



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 January 2020



Drombane

Type of Service: Nursing Home
Address: 39 Glen Road, Blackskull, Dromore, BT24 1JX
Tel No: 02840626064
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 20 patients.

3.0 Service details

<p>Organisation/Registered Provider: Elizabeth Kathleen Mary Lisk</p> <p>Responsible Individual: Elizabeth Kathleen Mary Lisk</p>	<p>Registered Manager and date registered: Daizy Samuel – 9 January 2015</p>
<p>Person in charge at the time of inspection: Daizy Samuel</p>	<p>Number of registered places: 20</p> <p>Category NH-MP for 1 identified patient only. There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 17</p>

4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 10.00 hours to 14.30 hours.

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 for improvement in respect of previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Daizy Samuel, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection date 1 May 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 1 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including financial issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home on the day of inspection.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Six questionnaires were returned to RQIA. Feedback indicated that all were 'satisfied' or 'very satisfied' that the care was safe, effective, compassionate and the home was well led. Some comments were included as follows;

- 'I am very happy here.'
- 'Very happy with care given and am waiting to be referred to a specialist.'
- 'Very pleased with care.'

A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 20 January to 2 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident, accident and notification records
- two staff recruitment and induction files
- staff training records
- two patients' care records
- two patients financial records
- a sample of governance audits/records
- complaints records
- compliments received
- monthly quality monitoring reports for October to December 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that the management of falls is conducted in line with best practice guidance.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records that verified patients care plans and risk assessments had been reviewed and developed specifically in relation to management of falls.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that stairwells in the home are not blocked at any time to allow for safe access and egress.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector found each stairwell and exit in the home was freely accessible for safe access and egress.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient has a written record of the furniture and personal possessions which they have brought to their room.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that verified patients had a written record of the furniture and personal possessions they have brought to their room.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all appropriate pre-employment checks are conducted prior to the new staff member commencing in post.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed staff records that confirmed all pre-employment information had been obtained and reviewed as satisfactory prior to their commencement in the home.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that IDDSI training is conducted with all staff in the home involved with the provision of food. Care records shall make reference to IDDSI descriptors.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed staff training records that confirmed all staff in the home involved with the provision of food had completed the IDDSI training. Records in patient's files included details of their particular dietary needs.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that hairdressing and chiropody treatment records are signed by both the person delivering the treatment and a member of staff at the home to verify that the treatment was delivered.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that verified each patient's hairdressing and chiropody service/treatment provided had been signed by both the person delivering that service and a staff member to confirm provided.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that confirmed an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory records had been signed by a staff member and a senior staff member, with the most recent records updated in November 2019 as part of their quarterly process.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p>	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: The inspector reviewed records that confirmed the individual agreement for managing a resident’s finances are in place. The arrangements and records specified in writing the authorisation obtained from each resident/ representative to spend personal monies to pre-agreed expenditure limits. Where a resident’s financial matters are managed by a HSC Trust the authorisation about their personal monies had been shared with the HSC Trust care manager.</p>	
<p>Area for improvement 6 Ref: Standard 14.16 Stated: First time</p>	<p>The registered person shall ensure that where staffs purchase items on behalf of residents, any store loyalty points earned are owned by the resident and this is documented on the receipt. Where a resident is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the resident for their own records.</p> <p>Action taken as confirmed during the inspection: The inspector was provided with satisfactory assurances by the manager and administrator that no staffs use their store loyalty cards when purchase items on behalf of patients. Receipts for each purchase were retained for each patient.</p>	<p>Met</p>

6.2 Inspection findings

6.3 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. Staff indicated that the number of care staff had decreased recently because a number of patients were in hospital. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; responses indicated that there was enough staff to help them.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for two staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction; this had been an area for improvement previously.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of two patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

There was evidence of referrals having been made to relevant health care professionals, such as the Crest wound care team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and SALT and were regularly reviewed and shared with catering staff.

Feedback from patients' included the following comments:

- "I am well looked after here, they keep me lovely."
- "I love the home. I have lots of help and assistance, as have some problems with my ankles swelling. The staff are very good to us and we get everything we need."
- "I find the staff are good to me, I like living here OK."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- “The care is very good. Our resident’s choices are respected. I enjoy working here.”
- “Team work is very good and rewarding. We have good training to be able to do our job to the best standard.”

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients’ choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Music was playing in the background. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients’ likes and dislikes. Staff assisted patients as required and independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients’ food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with three patients about their experience of living in Drombane Nursing Home. Patients were complimentary about life in the home, they commented:

- “I am happy living here, my friends visit regularly. The staff can be busy at times but that’s to be expected with old people.”
- “I think living here is ok. The food is good but I don’t have a good appetite and I’m not often hungry.”
- “I can talk to the nurse or Daizy if not happy with anything.”

A relative spoken with during the inspection commented;

- “We were blessed to find this home, the atmosphere is very good, staff are compassionate, caring and very good to my relative. Never had any problems with the care provided, family could speak up if there were ever any concerns and am sure they would be sorted out.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well and it is like a big family here.” Staff described how patients had enjoyed a recent visit by the Elim Church group, with many singing along during the activity and have applied to have a ‘pat dog’ visit the patients in the home soon.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged from thank you cards and letters received by the home in January 2020, examples included:

- “On behalf of my relative and I, thank you for all the care and kindness you have shown. May the Lord continue to richly bless you as you care for all those who have made Drombane their home. You are truly a wonderful group of people and I appreciate all you have done.’
- ‘Many thanks to you all for the loving care you have shown to xxx (patient). The move to Drombane was the best move ever.’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received in the last year and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for October to December 2019. These reports had been completed by the regional manager and were appropriately detailed with a wide range of information included and an action plan to address any issues identified. A comment from a relative indicated that there can be a delay in having minor maintenance problems fixed, for example; replacing a ceiling light bulb took a number of days. This was discussed with the manager during inspection who confirmed this area had been reviewed and addressed to avoid similar delays in future.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- “It’s good here; I find the training is good and the nurses and manager are very approachable.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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