

Unannounced Care Inspection Report

21 April 2016



Drombane

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Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Drombane took place on 21 April 2016 from 09.50 to 14.15 hours.

The inspection sought to assess progress with the issues identified during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that there was competent delivery of safe care with positive outcomes for patients. In order to drive improvement, one recommendation has been made in relation to staff working excessive hours.

Is care effective?

There was evidence that there was competent delivery of effective care and that there were positive outcomes for patients. One recommendation has been made in relation to wound care recording in order to drive improvement.

Is care compassionate?

Observations on the day of inspection and comments from patients, their representatives and staff evidenced that there was competent delivery of compassionate care and that there were positive outcomes for patients. There were no areas identified for improvement in this inspection.

Is the service well led?

There was evidence that the service was well led and that systems were in place to ensure positive outcomes for patients. In order to drive improvement, one recommendation has been made that policies and procedures should be ratified by the registered person.

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.

For the purposes of this report, the term “patients” will be used to describe those living in Drombane which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Daizy Samuel, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection. Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Elizabeth Kathleen Mary Lisk	Registered manager: Daizy Samuel
Person in charge of the home at the time of inspection: Daizy Samuel	Date manager registered: 9 January 2015
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E) There shall be a maximum of 10 residents accommodated within category RC-I.	Number of registered places: 20

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

We met with seven patients and with the majority of others in groups, one care assistant and two ancillary staff.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas from 11 to 24 April 2016
- staff training records
- a random sample of incident and accident records from December 2015 to the present
- complaints records from January 2016 to the present
- a sample of audits

- monthly quality monitoring reports
- minutes of staff meetings
- minutes of patients/relatives meetings
- one recent recruitment file
- a selection of policies.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 August 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last Care inspection dated 6 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (b) Stated: Second time	The registered provider must ensure that the home is kept in a good state of repair. This is in relation to: <ul style="list-style-type: none"> • damaged bedroom doors and architraves • a build-up of lime scale around drainer unit in the laundry sink. 	Met
	Action taken as confirmed during the inspection: The bedroom doors and architraves had been repaired and the sink in the laundry had been effectively cleaned. This requirement has been met.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19 Stated: First time	A policy should be developed on delivering bad news with reference to current best practice guidelines, and staff made aware of this policy.	Met
	Action taken as confirmed during the inspection: Guidance for staff on delivering bad news had been included within the death and dying policy and referenced best practice guidelines. This recommendation has been met.	

Recommendation 2 Ref: Standard 19 Stated: First time	Current best practice guidelines, for example, the regional guidelines on breaking bad news (2009), should be made available for staff to reference as required.	Met
	Action taken as confirmed during the inspection: Current best practice guidelines had been made available for staff to reference as required. This recommendation has been met.	
Recommendation 3 Ref: Standard 20 Stated: First time	The policy on death, dying and communicating bad news to relatives should be developed to guide staff in the event of the death of a patient and include reference to the Care Standards for Nursing Homes (2015) and the most up to date guidelines, including Gain Palliative care guidelines and the regional guidelines for breaking bad news.	Met
	Action taken as confirmed during the inspection: The policy had been developed to include guidance for staff in the event of a patient's death and referenced the GAIN palliative care guidelines. This recommendation has been met.	
Recommendation 4 Ref: Standard 44 Stated: First time	A torn divan bed base in one identified room should be replaced.	Met
	Action taken as confirmed during the inspection: The divan bed had been replaced. This recommendation has been met.	

4.3 Is care safe?

Discussion with the registered manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, it was noted that one registered nurse had worked an 18 hour shift on two occasions in the last two weeks. This was discussed with the registered manager who stated that they had been experiencing difficulties in recruiting registered nurses. She stated that two registered nurses were due to start, one on Monday 25 April 2016, and that this would address this issue. A recommendation has been made in this regard and the registered manager must submit the worked duty rota to RQIA each week until further notice.

Discussion with staff and review of recruitment records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff confirmed that they regularly attended training and clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that an ongoing safeguarding concern was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since December 2015, confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment which had recently undergone a programme of refurbishment. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

The registered persons should ensure that the number and ratio of staff on duty at all times meets the care needs of the patients and ensure that staff are not working excessive hours which may be detrimental to the quality of the care provided to patients. The worked duty rota should be submitted to RQIA each week until further notice.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Senior care assistants completed the care plans for residents in the home. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

One patient record was reviewed in relation to wound care recording. It was noted that there was a lack of consistent recording of the completion of wound dressings and the condition of the wound at each dressing change. The care plan had not been updated to reflect the required frequency of dressing changes. However, the patient confirmed in discussion that their dressing was changed regularly by the registered nurses. A recommendation has been made in relation to wound care recording and assessment.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager and a review of meeting minutes confirmed that a staff meeting had been held in March 2016 and the minutes had been made available for staff to read. Another meeting had been held in April 2016 but the minutes were not yet available for review. Staff stated in discussion, that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. The minutes of the March staff meeting recorded a statement by the registered manager to come to her with any concerns and that "the door is always open."

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and the registered manager confirmed that a relatives meeting had been held in April 2016. Although formal minutes were not yet available for review, evidence was provided by the registered manager of the topics discussed. The registered manager and staff confirmed in discussion, that the outcomes of the meeting had been positive.

Areas for improvement

The registered persons should ensure that there is a consistent approach to wound care recording and assessment based on best practice guidelines.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were noted to be engaged in individual activities, such as knitting, and puzzles. Staff were observed to be friendly and joking easily with patients. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patients confirmed that they could raise a concern or query and that they were taken seriously and their concern was addressed appropriately. One patient commented that they could talk to the registered manager or staff if they had any concerns but stated that they did not have any concerns at present. Another patient stated that the registered manager had sorted out any problems they had experienced.

Patients commented positively on the staff and the care in the home. Patients confirmed that they were happy with their rooms and appreciated the recent refurbishments to their bedrooms and the lounge. One patient confined to bed, confirmed that the staff were very good and came quickly when called. One patient commented regarding the staff:

"I couldn't say a word about them."

There were no patients' representatives available to consult at the inspection. Ten questionnaires were issued to the registered manager to distribute and one was returned within the required time frame. The respondent commented:

"My XXX has been in this home for six years. XXX is very happy and content and so am I with the care XXX is receiving."

Ten questionnaires were issued to staff and three were returned within the required timeframe. The respondents expressed a high level of satisfaction with the care in the home. Comments included:

"I'm happy with Drombane, the care they get and the cleaning of the home."

"I am very impressed by how the whole team work together. Management are very approachable and I feel comfortable talking to them. They take on board your opinion."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Staff were able to identify the person in charge of the home.

From a review of the duty rota it was evident that the registered manager was working all of her hours as the lead nurse on the floor. In discussion, the registered manager confirmed that this had been the case for the last three weeks. The registered manager stated that she was confident that this would resolve with the appointment of two new registered nurses in the coming weeks. It was agreed that the worked duty rota would be submitted to RQIA for monitoring each week until further notice and a recommendation has been made under Section 4.3 above.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and observation at the inspection evidenced that the home was operating within its registered categories of care.

Policies and procedures were kept in the home and were subject to review. However, it was noted that two recently reviewed policies in relation to end of life care and visiting, had not been dated or ratified by the registered persons. A recommendation has been made in this regard.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to care records, infection prevention and control, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. An action plan was generated to address any areas for improvement.

A notice was on display stating that copies of the reports were available for patients, their representatives, staff and Trust representatives if requested.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

Policies and procedures should be dated and ratified by the registered person when issued, reviewed or revised.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Daizy Samuel, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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 RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager.

Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan	
Statutory requirements – no requirements resulted from the findings of this inspection	
Recommendations	
Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 3 May 2016	The registered persons should ensure that the number and ratio of staff on duty at all times meets the care needs of the patients and ensure that staff are not working excessive hours which may be detrimental to the quality of the care provided to patients. The worked duty rota should be submitted to RQIA each week until further notice. Ref: Section 4.3
	Response by registered person detailing the actions taken: A Registered Nurse has been appointed since the inspection and excessive hours are not being worked by Nurses. The duty rota continues to be submitted to RQIA each week.
Recommendation 2 Ref: Standard 23 Stated: First time To be completed by: 21 May 2016	The registered persons should ensure that there is a consistent approach to wound care recording and assessment based on best practice guidelines. Ref: Section 4.4
	Response by registered person detailing the actions taken: All wound care is now documented on one sheet and recording is clear and consistent.
Recommendation 3 Ref: Standard 36 Stated: First time To be completed by: 21 May 2016	Policies and procedures should be dated and ratified by the registered person when issued, reviewed or revised. Ref: Section 4.6
	Response by registered person detailing the actions taken: This has been commenced and is ongoing.

I agree with the content of the report.

Registered manager	Daizy Samuel	Date completed	01.06.16
Registered person	Elizabeth Lisk	Date approved	01.06.16
RQIA inspector assessing response	Karen Scarlett	Date approved	01.06.16

Please provide any additional comments or observations you may wish to make below:

****Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address****



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