

Unannounced Care Inspection Report 1 May 2019



Drombane

Type of Service: Nursing Home

Address: 39 Glen Road, Blackskull, Dromore, BT25 1JX

Tel No: 028 4062 6064

Inspectors: Dermot Walsh and Briege Ferris

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 20 patients.

3.0 Service details

<p>Organisation/Registered Provider: Elizabeth Kathleen Mary Lisk</p> <p>Responsible Individual: Elizabeth Kathleen Mary Lisk</p>	<p>Registered Manager and date registered: Daizy Samuel 9 January 2015</p>
<p>Person in charge at the time of inspection: Daizy Samuel</p>	<p>Number of registered places: 20</p> <p>Category NH-MP for 1 identified patient only. 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. MP – Mental disorder excluding learning disability or dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 17</p>

4.0 Inspection summary

An unannounced inspection took place on 1 May 2019 from 09.05 to 16.45.

This inspection was undertaken by care and finance inspectors.

The term 'patient' is used to describe those living in Drombane 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 staffing arrangements, staff training and development, adult safeguarding, compliance with infection prevention and control, record keeping, the mealtime experience and governance. Further good practice was found in relation to the delivery of compassionate care and maintaining good working relationships.

Areas for improvement were identified in relation to the management of falls, staff recruitment, diet related training and the blocking of stairwells.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, the people who visit them and staff during and after the inspection, are included in the main body of this report.

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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	3	*6

*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Daizy Samuel, registered manager, 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 23 October 2019

The most recent inspection of the home was an unannounced care inspection. 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 inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients and people who visit them 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 their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire to give their views on the running of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 22 April 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 file
- four patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample monthly monitoring reports from January 2019
- RQIA registration certificate
- records of the two most recent reconciliations of the patients' bank account
- a sample of patients' income and expenditure records
- a sample of reconciliation records for money and valuables
- a sample of patients' individual written agreements
- a sample of written financial policies

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all 10 were met.

Eight areas for improvement were identified at the last finance inspection. Five were assessed as met, one partially met and two were not met. These have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 22 April 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced shortfalls in the appropriate pre-employment checks. This was discussed with the registered manager and identified as an area for improvement.

The registered manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as appropriate. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

Staff consulted confirmed that they completed a structured orientation and induction programme when they commenced employment in the home. Staff confirmed that supernumerary hours were allocated to them at the commencement of their employment. These are hours in which staff were not counted within staffing numbers on the duty rota. This would give new staff the opportunity to work alongside a more experienced member of the team in order to gain knowledge of the home's policies and procedures. Staff spoke positively in relation to the induction process. The registered manager confirmed that all nursing and care staff were also mentored and coached through supervision and appraisal. A system had been developed to ensure that all registered nursing and care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

A record of any training that staff had completed was maintained in the home. Staff were satisfied that the training provided assisted them in their roles within the team. Training on fire safety had been completed and an area for improvement in this regard has now been met. Discussion with the registered manager and staff confirmed that training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators had not commenced. The implementation of IDDSI indicators was due to commence regionally in April 2019. An area for improvement was made.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the registered manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of four patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. A review of the management of falls in the home evidenced gaps in record keeping and with the actions taken following the fall. For example, there was no evidence that central nervous system observations had been monitored for 24 hours when the patient sustained a head injury. This was discussed with the registered manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. Compliance with infection prevention and control had been well maintained. An area for improvement in this regard has now been met. A gap previously observed in the laundry wall had been repaired. Chemicals were not observed accessible to patients in any part of the home. Locks had been installed on identified communal toilets. Areas for improvement in these regards have also now been met.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, a stairwell in the home was observed to be partially blocked with patient equipment which could potentially delay any evacuation of the home. This was discussed with the registered manager and identified as an area for improvement. Patients were seated in one of the lounges or in their bedroom as was their choice. Patients were complimentary in regards to the environment and the surrounding areas. The gardens surrounding the home were well maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff training and development, adult safeguarding and with compliance with infection prevention and control.

Areas for improvement

Areas for improvement were identified in relation to the management of falls, staff recruitment, IDDSI training and the blocking of stairwells.

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

There was evidence within four patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restrictive practice. Care plans, with the exception of falls management, had been developed which were reflective of the risk assessments. Falls management has been referenced in section 6.3. The care plans had also been reviewed regularly or as the patients' needs changed. Registered nursing staff confirmed that there were no wounds in the home requiring dressing.

Dietary requirements such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. As previously discussed, staff training was required in using new IDDSI indicators. Patients' care records will need to be amended following this training to make reference to the indicators. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. The MUST scores reviewed were up to date and calculated correctly. An area for improvement in this regard has now been met. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision. We reviewed the lunchtime meal experience during the inspection. The meal commenced around 12.30. Patients dined in the main dining room on the ground floor or at their preferred dining area. A menu was displayed on the wall of the dining room reflective of the food which was served. Patients confirmed that they were offered a choice of meal and an area for improvement in this regard has now been met. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meal. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence; a care plan was developed to guide staff in measures to prevent skin breakdown. Discussion with staff and the registered manager confirmed that no patients in the home had a wound requiring dressing.

When a restrictive practice, such as the use of an alarm mat had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. There was evidence of communication with the patient’s next of kin in relation to use of the restrictive practice. The assessed need for the restrictive practice was included within the patient’s care plans and there was evidence that the continued need for the use of restrictive practice was monitored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the mealtime experience.

Areas for improvement

No areas for improvement were identified during the inspection the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment 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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “We would like to thank you all so much for your great kindness and care looking after ... It was a great comfort to us and to him that he was cared for so well.”
- “Can’t thank you enough for all the tender loving care shown to dad. It was a blessing to us all to know he was looked after so well.”

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Drombane was a positive experience. Ten patient questionnaires were left for completion. Two were returned within the timeframe. Both respondents indicated that they were very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

- “I am very happy here. Staff are very pleasant and helpful.”
- “It is fine here. Very nice.”
- “I like living here.”
- “It is great here. I really like it. Staff are very good.”
- “It is very quiet here. Staff very pleasant.”
- “Staff are dead on.”
- “This place is alright.”
- “I am very happy here. Enjoy living here.”
- “Can talk to staff anytime. They are available all the time. Talk to the manager if needed. Food is brilliant. Girls are very good.”

One patient representative was consulted during the inspection. Patient representatives’ questionnaires were left for completion. Three were returned. Some patient representatives’ comments were as follows:

- “I love this place. Can’t praise it highly enough. All the staff go above and beyond. Always made to feel welcome in the home.”
- “We would love just if some entertainment was given to the patients.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from five staff consulted during the inspection included:

- “I really enjoy working here.”
- “I am proud of the care here.”
- “I am very happy here. Everyone is so nice and works well together.”
- “I love it here.”
- “Really love working here and I am proud to work here.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care and with staff interactions with patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Staff confirmed that the registered manager in the home was very approachable. Staff also confirmed that the registered manager was always available to provide guidance or advice during and out of normal office hours. Patients confirmed that they were aware of who the registered manager was and spoke positively in relation to interactions with the home's management.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager.

The registered manager confirmed that they had not received any recent complaints in the home relating to patients' care or in relation to the provision of any service in the home. A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the registered manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, fire drills, kitchen and infection prevention and control practices. An action plan was developed where shortfalls were identified and there was evidence that action plans had been reviewed to ensure completion.

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.

Management of service users monies

A range of patients' financial records were reviewed which included patients' written agreements, property records, income and expenditure records, hairdressing and chiropody treatment records and written financial policies and procedures. The areas for improvement identified from the last finance inspection which are not fully met are stated for a second time in the QIP. In addition, two new areas for improvement were identified as part of the inspection; these areas for improvement are also detailed in the QIP.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to records of patient property and staff use of personal store loyalty cards. Areas for improvement in relation to treatment records; patients' property records and personal monies authorisation documents have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Daizy Samuel, registered manager, 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) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the management of falls is conducted in line with best practice guidance.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All Nurses informed and the management of falls is now in line with best practice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that stairwells in the home are not blocked at any time to allow for safe access and egress.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff are now aware to clear stairwells immediately and stored in correct place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 01 June 2019</p>	<p>The registered person shall ensure that each patient has a written record of the furniture and personal possessions which they have brought to their room.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Staff are in the process of recording all items in each patients room.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure that all appropriate pre-employment checks are conducted prior to the new staff member commencing in post.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All checks will be carried out for new employees.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that IDDSI training is conducted with all staff in the home involved with the provision of food. Care records shall make reference to IDDSI descriptors.</p> <p>Ref: 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p> <p>To be completed by: 02 May 2019</p>	<p>Response by registered person detailing the actions taken: All staff has carried out IDDSI training and care plans updated.</p> <p>The registered person shall ensure that hairdressing and chiropody treatment records are signed by both the person delivering the treatment and a member of staff at the home to verify that the treatment was delivered.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: New treatment sheet out and will be signed by a member of staff and the person delivering the treatment.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 01 June 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This is an on going process and will be carried out during each residents stay.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: Second time</p> <p>To be completed by: 01 June 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Authorisation letters have been signed by the representative of each patient and will be on going and updated as required.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.16</p> <p>Stated: First time</p> <p>To be completed by: 02 May 2019</p>	<p>The registered person shall ensure that where staff purchase items on behalf of residents, any store loyalty points earned are owned by the resident and this is documented on the receipt. Where a resident is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the resident for their own records.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: No loyalty points will be purchased by staff.</p>

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



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