

Inspection Report

8 June 2021



Drombane

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mrs Elizabeth Kathleen Mary Lisk Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk	Registered Manager: Mrs Daizy Samuel Date registered: 9 January 2015
Person in charge at the time of inspection: Mrs Daizy Samuel	Number of registered places: 20 Category NH-MP for 1 identified patient only.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 20 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 8 June 2021 from 9.30am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified in relation to staffing, provision of activities and with record keeping.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Drombane was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Drombane.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' 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 on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the Daizy Samuel, Registered Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Nine patients and seven staff were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients.

Five questionnaire responses were received; two of which indicated that they were from relatives. The three other questionnaire returns did not signify if they were from relatives or patients.

The respondents in all returned questionnaires indicated that they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. Comments within the relatives returned questionnaires highlighted the excellent care delivery in the home and described care with love, professionalism and compassion.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of Drombane was undertaken on 4 September 2020 by a care inspector.

Areas for improvement from the last inspection on 4 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered person shall ensure that all chemicals stored in the home are not accessible to patients in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Chemicals were not found accessible to patients in any area within the home.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Criteria (4) Stated: First time	The registered person shall ensure that all MUST assessments completed in the home are scored correctly to ensure appropriate actions are taken.	Met
	Action taken as confirmed during the inspection: A review of three completed MUST assessments confirmed that these had been calculated correctly.	

Area for improvement 2 Ref: Standard 4 Stated: First time	<p>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.</p> <p>All out of date information should be discontinued and/or archived.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The identified patient's nutrition care plan was up to date and reflective of their current needs. Care plans no longer relevant had been discontinued and archived.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council and the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training.

Staff said there was good teamwork in the home and that they felt well supported in their role. However, staff consulted were not satisfied that there were sufficient staff numbers on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and discussed a recent rise in the staffing levels. Although, a review of the duty rota evidenced that on three occasions on the one rota, the staffing level had not been achieved. The duty rota did not, on all occasions, reflect the first and surnames of staff working or the designations of staff working. This was discussed with the manager and identified as areas for improvement.

The duty rota identified the nurse in charge when the manager was not on duty. Staff were satisfied with the levels of communication between staff and management.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. One patient commented that there needs to be more staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The responses within returned questionnaires confirmed that the respondents were very satisfied that they/their relatives were receiving safe and effective care in a caring environment.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests, dressings or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of the recording of repositioning evidenced inconsistencies in the recording. Details were missing from the records and the records had not been signed by both staff involved in the repositioning. This was discussed with the manager and identified as an area for improvement. There were no wounds in the home.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. The number of falls in the home was low. There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. All staff had completed Deprivation of Liberty training.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. Patients' weights were monitored monthly, or more often if required, for weight loss and/or weight gain.

However, a review of a patient's nutritional records evidenced that the eating and drinking care plan had not been updated to reflect the recommendations from a dietician. This was discussed with the manager and identified as an area for improvement.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. It was noted that staff adhered to best practice in infection prevention and control. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. There were no actions required from the last fire risk assessment conducted on 16 February 2021. All staff had attended fire training and there were good records of fire drills conducted in the home.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Improvement works in the home were ongoing with flooring replacement, redecoration of rooms and new radiator covers being applied.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visiting arrangements were managed in line with Department of Health and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

A programme of activities was available for review. The activities listed included chat, one to one, music and DVDs. There was no time allocated on the duty rota for activity provision. Patients consulted were of the opinion that activities were not provided in the home. Discussion with care assistants in the home identified concerns regarding their lack of training in providing activities. They described their difficulties in finding time to provide activities due to ongoing work demands. This was discussed with the manager and identified as an area for improvement.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection. Mrs Daizy Samuel has been the registered manager in this home since 9 January 2015. There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits to support the safe delivery of care and the smooth running of the home.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Complaints were monitored monthly in the home and any learning from complaints was shared with staff. A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments had been received from patients and their relatives/representatives.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Acting Responsible Individual was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. There was good compliance with best practice on infection prevention and control. Systems were in place to ensure the smooth running of the home. Five areas for improvement were identified in respect of staffing, record keeping and with the provision of activities.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner and that it is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Daizy Samuel, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 8 July 2021	The registered person shall ensure that the staffing arrangements in the home are sufficient in meeting patients' needs over the 24 hour period. The duty rota must include first and surnames of all staff and the designation in which they work. Ref: 5.2.1
	Response by registered person detailing the actions taken: Dependency level done monthly and staffing arrangements in the home are sufficient in meeting patient's needs
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 8 July 2021	The registered person shall ensure that the duty rota includes the first name and surname of all staff members and includes the designation in which they work at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: It's an on going process, first name,surname and designation are included in the duty rota.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 8 July 2021	The registered person shall ensure that patients' care plans are updated to reflect visiting professionals' recommendations to changes in care. Any changes to nutritional status should also be communicated with the kitchen staff. Ref: 5.2.2
	Response by registered person detailing the actions taken: It's an ongoing process, care plans are updated to reflect any changes and always informed kitchen staff and other staff members.

Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time To be completed by: 8 July 2021	<p>The registered person shall ensure that repositioning charts in the home are completed in full and signed by both staff members who conducted the repositioning.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: it's an on going process</p>
Area for improvement 5 Ref: Standard 11 Stated: First time To be completed by: 8 July 2021	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: More materials for activities made available , time and staff allocated to do meaningful activities.</p>

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