also displayed.

All patients, who spoke with the inspector, were positive in their comments regarding their experience of living in Drapersfield House. 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.

In addition to speaking with patients, their relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

Feedback from four questionnaires received from patients and their representatives indicated satisfaction across the four domains of safe, effective, compassionate and well led care. Comments received included:

“...feels she would like to get out more.”

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

There were systems in place to obtain the views of patients and their representatives on the running of the home, this included a suggestion box that was available.

Observation of the home's environment evidenced that it had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

The following area was identified for improvement in relation to the communal use of clothing amongst patients in the home.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The registered manager and nursing staff were knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements.

Discussion with staff, patients and their representatives evidenced that the registered 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 registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of nursing care and services. For example, audits were completed regarding accidents/incidents, wound care and IPC. However with regards to IPC audits an action plan had not been consistently devised when shortfalls had been identified, this was discussed with the registered manager who provided assurances to address this in line with the other audits completed.

Discussion with the registered manager and a review of records evidenced monthly quality monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA 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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 Margaret Kolbohm, registered manager, Julie McCrystal, administrator, Noeleen Mallon and Marie-Louise Nevin, registered nurses 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>Immediate action required | <p>The registered person shall ensure that the process for recording patients' bowel motions is further developed, to ensure that the registered nurses have oversight of these records; and that evidence of any action taken in response to deficits is recorded in the daily progress notes.</p> <p><b>Ref: section 6.2 &amp; 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All residents are on a Bristol stool chart. All staff will be reminded to complete Bristol Stool Charts. Registered Nurses will check and sign charts on a daily basis. The Nurse Manager will audit charts on a weekly basis.</p> |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 28<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate action required | <p>The registered person shall ensure that medicines are prepared immediately prior to the administration from the container in which they are dispensed.</p> <p><b>Ref: section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All registered nurses have been informed that they must carry out medication rounds safely by preparing all individual patients medication and administer all medications one at a time.</p>   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate action required  | <p>The registered person shall ensure that net pants are provided for each patient's individual use and any unlabelled items are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p><b>Ref: section 6.6</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All staff have been informed that patients are not to have net pants used. Residents families have been updated regarding this change. A notice has been placed in the laundry to ensure any remaining net pants are disposed off immediately.</p>  |

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



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