

Unannounced Care Inspection

Name of Establishment:	Drombane
RQIA Number:	1537
Date of Inspection:	15 January 2015
Inspector's Name:	Karen Scarlett
Inspection ID:	17085

1.0 General Information

Name of Establishment:	Drombane
Address:	39 Glen Road Blackskull Dromore BT25 1JX
Telephone Number:	028 40626064
Email Address:	drombane@live.co.uk
Registered Organisation/ Registered Provider:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Daizy Samuel
Person in Charge of the Home at the Time of Inspection:	Mrs Daizy Samuel
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,RC-I
Number of Registered Places:	20 (14 Nursing and 6 Residential)
Number of Patients Accommodated on Day of Inspection:	19 (13 nursing and 6 residential)
Scale of Charges (per week):	£581 per week (Nursing) £461 per week (Residential)
Date and Type of Previous Inspection:	24 July 2014, secondary unannounced inspection
Date and Time of Inspection:	15 January 2015 09.30 – 15.30
Name of Inspector:	Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Staff competency and capability assessments
- Review of staff recruitment records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints record
- Maintenance records
- Observation during an inspection of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	9 individually and with others in groups
Staff	5
Relatives	2
Visiting Professionals	0

Questionnaires were provided by the inspector to patients / residents' representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	0	0
Relatives/Representatives	2	0
Staff	10	7

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Drombane is situated on Glen Road, Blackskull which is located approximately six miles from Dromore, Banbridge and Lurgan.

Bedroom accommodation for patients/ residents is provided on two floors and comprises four double bedrooms and twelve single bedrooms, six of which are en-suite. Two sitting rooms are available; one located on the ground floor and one on the first floor. The dining room is situated on the ground floor. Bath/shower rooms and toilets are accessible throughout the home. Access to the first floor is via a passenger lift and stairs. The home also provides for catering and laundry services.

There are parking spaces at the front of the building set in a spacious garden.

The home is registered to provide care for a maximum of twenty persons under the following categories of care

Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- PH (E) physical disability other than sensory impairment over 65 years

Residential care

- I old age not falling into any other category (6 places)

The registered person is Mrs E Lisk and the home manager is Mrs Daizy Samuel. Mrs Samuel has been employed at the home for over eight years and was newly appointed as registered manager in January 2015.

8.0 Executive Summary

The unannounced inspection of Drombane Nursing Home was undertaken by Karen Scarlett on 15 January between 09.30 and 15.30. The inspection was facilitated by Mrs Daizy Samuel, registered manager, who was available throughout the inspection and was provided with verbal feedback at the conclusion.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 24 July 2014.

Prior to the inspection a number of documents were required to be returned to RQIA. These documents were returned within the specified timeframe and offered the required assurances.

The patients / residents were observed to be relaxed and comfortable in the home and were well presented in appropriate clothing. Relationships between the patients / residents and care staff were observed to be relaxed and friendly. Feedback from patients / residents in discussion was very positive and no concerns were raised. Two relatives / visitors spoken with were also very positive about the care provided and the staff team. Refer to section 11.5 for further details about patients/residents and relatives.

The home's compliance with standard 19: continence care was assessed. There was evidence that a continence assessment had been completed for patients / residents in the three records reviewed. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in the three care records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care.

A policy on the promotion of continence and the management of incontinence was available in the home. The policy on catheterisation was in need of review and updating and a recommendation has been made. A recommendation has also been made for up to date continence guidelines to be made available to staff and used as required.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant. Two recommendations have been made in this regard.

An examination of the duty rota found staffing levels to be within the RQIA staffing guidelines. Staff were positive about working in the home and were of the opinion that the care was of a good standard and they were able to spend time with the patients / residents. No concerns were raised by any of the staff spoken with.

In general the home was maintained to an acceptable standard of hygiene and was well presented. A number of issues were identified with infection prevention and control practices, furniture supplied for patients and the need for some repair or replacement of doors and architraves. A malodour was also detected in one patient's en suite bathroom which requires to be addressed. Some improvements were also required in the laundry. Two requirements have been made in this regard. For further details refer to section 11.7 of the report.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/ residents was evidenced to be of a satisfactory standard and patients/ residents were observed to be treated by staff with dignity and respect.

The inspector reviewed and validated the home's progress regarding the ten requirements and six recommendations made at the last inspection on 24 July 2014 and confirmed compliance outcomes as follows: six requirements were assessed as compliant; three regarding domestic hours, legionella control measures and infection prevention were not compliant and have been stated for the second time. The refurbishment of a first floor bathroom is ongoing and a variation has been submitted to RQIA for assessment. This requirement has been carried forward until the next inspection. Five recommendations were assessed as compliant. One recommendation regarding the Regulation 29 policy was stated for the third time.

As a result of this inspection, five requirements, three restated and three recommendations, one restated have been made.

Details can be found under Section 9.0 and 10.0 in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/ residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the staff who completed questionnaires.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken – As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20(1)(c)(i)(iii) and(3)	<p>The registered provider must ensure that all nurses providing wound care to patients has received the required training and has been assessed and deemed competent in performing wound care safely and effectively, and all care staff have received training in pressure area care and prevention and their competency has been assessed.</p> <p>Records to evidence this requirement must be maintained.</p> <p>Confirm compliance rates of staff attendance at training when returning QIP.</p>	<p>A significant number of registered nurses and care assistants had attended wound care / pressure ulcer prevention training since the last inspection.</p> <p>This requirement has been addressed.</p>	Compliant

2.	21, Schedule 2 (1-7)	<p>The registered person shall not employ a person to work at the nursing home unless information and documents are obtained in respect of persons, carrying on, managing or working at the nursing home in accordance with legislative requirements.</p> <p>The outstanding information in relation to the recently recruited staff member must be sourced prior to the staff member undertaking any further shifts.</p> <p>A file must be available for all staff working in the home containing all the required information and documents in relation to their selection and recruitment process in accordance with legislative requirements.</p>	<p>The outstanding information in relation to a specific staff member had been provided to RQIA prior to this inspection and the record was reviewed on the day. Another record of a recently recruited domestic assistant was reviewed. These records evidenced that all the required documents were in place.</p> <p>This requirement has been addressed.</p>	Compliant
----	----------------------	---	---	-----------

3.	20 (1) (a)	<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>	<p>Due to increased sickness / absence in recent weeks there had been a shortfall in the required domestic / laundry hours. Care staff were helping to cover the domestic and laundry shifts and on a number of days the duties were not clearly specified. The home are in the process of inducting a new domestic assistant and anticipate that their existing domestic assistant will return from sick leave soon.</p> <p>Compliance with this requirement could not be demonstrated and it has been stated for the second time.</p>	Moving towards compliance
4.	12 (2) Registration Regulations (2005)	The registered person must ensure that the home operates within its current registration conditions at all times. An application for variation of registration must be made in accordance with the Regulation and Improvement Authority (Registration) Regulations (NI) 2005.	<p>The relevant application for variation has since been submitted to RQIA and is reflected on the current registration certificate. The home has made a further application to increase the numbers of residential clients to 10 places and this application is currently under consideration.</p> <p>This requirement has been addressed.</p>	Compliant

5.	24 (3)	The registered person must ensure that any complaint made under the complaints procedure is fully investigated	<p>A review of the complaints record and monthly complaints audit evidenced that complaints were being fully investigated and the outcome recorded.</p> <p>This requirement has been addressed.</p>	Compliant
6.	27 (2) (c)	<p>Sanitary facilities should not be used for storage.</p> <ul style="list-style-type: none"> • All furniture / equipment stored in the ensuite facility for the identified bedroom and bathroom should be removed. • The ensuite and bathroom areas should be cleaned in accordance with evidence based infection control procedures following removal of the items of storage. 	<p>There was no equipment being stored inappropriately in en-suite bathrooms.</p> <p>This requirement has been addressed.</p>	Compliant

7.	13 (7)	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>A number of issues in relation to infection prevention control practices were identified and require to be addressed. These include:</p> <ul style="list-style-type: none"> • Storage of kidney dishes and pads in an identified communal bathroom • The presence of unlabelled toiletries and creams in patients' communal bathrooms • Soiled toilets • A soiled commode in one patient's bedroom • The absence of wipeable covers for pull cords in specified rooms including sluices and bedrooms. <p>This requirement was not addressed and has been stated for the second time.</p>	Not compliant
----	--------	--	--	---------------

8.	14 (2) (a & c)	<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>	<p>A review of the maintenance record evidenced that the required actions had been taken in relation to the chlorination and flushing of the water system.</p> <p>However, schedules for flushing the unused shower were inconsistently completed so could not evidence compliance with the approved code of practice for Legionella control.</p> <p>The aligned estates inspector for the home was notified for their information and action as required.</p> <p>This requirement was not addressed and has been stated for the second time.</p>	Moving towards compliance
9.	27 (2) (b)	<p>The cement ramp providing access at the front of the building should be reviewed and remedial works should be carried out as required to ensure that any trip hazards are removed.</p>	<p>Repairs of the ramp had been undertaken and the tripping hazard addressed. A refurbishment plan is being considered which will include the remodelling of the outside car park and access to the home.</p> <p>This requirement has been addressed.</p>	Compliant

10.	27 (2) (b)	Ensure the identified refurbishment issues are addressed in the first floor bathroom	The identified bath has been removed on the first floor and a variation has been submitted to RQIA to convert this to an assisted shower room. This is to be assessed by the aligned estates inspection and will be carried forward to the next inspection.	Carried forward until the next inspection
-----	------------	--	---	---

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28.4	The acting manager should ensure that staff receive training in providing activity and stimulation for patients and residents and individual staff skills in facilitating activities is assessed.	<p>The majority of staff had attended training regarding the provision of activities. The available activities were displayed on the notice board in the dining room. There was evidence in the care records of a number of activities being undertaken tailored to each patient / resident.</p> <p>This recommendation has been addressed.</p>	Complaint
2.	25.2	The policy for Regulation 29 visits should be ratified by the registered provider, and a system implemented to inform patients, residents and their representatives how the monthly report can be accessed.	<p>A notice was on display in the dining room informing patients / residents and their representatives on the availability of the monthly reports and how these could be accessed. This element of the recommendation is compliant.</p> <p>The Regulation 29 policy had not been signed by the responsible person.</p> <p>This element of the recommendation has been stated for the third time.</p>	Moving towards compliance

3.	25.13	<p>The registered provider should develop the annual report to evidence good governance including positive developments and the outcome of reviews of the quality of nursing and services undertaken.</p> <p>A copy should be forwarded to RQIA when returning the QIP.</p>	<p>The annual report for 2014 was viewed and was assessed as satisfactory.</p> <p>This recommendation has been addressed.</p>	Compliant
4.	16.2	<p>The registered provider should ensure that staff induction programmes are further developed to evidence the safeguarding training provided.</p> <p>In addition staff should receive training on the role, function and responsibility of the safeguarding team within Health and Social Care Trusts.</p> <p>The training should inform staff the Trusts investigatory role including investigations of allegations made about staff and volunteers.</p>	<p>An examination of the training file and policy file evidenced that staff had received training on safeguarding at induction and annually thereafter.</p> <p>The content of the training included the role and responsibilities of the Trust.</p> <p>Discussion with staff demonstrated that they had a good working knowledge of safeguarding processes and the role of the Trust.</p> <p>This recommendation has been addressed.</p>	Compliant

5.	25.2	The registered provider should ensure that the competency and capability assessment format for registered nurses is further developed. Wound management should be included in revised induction and competency based assessments.	<p>A review of two registered nurses' capability and competency records evidenced that wound care competencies were included and that these had been signed by the staff member and the registered manager.</p> <p>This recommendation has been addressed.</p>	Compliant
6.	5.2	The acting manager should ensure bowel assessments reflect the patients' bowel type as per the Bristol stool chart.	<p>The Bristol stool chart was in use in the three care records reviewed.</p> <p>This recommendation has been addressed.</p>	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 24 July 2014 RQIA have been notified by the home of an investigation in relation to alleged safeguarding of vulnerable adults (SOVA) issues. The SHSCT safeguarding team investigated the allegations in accordance with the regional adult protection policy/procedures and found that there were no concerns about the safeguarding of adults within the home.

RQIA is satisfied that the registered manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Review of three patients' / residents' care records evidenced that bladder and bowel continence assessments were undertaken in all three cases. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' / residents' care plans on continence care. There was evidence in the three patients' / residents' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. The patients' / residents' care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management
- catheter care

The catheter care policy requires review and updating and a recommendation has been made in this regard.

A recommendation has been made for the following guidelines to be readily available to staff and used as required:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN continence guidelines

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that sufficient numbers of registered nurses in the home were deemed competent in female and male catheterisation. More staff training in continence care had been planned. Discussion with staff evidenced that they were knowledgeable about the important aspects of continence care including privacy, dignity, skin care, fluid intake and the reporting of any concerns. Regular monthly audits of the care records were undertaken to include the management of incontinence and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially compliant
--	--------------------------------

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings. The inspector briefly observed the lunch time service and all of the patients and residents were assisted to the dining room. They were observed to be relaxed and chatting together and indicated that they were enjoying their meal. Assistance was being offered as appropriate.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record and monthly audits. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients' / Residents' and Relatives' Views

The inspector spoke with nine patients individually and with others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"The staff are absolutely brilliant."

"I have no complaints."

"They are exceptionally good to me."

Two relatives / visitors spoken with also made positive comments about the standard of care provided and that the staff were very attentive.

11.6 Questionnaire Findings/Staff Comments

The inspector spoke with five staff, including registered nurses, senior care assistants, care assistants and ancillary staff. The inspector was able to speak to a number of these staff individually and in private. Seven staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. They commented that they had a good staff team and a supportive management team. They were of the opinion that due to the small size of the home they had time to spend with the patients / residents to participate in activities and to chat.

Examples of staff comments were as follows;

"The residents are getting high quality care."

"Staff work together to try and achieve a homely atmosphere."

"You have time to spend with the residents."

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and the majority of areas were maintained to a high standard of hygiene.

There were a number of infection prevention and control issues identified including some soiled toilets and commodes, the absence of wipeable covers on pull cords in some areas and the presence of toiletries and creams in communal bathrooms. A requirement made in relation to infection control has been stated for a second time.

An inspection of patients' / residents' rooms identified bedroom furniture which was chipped and damaged and some door handles were in need of repair. Bed rails on profiling beds were observed to be scratched. These damaged surfaces cannot be effectively cleaned. A requirement has been made in this regard.

Issues were also identified in relation to the fitness of the premises which include damaged bedroom doors and architraves and malodour in an identified en suite bathroom. An inspection of the laundry was undertaken and wall and ceiling damage was noted. The sink unit was damaged and a build-up of lime scale noted around the sink taps and drainer. In addition it was noted that the crawl space was open behind the washing machines and various items had been discarded here including bags and bottles. The aligned estates inspector for the home was notified for their information or action as required. A requirement has been made in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Daizy Samuel, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Karen Scarlett
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The Acting Manager completes the pre-admission assessment then the primary nurse will complete the detailed admission assessment and care plan. This includes all at Criterion 5.1, 5.2, 8.1 and 11.1	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The named nurse discusses all the risk assessments and care plan with the NOK and patient and this is signed. All referral arrangements are immediately put in place with tissue viability nurse, dietician and other relevant health professionals. This is then subject to ongoing review.	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The named nurse and named carer carry out re-assessment on an ongoing basis. This is done daily and at agreed time intervals as recorded on the time plan.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national setting organisations. The NICE pressure ulcer grading tool is now used. MUST guidelines and tool is used.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. The diet of each patient is monitored and recorded. A food record chart and a fluid balance chart is maintained as necessary.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The outcome of care is monitored and recorded on the patient's daily notes. All care plans are subject to monthly review and this is recorded. Patients and/or representatives are involved as appropriate.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by the local HSC Trusts as appropriate. Results of all reviews and minutes of review meetings are recorded. Changes are made to the nursing care plan with the agreement of patients and representatives and they are kept informed of progress towards agreed goals.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines. Criterion 12.3 <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
A nutritious and varied diet is provided, taking into account patient preferences and dietary needs. Relevant guidance is followed and advice from dietitians and other professionals. A choice of meal is always available, including specific dietary requirements.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>SALT guidelines are followed and staff have attended training on dysphagia. Instructions from speech and language therapists are followed. Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water and juice is available at all times.</p> <p>We are compliant with criterion 12.10.</p> <p>Nurses have attended training on wound management and tissue viability. All nurses have the expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used where appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others 	<p>Examples include: Brief verbal explanations and encouragement, but only that that is necessary to carry out the task</p> <p>No general conversation</p>

Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.	Negative (NS) – communication which is disregarding of the residents’ dignity and respect.
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can’t have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’) • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Unannounced Care Inspection

Drombane

15 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Daizy Samuel, registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/f	27 (2) (b)	Ensure the identified refurbishment issues are addressed in the first floor bathroom. Ref: section 9.0	One	RQIA approval for variation of purpose has been granted and work will commence to convert the bathroom into a shower room in 3 week's time (10/03/15).	Ongoing from date of inspection
1.	20 (1) (a)	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). The actual hours worked in this regard should be clearly identified on the duty rota. Ref: section 9.0	Two	Due to the fact that two families choose to launder their relatives clothes, 20 hours are sufficient for all laundry needs at Drombane. This is clearly identified on the duty rota.	One month from date of inspection
2.	13 (7)	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. Ref: section 9.0	Two	All areas highlighted have been addressed to minimize the risk of infections and toxic conditions and the spread of infection between patients/residents and staff. A paper trail is in place to ensure strict compliance on an ongoing basis.	One month from date of inspection

3.	14 (2) (a & c)	<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> <p>Ref: section 9.0</p>	Two	<p>This is in place, so that the shower is flushed twice per week and descaled and disinfected on a quarterly basis. A record of this is maintained on an ongoing basis.</p>	One month from date of inspection
4.	18 (2) (c) (j)	<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> <p>Ref: section 11.7</p>	One	<p>This will be commenced in March and will be continued on an ongoing rolling basis.</p> <p>New flooring is on order for Room 8 ensuite and will be completed by Matrex. This will eliminate the odour because it will be completely molded flooring.</p>	Ongoing from date of inspection

5.	27 (b)	<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"> • Damaged bedroom doors and architraves • 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. <p>Ref: section 11.7</p>	One	<p>Damaged bedroom doors and architraves will be addressed on a rolling basis from 15th March 2015.</p> <p>The laundry will be fully redecorated, commencing 1st March 2015. Taps and drainer unit will be descaled.</p>	Ongoing from date of inspection
----	--------	--	-----	--	---------------------------------

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	25.2	The policy for Regulation 29 visits should be ratified by the registered provider / responsible person. Ref: section 9.0	Three	The responsible person has signed this policy for regulation 29 visits.	With the return of the QIP
2.	26.6	The following policy must be reviewed and updated as required and ratified by the responsible person: <ul style="list-style-type: none"> • Catheter care and management Ref: Section 10.0 of report	One	A new policy is in place for Catheter care and management and has been ratified by the responsible person.	With the return of the QIP
3.	19.2	The following best practice guidelines should be made available to staff and used as required: <ul style="list-style-type: none"> • British Geriatrics Society Continence Care Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence Ref: Section 10.0 of report	One	The best practice guidelines as outlined are now available to all staff.	One month from date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Daizy Samuel
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Elizabeth Lisk

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	25/2/15
Further information requested from provider			