



The **Regulation** and  
**Quality Improvement**  
Authority

**Drombane**  
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**Unannounced Care Inspection  
of  
Drombane**

**06 August 2015**

**The Regulation and Quality Improvement Authority**  
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## 1. Summary of Inspection

An unannounced care inspection took place on 6 August 2015 from 10.00 to 14.00 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Drombane which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 15 January 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>4</b>

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Daizy Samuel, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Elizabeth Kathleen Mary Lisk	<b>Registered Manager:</b> Mrs Daizy Samuel
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Daizy Samuel	<b>Date Manager Registered:</b> 9 January 2015

<b>Categories of Care:</b> RC-I, NH-I, NH-PH, NH-PH(E) There shall be a maximum of 10 residents accommodated within category RC-I.	<b>Number of Registered Places:</b> 20
<b>Number of Patients Accommodated on Day of Inspection:</b> 20	<b>Weekly Tariff at Time of Inspection:</b> £470 - 593

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

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

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and the majority of others in groups, three care staff, one staff nurse, two ancillary staff and two patient's visitors/representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff training records
- staff induction records
- three care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- complaints and compliments records
- staff meeting minutes

- regulation 29 monthly monitoring reports
- guidance for staff in relation to palliative and end of life care.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Drombane was an announced estates inspection on 16 January 2015. The completed QIP was returned to the estates inspector and the registered provider confirmed in the completed QIP, that action had been taken to address the requirements. The estates inspector will continue to follow up the completion of these issues with the registered provider.

### 5.2 Review of Requirements and Recommendations from the last care

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement c/f</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> First time	<p>Ensure the identified refurbishment issues are addressed in the first floor bathroom.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the premises confirmed that the first floor bathroom had been refurbished to a high standard.</p> <p>This requirement has been met.</p>	<b>Met</b>
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that the optimum number of hours as deemed necessary by the home are available with regard to laundry provision (30 hours per week).</p> <p>The actual hours worked in this regard should be clearly identified on the duty rota.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An examination of the duty rota confirmed that the laundry hours were clearly indicated. Discussion with the laundry staff and patients raised no issues in relation to laundry provision in the home and patients' needs in this regard were being met.</p> <p>This requirement has been met.</p>	<b>Met</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must make suitable arrangement to minimize the risk of infections and toxic conditions and the spread of infection between patients and staff by addressing the infection control issues identified.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the premises found that appropriate measures had been taken to reduce the spread of infection. The home was found to be presented to a good standard of hygiene and cleanliness.</p> <p>This requirement has been met.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a &amp; c)</p> <p><b>Stated:</b> Second time</p>	<p>The controls in place for the prevention of legionella bacteria in the water systems should be reviewed to ensure that the identified shower in bedroom is being flushed twice each week and descaled/disinfected on a quarterly basis. Reference should be made to the guidance contained in the 'APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems' available from the Health and Safety Executive.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the records confirmed that appropriate control measures were being taken in relation to the prevention of legionella.</p> <p>This requirement has been met.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 18 (2) (c) (j)</p> <p><b>Stated:</b> First time</p>	<p>Repair or replacement of chipped and / or damaged furniture in patients' bedrooms and scratched bed rails must be undertaken on a rolling programme as these cannot be effectively cleaned.</p> <p>A malodour in a specific en suite bathroom needs to be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the premises evidenced that replacement of patients' furniture was underway.</p>	<p><b>Met</b></p>

	<p>The manager also presented a refurbishment plan with details of the furniture to be replaced. The manager stated that they were awaiting delivery of this. There were no scratched bed rails noted on inspection and the manager stated that these had been repaired.</p> <p>No malodour was evident in the identified en suite bathroom.</p> <p>This requirement has been met.</p>	
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27 (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the home is kept in a good state of repair. This is in relation to:</p> <ul style="list-style-type: none"> <li>• Damaged bedroom doors and architraves</li> <li>• Damage to the ceiling and walls in the laundry and a build-up of lime scale around the taps and drainer unit in the laundry sink.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of the premises evidenced that bedroom doors and architraves were damaged. The refurbishment plan did not include the repair/ replacement of doors and architraves.</p> <p>An inspection of the laundry evidenced that the ceiling and walls had been repaired and repainted. The sink taps had also been replaced. However, there continued to be a build-up of limescale around the sink outlet.</p> <p>This requirement has been partially met and the relevant elements will be stated for a second time.</p>	<p><b>Partially Met</b></p>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 25.2 Stated: Third time	The policy for Regulation 29 visits should be ratified by the registered provider / responsible person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy for Regulation 29 visits had been updated and signed by the registered manager and the registered provider.  This recommendation has been met.	
<b>Recommendation 2</b> Ref: Standard 26.6 Stated: First time	The following policy must be reviewed and updated as required and ratified by the responsible person: <ul style="list-style-type: none"> <li>• Catheter care and management.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The existing continence policy had been updated to include catheter care and management. This policy included reference to current best practice guidelines.  This recommendation has been met.	
<b>Recommendation 3</b> Ref: Standard 19.2 Stated: First time	The following best practice guidelines should be made available to staff and used as required: <ul style="list-style-type: none"> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• RCN continence care guidelines</li> <li>• NICE guidelines on the management of urinary incontinence in women</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A resource file had been compiled for staff to reference as required. This was inclusive of best practice guidelines in continence care.  This recommendation has been met.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A specific policy and procedure was not available on communicating effectively. Current best practice guidelines, including regional guidelines on Breaking Bad News were not available to staff.

A sample of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, discussion with staff and a review of care records evidenced that they were experienced in communicating with patients and their representatives and had documented these conversations.

#### Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs including sensory and cognitive impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

#### Is Care Compassionate? (Quality of Care)

In discussion, the manager and staff demonstrated their ability to communicate effectively and all staff emphasised that they had built up close, professional relationships with the patients and their family members. Good relationships were observed between the staff and patients and their families. There were regular entries in the care records which evidenced ongoing communication with the patient and their relatives.

Two patient's relatives were spoken with and they spoke very highly about the staff and the care provided in the home.

Staff were observed responding promptly to patients' needs and relationships were relaxed and friendly. The serving of the mid-morning snack was observed and staff asked patients their preferences and assisted patients in a dignified manner.

#### Areas for Improvement

A policy should be developed on delivering bad news with reference to current best practice guidelines, and staff made aware of this policy.

Current best practice guidelines, for example, the regional guidelines on breaking bad news (2003), should be made available for staff to reference as required.



<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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#### **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

##### **Is Care Safe? (Quality of Life)**

A policy on the management of end of life care was available in the home. This reflected best practice guidance such as the Gain Palliative Care Guidelines (2013). The policy concerning death and dying could not be found when requested. The registered manager stated that this may have been borrowed by a staff member to read. This policy was to be forwarded to RQIA by 13 August 2015 and was received within the required timeframe. The policy entitled, "Death, dying and communicating bad news to relatives" did not make reference to current best practice guidelines such as Gain Palliative Care Guidelines (2013) or the regional guidelines for Breaking Bad News (2003). The policy did not provide sufficiently detailed guidance to staff on the actions to take in the event of the death of a patient.

Training records evidenced that a number of staff were trained in the management of death, dying and bereavement and in palliative care. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013).

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medication was in place and discussion with staff confirmed their knowledge of the protocol.

Syringe drivers were available from the local trust and support was given to nursing home staff by the community nurses as required.

##### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. A very detailed palliative care plan was in place, as appropriate, which included the management of hydration and nutrition, pain management, symptom management, preferred place of care and care of the patient's family members. There was evidence that the patients' wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life. The manager and staff confirmed that referrals could be made to the specialist palliative care team and their contact details were readily available to staff. The staff also commented on the support offered by the local GP and there was evidence in the care records of advanced planning discussions having taken place between the GP and patients. The outcome of these had been included in the nursing care plans, including preferred place of care.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as a patient neared end of life.

Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year found that these had been managed appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. Relatives were provided with comfortable chairs and regular beverages and snacks as required. They stated that relatives were made very welcome at Drombane at any time.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient including the support of the manager and the care team. Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the local Trust and the Bereavement Network.

### **Areas for Improvement**

It is recommended that the policy on death, dying and communicating bad news to relatives is developed to guide staff in the event of the death of a patient and include reference to the Care Standards for Nursing Homes (2015) and the most up to date guidelines including Gain Palliative Care Guidelines and the Regional guidelines for breaking bad news.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> <b>*2 recommendations made are stated under Standard 19 above</b>	<b>3</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Comments of patients, patients' representatives and staff

#### Patients

No patients completed questionnaires but those spoken with were very positive about the care provided in the home. They commented on the good quality food and the kindness of the staff. All patients were very well presented and had blankets, if required, in the lounge. Patients acknowledged the recent upheaval with ongoing works to their rooms but were of the opinion that this would be a good improvement once completed. Two patients commented that they were very pleased with the new décor in their bedrooms.

#### Patients' representatives

Two relatives were spoken with and they were very happy with the care provided in the home and with the staff. No concerns were raised at the inspection.

#### Staff

Questionnaires were distributed to staff and six were returned. Five staff were also spoken with individually. Comments were very positive about the home, the training provided and the care. Comments included:

"Drombane is a homely and friendly environment in which to work."

"The manager is very good to residents and staff."

"They (the patients) are very well looked after and their needs are met and the food is first class."

### 5.5.2. Environment

In response to requirements made by RQIA, extensive refurbishment works were in progress in the home. The maintenance person accompanied the inspector on a tour of the premises. New sink units had already been fitted in patients' bedrooms and a number of the rooms had been repainted and new windows fitted. At present there were gaps in the carpeting where the old units had been removed and doors had been removed from the wardrobes in anticipation of the new furniture arriving. New furniture and carpets had been ordered for patients' bedrooms and carpet was also to be fitted in the corridors throughout the home. A refurbishment plan was reviewed which evidenced the works to be undertaken and the manager and maintenance person stated that these should be completed in the next few weeks.

Bathrooms had also been refurbished and were found to be well presented, clean and clutter free. Work had also been undertaken to the front entrance and a new ramp with handrails was in place.

In one patient's room a divan bed was in use with third party bedrails attached. This was discussed with the manager who stated that the bed rails were not used. These were, therefore, removed on the day of inspection. The base of the divan bed was also found to be torn and a recommendation has been made that this be replaced.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Daizy Samuel, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (b)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 31 December 2015	The registered provider must ensure that the home is kept in a good state of repair. This is in relation to: <ul style="list-style-type: none"> <li>• damaged bedroom doors and architraves</li> <li>• a build-up of lime scale around drainer unit in the laundry sink.</li> </ul> <hr/> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new drainer unit has been ordered and awaiting delivery. Repair to doors and architraves is in process.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	A policy should be developed on delivering bad news with reference to current best practice guidelines, and staff made aware of this policy. <hr/> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy for delivering bad news has been developed and staff are aware.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	Current best practice guidelines, for example, the regional guidelines on breaking bad news (2009), should be made available for staff to reference as required. <hr/> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> A copy of best practice guidelines for breaking bad news is now available for staff.
<b>Recommendation 3</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The policy on death, dying and communicating bad news to relatives should be developed to guide staff in the event of the death of a patient and include reference to the Care Standards for Nursing Homes (2015) and the most up to date guidelines, including Gain Palliative care guidelines and the regional guidelines for breaking bad news. <hr/> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The policy on death, dying and communicating bad news to relatives has been developed to include Care Standards for Nursing Homes (2015) and up to date guidelines.
<b>Recommendation 4</b>  <b>Ref:</b> Standard 44	A torn divan bed base in one identified room should be replaced. <hr/> <b>Response by Registered Person(s) Detailing the Actions Taken:</b>

<b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	This bed has been replaced.		
<b>Registered Manager Completing QIP</b>	Daizy Samuel	<b>Date Completed</b>	14.09.15
<b>Registered Person Approving QIP</b>	ElizabethLisk	<b>Date Approved</b>	14.09.15
<b>RQIA Inspector Assessing Response</b>	Karen Scarlett	<b>Date Approved</b>	14.09.15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**