

Inspection Report

9 March 2023



Drombane

Type of Service: Nursing Home
Address: 39 Glen Road, Blackskull, Dromore, BT25 1JX
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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 Registered Person Mrs Elizabeth Kathleen Mary Lisk	Registered Manager: Daizy Samuel Date Registered 09/01/2015
Person in charge at the time of inspection: 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: 20
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 9 March 2023 from 09:50am to 3:30pm 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "the staff are very good, they will do anything for you" and "I love it here". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles, duties and training.

Comments made by patients, staff and relatives were shared with the manager for information and action if required.

Six responses were received from the resident/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.
No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team

5.0 The inspection

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

Areas for improvement from the last inspection on 8 June 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 41 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 4 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time	<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>Action taken as confirmed during the inspection: Review of records evidenced that repositioning charts were being signed by both staff, however they were not being completed in full. This area for improvement is stated for a second time.</p>	
Area for improvement 5 Ref: Standard 11 Stated: First time	<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>Action taken as confirmed during the inspection: Review of the Activity programme being offered within the home evidenced that further development is required in this area. This is discussed further in Section 5.2.4. This area for improvement is stated for a second time.</p>	Partially met
Area for improvement 6 Ref: Standard 28 Stated: First time	<p>The registered person shall ensure that the management of insulin pen is reviewed to ensure that they are always labelled with the patient's name and date of opening.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The recruitment process is managed by an external recruitment company. A record should be kept in the Home to evidence that the appropriate recruitment checks have been carried out prior to commencing employment. This was discussed with the manager and an area for improvement identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). A record was maintained by the manager of any registrations pending with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of records evidenced that some staff had not completed a recent assessment. This was discussed with the manager and an area for improvement was identified.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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.

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 health professionals. Patients care records were held confidentially.

A number of patients' toothbrushes were observed to be unused and some were unclean. This was discussed with the manager and identified as an area for improvement.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

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 repositioning records evidenced inconsistencies in the recording of the care provided. The frequency of repositioning was not recorded. This was discussed with the manager and has been stated as an area for improvement for the second time.

There were no wounds in the home.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals. At times, care staff were entering the kitchen to assist with handing out meals, this was discussed with the manager and assurances were given that this practice would discontinue. This will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Cleaning chemicals were maintained safely and securely.

Thickening agent was observed on a trolley unsupervised in the dining room. Details were discussed during feedback in relation to the management of potential risks to residents. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

There were no actions required from the last fire risk assessment conducted on 27 May 2022. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

The laundry assistant is carrying out activities for approximately one hour a day over four days. Some patients consulted were of the opinion that activities were not provided in the home, other patients said they really enjoyed the activities provided but would like to have more time allocated for them. There was no Activity Planner on display and there was gaps in the daily records being maintained. Discussion with staff identified that it was difficult to get the time to provide and record Activities taking place in the home. This was discussed with the manager and stated as an area for improvement for a second time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Daizy Samuel has been the manager since 9 January 2015

Staff members 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. Records confirmed that staff meetings were held regularly. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices and falls.

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 manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) 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 reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* the total number of areas for improvement includes two standards that has been stated for a second time

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of thickening agents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: It's an ongoing process and have reminded all staff of safe storage of thickening agents</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.9 Stated: Second time To be completed by: With immediate effect	<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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: its an ongoing process. Documents are completed in full and signed by two staff members.</p>
Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by: 30 April 2023	<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:5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: It's an ongoing process, new activity co-ordinator has started and is providing meaningful activites to patients.</p>

Area for improvement 3 Ref: Standard 38.3 Stated: First time To be completed by: With immediate effect	<p>The Registered person shall ensure that a record is kept to evidence that the appropriate recruitment checks have been carried out prior to new staff commencing employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: It's an ongoing process. New staffs recruited, appropriate checks have been carried out.</p>
Area for improvement 4 Ref: Standard 41.7 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager and are kept under review.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: Its an ongoing process.</p>
Area for improvement 5 Ref: Standard 6 Stated: First time To be completed by: With immediate effect	<p>The Registered person shall ensure patients' oral care is attended to and toothbrushes are cleaned after use.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Reminded all staff, to make sure patients' oral care is attended and toothbrushes cleaned.</p>

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