

# Inspection Report

20 August 2024



## Drombane

Type of service: Nursing Home  
Address: 39 Glen Road, Blackskull, Dromore, BT25 1JX  
Telephone number: 028 4062 6064

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Mrs Elizabeth Kathleen Mary Lisk  <b>Responsible Individual:</b> Mrs Elizabeth Kathleen Mary Lisk	<b>Registered Manager:</b> Mrs Daizy Samuel  <b>Date registered:</b> 9 January 2015
<b>Person in charge at the time of inspection:</b> Mrs Daizy Samuel	<b>Number of registered places:</b> 20
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 19
<b>Brief description of the accommodation/how the service operates:</b> 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 20 August 2024 from 9:40am to 3:35pm by care inspectors.

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 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; "staff give me a hand when needed" and "staff treat me well". 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 were shared with the manager for information and action if required.

Seven responses were received from the patient/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 11 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that neurological observations are accurately and consistently recorded in line with best practice guidance.	Not met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. This is stated for a second time. This is discussed further in Section 5.2.2.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that a record of any variation to the planned menu is maintained.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed staff recruitment records evidenced that reasons for gaps in employment were not always explored. This was discussed with the manager and an area for improvement was 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).

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 had a competency and capability assessment in place.

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.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that there were inconsistencies in the recording of neurological observations for the recommended timeframe. This was discussed with the manager and this area for improvement was stated for a second time.

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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and 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 for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and the overall 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 the food provided and the choice of meals.

Patients told us that if they wanted a hot drink throughout the day, they could request it but there was no system in place for a morning or afternoon “tea trolley” for patients to avail of a hot drink. This was discussed with the manager and assurances were given that this would be introduced with immediate effect. 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.

There were no actions required from the last fire risk assessment conducted on 19 March 2024. 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, however it was noted that one member of staff was observed not to be wearing appropriate personal protective equipment (PPE). This was discussed with the manager and confirmation was received after the inspection that relevant action had been taken to address this.

### **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.

Patients’ needs were met through a range of individual and group activities such as playing bingo and skittles. Birthdays and holidays were also celebrated within the home.

Activity records were maintained which included the patient engagement with the activity sessions. It was positive to observe activity documentation within the bedrooms of those patients who could not leave their rooms for various reasons, the activity staff member spent time with these patients on a 1-1 basis and kept a record of these interactions.

Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

### 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 (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	1

\* the total number of areas for improvement includes one regulation 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 August 2024	<p>The registered person shall ensure that neurological observations are accurately and consistently recorded in line with best practice guidance.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            reminded staff to adhere to the observations accurately and consistently keeping in line with the best practise guidance</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2024	<p>The registered person shall ensure that gaps in employment are explored in full before staff commence working in the home.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Gaps in employment are explored in full through interview and checks before commencing work in Home.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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