



Announced Care Inspection Report 4 September 2020



Drombane

Type of Service: Nursing Home
Address: 39 Glen Road, Blackskull, Dromore BT25 1JX
Tel no: 028 4062 6064
Inspector: Dermot Walsh

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 nursing home registered to provide nursing care for up to 20 persons.

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 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. 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: 19</p>

4.0 Inspection summary

An announced inspection took place on 4 September 2020 from 10.00 to 13.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality improvement
- Nutrition
- Adult safeguarding
- Consultation.

Patients consulted spoke positively on living in Drombane and some of their comments can be found in the main body of the 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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Daizy Samuel, registered manager and Elaine Burns, administrator, 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.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Complaints review
- Compliments records
- Incident and accident review
- Minutes of patients'/relatives'/ staff meetings
- Activity planner
- Three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Daizy Samuel, manager and Elaine Burns, administrator.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 20 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

Management arrangements

There was a clear organisational structure within the home and staff were aware of the management arrangements. Patients consulted were aware of who the manager was and spoke positively of their engagements with the home's management. There had been no changes to the management arrangements since the last care inspection.

In the absence of the manager, the registered nurse on duty would assume responsibility for the person in charge of the home. The nurse would complete a nurse in charge competency and capability assessment prior to taking on this role. The manager confirmed that a contacts folder was accessible for all staff should any event occur in the home. The contact numbers included contact details of the manager, deputy manager, regional manager and responsible individual. Additional contact details were available for out of hours medical/social contacts, police, Northern Ireland electricity, lift suppliers and for maintenance. Instruction was available of who to contact in the first instance and who to contact second depending on the event.

Staffing arrangements

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by patient dependency levels which were monitored monthly. Discussions with patients confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Patients consulted spoke positively in relation to the care delivery in the home. There were no concerns identified within returned patients' questionnaires or within relative/visitors' questionnaires. Staff consulted stated that they felt the staffing arrangements met the required needs of patients.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment. The manager confirmed that since the outbreak of the Covid pandemic, to reduce footfall in the home, agency and bank staff were not employed in the home. Existing staff undertook additional working hours and the manager worked on the floor in a nursing capacity, when required, to ensure that staffing levels were met.

Due to the Coronavirus pandemic, normal face to face staff training facilitated by external trainers had been postponed as an infection prevention measure by minimising the number of

people entering the home. All staff now received electronic training. Staff commented that they understood the reasoning for this, however, were of the opinion that face to face training was more effective than electronic training. The manager confirmed that all staff were compliant in completing their training.

Discussion with the manager and a review of documents evidenced that annual appraisals and staff supervisions were being completed in the home. On discussion, the manager agreed that recording the completion dates on a matrix would be a more effective method of overseeing that all staff receives an annual appraisal and supervision discussions twice a year. This will be reviewed at a subsequent care inspection.

Governance

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of falls in the home. Falls registers were maintained and on a monthly basis falls in the home were analysed for any patterns and trends as a means to identify if any further potential falls could be prevented. A review of documentation relating to falls evidenced that falls in the home had been managed appropriately and that the appropriate persons had been notified.

Patient weights were monitored on a monthly basis. A monthly weight audit was completed in addition to the malnutrition universal screening tool (MUST) nutritional assessment. The audit identified actual weight loss or weight gain in kilograms since the previous month on all patients in the home.

Complaints in the home were monitored monthly. The manager confirmed that there were no recent complaints made and we discussed that any area of dissatisfaction made by a patient or one of their representatives should be recorded as a complaint.

Patients' care records had been audited monthly. Auditing records evidenced the actions taken in response to any deficits identified. A date for re-audit had also been identified to ensure that identified actions had been completed.

The manager confirmed that the only restrictive practice in use in the home was the use of bedrails. Staff physically checked the bedrails in use both morning and night to ensure that they were in working order. The manager confirmed that they audited the use of bedrails in the home on a monthly basis.

Infection prevention and control

The manager confirmed that throughout the pandemic the home has remained free from Covid – 19. Regular hand hygiene audits were completed to ensure that this practice was completed correctly. Environmental infection control audits were also completed. Auditing records identified the areas in the home which had been reviewed and the actions taken to ensure cleanliness. The manager recorded a daily walkaround the home which was usually conducted around 16.00 hours. These records also indicated the areas reviewed on the walkaround and any actions taken.

Specific areas had been identified in the home for staff donning and doffing personal protective equipment (PPE). Staff were observed, during a virtual walk around the home, wearing PPE

appropriately. The manager confirmed that when staff presented to the home, they entered through an identified door at the back of the home. Temperatures were checked and a checklist completed. The manager confirmed that all staffs' and patients' temperatures were checked twice a day as a means to quickly identify if any are developing symptoms. Staff sanitised their hands and PPE was donned before any contact with patients.

Visiting professionals were also required to wear PPE on entering the building. Visiting professionals entered via the front door. Where possible, patients were brought to the visiting professional in an identified area to minimise the risk of contamination in the home. If this was not possible, the visiting professional would see the patient in the privacy of their own bedroom for examination purposes, for example.

Patients' visitors were facilitated with indoor visits at the entrance to the home. The timing of the visits was pre-arranged with staff in the home. Visitors were required to wear PPE on entering the home. A Perspex screen had been erected to prevent any physical contact and social distancing was adhered to. Visitors' temperatures were checked on entry and a checklist completed identifying any possible exposure or symptoms. Contact details were recorded for tracing purposes. The manager confirmed that the visiting area was thoroughly decontaminated between visits.

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. Corridors were clear of any clutter or obstruction. Staff were observed to be wearing PPE appropriately. However, within one communal area we identified several chemicals in an accessible storage area which was not in keeping with control of substances hazardous to health (COSHH) regulations. An area for improvement was made.

Quality improvement

The manager confirmed that the most recent quality improvement in the home was around communication with staff, patients and patients' relatives/representatives. The manager acknowledged the vital role of communication during the pandemic with the frequent changes to Covid guidance and the limited/restricted visiting to the nursing home.

The manager confirmed that they were kept up to date with Covid guidance through arranged remote meetings/discussions with other health professionals/authorities and with email guidance from the Department of Health and Public Health Authority. Once new information was received the manager had frequent discussions with staff and posted guidance on any changes on a staff noticeboard. Staff consulted confirmed that any new information was quickly relayed to them and that they would check the noticeboard daily for new information. Staff would evidence that they had read the information by signing and dating the notices on the board once read. Staff also confirmed that a Covid – 19 guidance file was available as a reference guide in the nursing office and that changes to guidance were also discussed during staff handovers. Staff told us that they were also involved with remote meetings regarding Covid – 19, where applicable, and were in receipt of informative emails. Staff consulted confirmed that they felt that communication in the home was good. There was evidence of regular staff meetings in the home. The manager confirmed that they had contacted staff not present at the meeting to personally update them as to the content of the meeting. Minutes of the staff meetings were available for review.

Patients consulted confirmed that staff informed them of any changes in the home. The most recent changes were in relation to patient routine testing every month and with temperature checking of patients. There was evidence available of recent patients' meetings. Meetings were conducted in patient communal areas, however, due to social distancing numbers were at a minimum. As a result, the manager also met with patients individually in their own bedrooms. Minutes of the meetings were also available for review.

Due to the pandemic, onsite relatives meetings have been postponed. Records were maintained of telephone calls to all relatives and a letter had been sent to relatives regarding new guidance around visiting in the home.

Management of nutrition

We reviewed three patients' nutritional care records. Each patient had a nutritional assessment completed monthly or more often as required. However, a review of the completed assessments evidenced that one patient's MUST weight loss scores had been incorrectly calculated on three occasions. This was discussed with the manager and while this did not have a negative impact on this patient, we identified miscalculation as an area for improvement.

Patients' risk of choking assessments had been completed and care plans on how to manage this risk were in place where appropriate and reviewed monthly. Nutritional care plans in place for two of the three patients reviewed; were up to date and indicated safe consistencies of food and fluids which the patient could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians. The third patient's care plan had not been updated sufficiently to reflect the changes to their plan of care. This was discussed with the manager and identified as an area for improvement.

An oral assessment and intervention chart had been completed and reviewed monthly. This assessment reviewed oral health aspects such as condition of the patients' tongue, gums, teeth, oral pain, hydration, cognitive function and use of dentures. Interventions were identified for any deficits of the assessed areas.

Food and fluid intake records were completed and monitored daily. Daily fluid charts identified the volume of fluids consumed within the previous 24 hours. Patients who required daily fluid monitoring had a fluid target identified. Likewise, any food consumed by the patient was recorded on a food intake record. We discussed the importance of including any food supplements consumed by the patients into these charts as some gaps in this recording had been identified. The manager gave assurances that these would be completed. This will be reviewed at a subsequent care inspection.

We reviewed the current menus served in the home. A three week rolling menu was submitted for review. The menus offered a varied range of foods and there were meal choices available for lunch and evening meals. Patients were complimentary in relation to the food provision in the home. Patients told us the quality of food was "Very good" and that alternatives were always made available if neither choice of meal was preferable.

SAFEGUARDING

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. All staff had completed safeguarding training and additional online training with reference to the Mental Capacity Act (NI) 2016. Prior to the outbreak of Covid – 19, capacity

assessments had been commenced for all patients in the home by Trust staff. The manager confirmed that due to Covid – 19, this was postponed. As previously stated, the only restrictive practice in use in the home was the use of bedrails. Patients requiring the use of bedrails had bedrail risk assessments completed and consent obtained prior to use. Care plans for the use of bedrails were developed and these were reviewed on a monthly basis or if there was a change to the patient's condition. The manager was the nominated adult safeguarding champion in the home and had attended training pertinent to this role. The manager was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback telephone calls or emails.

We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with six patients individually confirmed that living in Drombane was a positive experience. Three patients' questionnaires were returned. All 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 love my meals. They give me everything I like. I feel safe. Well managed."
- "I am very happy with Daizy as a manager. She is always there if I have concerns."
- "I get letters by post from my church. Daizy is a very good manager."
- "This place is very homely."
- "They look after us very well here."
- "The girls are very nice here."
- "The staff are very good."

No patient representatives were available for consultation during the inspection. Nine patients' representatives' questionnaires were returned. All respondents indicated that they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. Some of their comments were as follows:

- "Our family feel that Daizy and all her staff are coping extremely well under very difficult, stressful and emotional times. They do their utmost to keep us informed regarding mum's health and wellbeing. We get video calls and a weekly visit which we really appreciate."
- "Staff have gone to great lengths during the pandemic to maintain communication with me under difficult circumstances."
- "Very satisfied with my care."

Staff had the option of completing an online survey or completing a questionnaire; we received no responses. Comments from four staff consulted during the inspection included:

- “Our manager is very approachable. We can easily raise concerns and would be listened too.”
- “I am happy with the training we are getting. Did prefer it when it was on site; face to face.”
- “We are adequately staffed. The manager helps us out when needed.”
- “Manager communicates with us well. There are noticeboards and a file to keep us up to date with new guidance coming through. We discuss changes at handover as well.”

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

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- “Thank you for your courage and selflessness in caring for ... welfare and health and indeed all the residents’ needs”
- “Thank you all for the loving care which you gave my ... and especially over the last few weeks when we were unable to visit.”
- “The staff at Drombane Nursing Home have been selfless in their devotion, attending to all of ... needs. Their treatment of her has been far in excess of what would be considered normal”
- “How lucky we are that ... was admitted to Drombane. She has been successfully shielded from Covid – 19 with a professionalism and expertise that deserves recognition and praise. However, it is the compassion, gentleness, flexibility and love that mum has experienced that makes Drombane exemplary.”

Areas for improvement

Three areas for improvement were identified in relation to COSHH, care planning and calculation of MUST.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Overall the feedback from the inspection was positive. There was a stable management arrangement in the home. Patients spoke very positively in relation to the care which they received and their representatives were equally as positive in their feedback. Staff were compassionate in their interactions with patients and embraced infection control measures put in place for the safety of all in the home. Nutritional care plans were up to date and reflected the recommendations of other health professionals. It was clear that the enhanced communication methods in the home had a positive impact. Three areas for improvement were identified as part of this inspection and these have been included in the quality improvement plan below.

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 and Elaine Burns, administrator, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all chemicals stored in the home are not accessible to patients in keeping with COSHH regulations. Ref: 6.2 Response by registered person detailing the actions taken: All chemicals were removed immediately from that cupboard. All staff were reminded of COSHH regulations.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: 4 October 2020	The registered person shall ensure that all MUST assessments completed in the home are scored correctly to ensure appropriate actions are taken. Ref: 6.2 Response by registered person detailing the actions taken: Nurses were reminded of how to calculate MUST. All MUST scores checked and updated.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 4 October 2020	The registered person shall ensure that the identified patient's nutrition care plans are updated to reflect the patient's current nutritional plan of care. All out of date information should be discontinued and/or archived. Ref: 6.2 Response by registered person detailing the actions taken: All patients nutrition care plans have been checked and updated.

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
📍 @RQIANews

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