

Unannounced Secondary Care Inspection

Name of Establishment:	Drombane
Establishment ID No:	1537
Date of Inspection:	24 July 2014
Inspector's Name:	Loretto Fegan
Inspection ID:	18358

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Drombane
Address:	39 Glen Road Blackskull Dromore BT25 1JX
Telephone Number:	028 40626064
E mail Address:	drombane@live.co.uk
Registered Organisation/ Registered Provider:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Daisy Samuel (Acting Manager)
Person in Charge of the Home at the Time of Inspection:	Registered Nurse S Soby was present at the commencement of the inspection and then Acting Manager; Mrs D Samuel facilitated the remainder of the inspection.
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,RC-I
Number of Registered Places:	20 (16 Nursing and 4 Residential)
Number of Patients Accommodated on Day of Inspection:	20 (15 Nursing and 5 Residential)
Scale of Charges (per week):	£581 per week (Nursing) £461 per week (Residential)
Date and Type of Previous Inspection:	23 December 2013, Primary unannounced care inspection
Date and Time of Inspection:	24 July 2014 11.50 - 17.40 hours
Name of Inspector:	Loretto Fegan

1.0 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.

1.1 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

1.2 Methods/Process

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

- Discussion with the acting manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The focus of the inspection was as follows:

To establish the facts in respect of a complaint received by RQIA and to determine if there was a breach of regulation with regard to the concerns raised as stated in the Nursing Homes Regulations (Northern Ireland) 2005.

To follow up the progress in relation to the requirements and recommendations made during the previous unannounced primary care inspection on 23 December 2013.

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.

2.0 Profile of Service

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

The registered person is Mrs E Lisk and the home manager is Mrs D Samuel.

Bedroom accommodation for patients/ residents is provided on two floors and comprises four double bedrooms, twelve single bedrooms, six of which are en-suite.

Two sitting rooms are available; one is 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 to all communal and bedroom areas throughout the home.

Access to the first floor is via a passenger lift, stair lift and stairs.

The home also provides for catering and laundry services.

The home has a large garden and grounds. There are parking spaces at the front of the building.

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 (4 places)

3.0 Summary

This summary provides an overview of the areas examined during an unannounced secondary care inspection to Drombane undertaken by Loretto Fegan on 24 July 2014 from 11.50 to 17.40 hours.

The focus of the inspection was to establish the facts in respect of a complaint received by RQIA and to determine if there was a breach of regulation with regard to the concerns raised as stated in the Nursing Homes Regulations (Northern Ireland) 2005 and to follow up the progress in relation to the requirements and recommendations made during the previous unannounced primary care inspection on 23 December 2013.

Registered nurse S Soby was the nurse in charge at the commencement of the inspection. Mrs D Samuel, acting manager, arrived to the home a short time later and was available throughout the remainder of the inspection. Feedback of the issues identified during the inspection was given to Mrs D Samuel, acting manager at the conclusion of the inspection.

During the course of the inspection, the inspector met individually with eight patients/ residents, and four staff; observed care practices, examined a selection of legislative records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous care inspection conducted on 23 December 2013, four requirements and twelve recommendations were made. The inspector evidenced that three requirements and six recommendations had been fully complied with and one requirement and three recommendations were substantially complied with. A further three recommendations were assessed as moving towards compliance. Details can be viewed in the section immediately following this summary.

Patients / residents indicated that they were satisfied with the care provided and were observed to be treated with dignity and respect. Details of the findings are outlined in section 4.1 of the report.

The inspector spoke with three members of staff in addition to the acting manager, all confirmed that staff worked well together and rated the standard of patient / resident care very highly. Staff confirmed that they felt well supported by management. No issues were raised. The issues raised in a complaint received by RQIA on 5 July 2014 in relation to Drombane were reviewed to determine if there was a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005. One concern relating to recruitment processes was found to be substantiated and another in relation to staffing arrangements in the laundry was found to be partially substantiated. The inspector was satisfied based on the assessment of evidence available that the five other issues raised as part of the complaint were not substantiated.

Additional areas examined included a review of accident, incident and complaint records and an observational tour of the environment. A requirement was made in relation to the management of complaints. The home's general environment was generally well maintained, however requirements were made in relation to storage, the prevention and control of infection, an external repair and a refurbishment issue. Details of the findings in respect of additional areas examined are detailed in section 5.0 of the report.

The inspector raised concern post- inspection in respect of the lack of compliance with the current limitations of registration of the home to care for residential category patients. The current registration status allows for a maximum of four residential category patients and on the day of inspection five such patients were in residence.

In addition to verbal feedback, written communication detailing urgent actions to be addressed was provided to the acting manager on the day of inspection. Post inspection, communication was received from the regional manager and acting manager in response to the urgent actions identified by the inspector. The inspector contacted Mrs E Lisk, registered person post-inspection to discuss the inspection focus and outcomes and to seek further clarity. Further communication was received by RQIA from the registered person in regard to the queries raised.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard.

Patients / residents indicated that they were satisfied with the care provided and were observed to be treated with dignity and respect. No issues were raised by staff whom the inspector had the opportunity to meet.

One issue raised in the complaint received by RQIA in relation to Drombane was found to be substantiated; another partially substantiated and based on the assessment of evidence available the five other issues raised as part of the complaint were not substantiated. Areas for improvement were identified as a result of this inspection in relation to recruitment practices, staffing in the laundry, adhering to conditions of registration, recording investigation of complaints, infection control and environmental issues in addition to a requirement recommendations that have been restated from previous inspection/s.

Nine requirements were made as a result of this inspection, in addition to one restated requirements and six restated recommendations. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients / residents, acting manager, registered nurses and staff for their assistance and co-operation throughout the inspection process and also Mrs Lisk, registered person and Mr Kerr, regional manager for their assistance and co-operation post inspection.

4.0 Follow-Up on Previous Issues from unannounced primary care inspection on 23 December 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	10(1)(2)(a)	The registered provider must provide RQIA with information on updated training they have completed to evidence their experience and skills.	At the time of finalising the report, the registered provider had provided RQIA with information on updated training completed to evidence their experience and skills. The registered provider also advised regarding further training planned.	Compliant

2.	16(1)(2)	<p>The registered provider must ensure that care records include the following information:</p> <ul style="list-style-type: none"> • details of who was involved in the decision making for patients using bed rails and sensor alarms • information on the risks and confirmation of other options which were considered and why they were ineffective • the review process • patients' in receipt of regular analgesia must have a care plan in place • confirmation must be provided that one identified patient has a care in place for the treatment of a recently diagnosed medical condition 	<p>The records of two patients who had bedrails in place were examined by the inspector. There was evidence of:</p> <ul style="list-style-type: none"> • the details of who was involved in the decision making process with regard to the use of bedrails • information on the risks and confirmation of other options which were considered and why they were ineffective • the review process <p>The acting manager confirmed that there were no sensor alarms in use.</p> <p>The records of two patients evidenced that patients' in receipt of regular analgesia had a care plan in place.</p> <p>The inspector evidenced that a care plan was in place with regard to the treatment for a patient with a recently diagnosed medical condition.</p>	Compliant
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3.	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>Training records confirmed that the acting manager and another registered nurse had attended recent training in relation to wound care. The acting manager confirmed that the remaining nurses will undertake this training by 30 November 2014. The inspector was informed that there were no patients with wounds.</p> <p>Training records confirmed that 36% of care staff have attended training on pressure area care and the prevention of pressure ulcers.</p> <p>Documentation was in place to evidence assessed competencies; however this was not utilised to date.</p> <p>This requirement will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
4.	8(1)(2)	<p>The registered provider must ensure that a nurse manager is appointed to manage the nursing home and RQIA is informed of the appointment.</p>	<p>The acting manager confirmed during the inspection that the position of permanent manager was due to be advertised. Prior to this report being finalised, the registered provider confirmed that a home manager has been appointed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken – As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28.4	The competency assessment used to evidence compliance for registered nurses in behaviour management requires further review.	The inspector evidenced that the competency assessment used to evidence compliance for registered nurses in behaviour management has been reviewed and now includes a scoring system and comments.	Compliant
2.	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>There was a range of resources sourced by the home to facilitate this process. However, the acting manager confirmed that staff have not yet received training in providing activity and stimulation for patients and residents.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Moving towards compliance
3.	20.2	The acting manager should ensure and evidence that daily checks of emergency equipment are completed and records are maintained.	The inspector evidenced that records were maintained of daily checks of emergency equipment.	Compliant

4.	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>The policy for Regulation 29 visits was ratified by the regional manager on behalf of the registered provider.</p> <p>The acting manager informed the inspector about a system implemented to inform patients, residents and their representatives on how the monthly report can be accessed. However on the day of inspection, the notices were not in place in the designated areas identified by the acting manager.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
5.	25.13	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>The acting manager informed the inspector that this was work in progress and would be available by 30 September 2014. A copy should be forwarded to RQIA when returning the quality improvement plan (QIP).</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Moving towards compliance

6.	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>The inspector evidenced that the staff induction programme was further developed to evidence the safeguarding training provided.</p> <p>The inspector acknowledged that from the training records, there was evidence of safeguarding vulnerable adults training taking place over the past year. However, as the training programme was not available for inspection, the inspector was unable to confirm the following:</p> <ul style="list-style-type: none"> • that staff receive training on the role, function and responsibility of the safeguarding team within Health and Social Care Trusts. • that the training informs staff about the Trusts investigatory role including investigations of allegations made about staff and volunteers. <p>The training programme should be available for inspection.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
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7.	25.2	<p>The registered provider should ensure that the competency and capability assessment format for registered nurses is further developed to evidence the training provided and provides specific information as to how competency and capability has been assessed.</p> <p>Pressure area care and prevention and wound management should be included in revised induction and competency based assessments.</p>	<p>The inspector reviewed the competency and capability assessment in relation to one registered nurse. This evidenced further development of the format to include the training provided and provided specific information as to how competency and capability was assessed.</p> <p>The inspector evidenced that pressure area care and prevention of pressure ulcers was included in the revised induction and competency based assessments. However, wound care was not included.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
8.	10.7	<p>The registered provider should ensure the policy on restraint is revised and ratified to evidence Human Rights Legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safeguards (DOLS)</p>	<p>The inspector can confirm that the policy on restraint was revised to evidence Human Rights Legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safeguards (DOLS)</p>	Compliant

9.	5.2	The acting manager should ensure bowel assessments reflect the patients' bowel type as per the bristol stool chart.	<p>Three care records were examined in this regard. An assessment was made in relation to bowel patterns; however the Bristol stool chart was not used as part of this assessment.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Moving towards compliance
10.	5.5	The acting manager should ensure staff have access to updated evidenced based documents on wound care such as NICE and RCN guidance.	The registered nurse on duty provided a file containing evidenced based literature on wound care.	Compliant
11.	25.2	The acting manager should implement monthly monitoring checks for care staff to confirm valid NISCC registration.	Records confirmed that monthly monitoring checks were in place to confirm valid NISCC registration in respect of care staff.	Compliant
12.	32.1	The registered provider should ensure that odours are effectively managed and provide confirmation to RQIA that odours management issues in one identified bathroom and bedroom have been addressed.	There were no mal-odours identified in any area of the home on the day of inspection.	Compliant

4.1 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.

A complaint was received by RQIA on 5 July 2014 in relation to Drombane and the following concerns were raised:

- The appointment of enough suitably qualified staff (registered nurses) to cover holiday leave
- The qualifications and recruitment process with regard to the appointment of an identified staff member, that the person was not qualified for the post, was not interviewed and could not provide references as to their qualifications
- Care staff do most of the washing of dishes, the night staff have to clear the kitchen and do the dishes before commencing their care duties
- The laundry person left employment and was not replaced
- The post of permanent manager has not been advertised
- Drombane is an unhappy place which is not conducive to high quality care
- Admin person checks on drugs.

Through the process of inspection, the inspector reviewed available evidence in respect of each of the concerns raised to determine if there was a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005.

Concern raised in complaint - The appointment of enough suitably qualified staff (registered nurses) to cover holiday leave

It was confirmed by the nurse in charge at the commencement of the inspection that the home had 20 residents (15 patients and 5 residential clients). The acting manager who was on annual leave came into the home to facilitate the inspection and confirmed the dependency levels of the patients using the Rhys Hearn framework. A review of the staffing levels for week commencing 21 July 2014 and the preceding two weeks, indicated that according to the assessed dependency levels, the staffing arrangement including the provision of registered nurse hours met RQIA's recommended minimum staffing guidance for nursing homes. The acting manager advised that the home had advertised for registered nurses through the job market since May 2014, with no response and that they intend advertising again next week for registered nurses.

The acting manager acknowledged that she covered some of the shifts for the preceding two weeks and that registered nurses employed were flexible in increasing hours worked to ensure that there was registered nurse cover 24 hours per day. A bank nurse was also utilised over this period and an additional bank nurse recruited.

The inspector was satisfied based on the assessment of evidence available that this aspect of the complaint was not substantiated.

Concern raised in complaint - The qualifications and recruitment process with regard to the appointment of an identified staff member, that the person was not qualified for the post, was not interviewed and could not provide references as to their qualifications

The inspector reviewed the identified staff member's file with the acting manager with regard to the recruitment process. From the detail retained in the file, there was no evidence to confirm that the identified staff member was interviewed for the post, nor any record of their qualifications at the time of taking up the post or if references were provided as to their qualifications.

Post inspection, correspondence was received by RQIA from Mr Kerr, regional manager confirming that the staff member was interviewed for the post and has the relevant qualifications. In addition, the regional manager confirmed that the file for the staff member went missing following the archiving of files not current and the home were unable to locate it. The registered person, Mrs Lisk has subsequently advised in further communication to RQIA that the missing documentation has now been sourced and placed back in the staff member's file.

The inspector acknowledges this additional communication from the regional manager and registered person, however, the missing documentation that was sourced post inspection has not been examined by the inspector in relation to this staff member's file. Therefore based on the assessment of evidence available at the time of inspection this aspect of the complaint was considered substantiated. A requirement has been made.

As part of the inspection process, the file pertaining to a recently recruited staff member was also reviewed. The following issues were identified in relation to the recruitment process:

- A reference from the person's most recent employer was not obtained (two other references were obtained)
- Confirmation regarding the applicant's registration status was not independently verified, instead the written confirmation provided by the regulatory body to the applicant was accepted and a copy filed

The issues raised with regard to recruitment practices / records were discussed with the acting manager. As agreed on the day of inspection, the outstanding information in relation to the recently recruited staff member would be sourced prior to the staff member undertaking any further shifts. The acting manager advised that she will be attending planned training in relation to employment practices before 31 August 2014.

On the day of inspection, an urgent action request was made by the inspector, that management ensures the required legislative checks were made in respect of all existing staff prior to them taking up employment in the home and that confirmation would be forwarded to RQIA in this regard. The inspector contacted Mrs Lisk, registered person following the communication received from the regional manager. The inspector informed Mrs Lisk that it is required that records are in accordance with legislative requirements in relation to information and documents obtained in respect of persons, carrying on, managing or working at the nursing home. The registered person has subsequently confirmed that an audit will be completed on all staff files.

It is reiterated that a requirement has been made in this regard.

Concern raised in complaint - Care staff do most of the washing of dishes, the night staff have to clear the kitchen and do the dishes before commencing their care duties

Two care assistants, one whom was undertaking cooking duties on the day of inspection confirmed that care staff do not routinely wash dishes in the kitchen. They advised that all dishes are washed by the cook prior to going off duty at 17.30 hours. They did however inform the inspector that on Thursdays and Sunday evenings, the patients receive sandwiches for their tea and on these two evenings the cook leaves at 17.00 hours and that if any cups or plates require washed after this time, this is done by the care staff on duty. The two staff advised that subsequent to the night staff coming on duty at 19.30 hours, supper is provided at 19.45 – 20 00 hours, therefore night staff attend to these dishes.

The inspector was satisfied based on the assessment of evidence available that this aspect of the complaint was not substantiated.

Concern raised in complaint - The laundry person left employment and was not replaced

The acting manager confirmed that the laundry person recently left employment and that laundry duties have been undertaken by a part time cleaner who always undertook one shift in the laundry per week as additional hours. The acting manager advised that some care assistants also do additional hours undertaking laundry duties and that a different uniform is worn when designated laundry duties.

The following hours / days per week with regard to laundry provision were confirmed by the acting manager:

Week commencing 30 June 2014 20 hours over 5 days
 Week commencing 7 July 2014 20 hours over 5 days
 Week commencing 14 July 2014 16 hours over 4 days
 Week commencing 21 July 2014 16 hours over 3 days

The inspector also viewed the duty rota in this regard and requested that the actual hours worked are clearly identified in the duty rota.

The acting manager confirmed that this arrangement does not deplete domestic (cleaning) services which she confirmed have remained at 30 hours per week, i.e. 5 hours per day over 6 days (Sunday not included).

Two care staff informed the inspector that laundry is not done at night, however care staff would sometimes put on a load of washing in the morning before the laundry person comes on duty and would routinely fold clothes protectors and tablecloths. The acting manager confirmed this working practice.

The acting manager advised the inspector that two full – time and one part-time care assistants have been recruited pending satisfactory employment checks and that the contracts for these new staff will include laundry and care assistant duties.

The acting manager stated that laundry provision will then be provided to the maximum 25 hours per week. The inspector requested that this is confirmed when returning the QIP. A requirement is made in this regard. Based on the assessment of evidence available, the inspector found this aspect of the complaint to be partially substantiated.

Concern raised in complaint - The post of permanent manager has not been advertised

This concern has been followed-up as part of the inspection process in section 4.0 of this report. On the day of inspection, the acting manager confirmed that the position of permanent manager was due to be advertised. Prior to this report being finalised, the registered provider confirmed that a home manager has been appointed.

The inspector was satisfied based on the assessment of evidence available that this aspect of the complaint was not substantiated.

Concern raised in complaint - Drombane is an unhappy place which is not conducive to high quality care

The inspector spoke individually with eight patient / residents and all confirmed that they were very satisfied with all aspects of their care including staff attitude, quality of the food and the laundry and cleaning service. No issues were raised.

The inspector also spoke with three members of staff in addition to the acting manager, all confirmed that staff worked well together and rated the standard of patient / resident care very highly. Staff confirmed that they felt well supported by management. No issues were raised. The inspector was satisfied based on the assessment of evidence available that this aspect of the complaint was not substantiated.

Concern raised in complaint - Admin person checks on drugs

The acting manager and both Care staff whom the inspector spoke with confirmed that only registered nurses administer medication. In discussing this matter with the acting manager, she described the administrator's role and the inspector was satisfied that this did not include "checks on drugs" at any time.

The inspector was satisfied based on the assessment of evidence available that this aspect of the complaint was not substantiated.

5.0 Additional Areas Examined

5.1 Care practices

The inspector observed care practices which included the assistance provided to patients while mobilising and during the lunch time meal. Communication between staff and patients evidenced that patients were treated courteously and with dignity and respect.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

5.2 Registration

The current registration certificate states, "There shall be a maximum of four residents accommodated within category RC-I". However, on the day of inspection five residents were accommodated within this category. The home was therefore in breach of its' current registration condition. The inspector discussed this with the acting manager and a retrospective application for variation to registration was received by RQIA in this regard. The application is

being reviewed by RQIA and the registered person has been requested to provide the home's statement of purpose and residents' guide as part of the review process. A requirement is made that the home operates within its' registration conditions and an application for variation to registration must be approved by RQIA.

5.3 Complaint Records

The inspector reviewed the record of complaints. One complaint report did not evidence the investigation undertaken. The acting manager informed the inspector that the investigation was not recorded as the complaint was not deemed to be formal. Discussion took place with the acting manager that all complaints whether formal or informal must be fully investigated in accordance with legislation. A requirement is made in this regard.

5.4 Accident / Incident Records

The inspector reviewed a sample of entries in the record of accident /incidents in the home. This was maintained appropriately. The inspector also viewed a separate record pertaining to an alleged incident dated 2011, not involving patients. Further information regarding this record was requested and reviewed by the inspector which confirmed that there were no further issues in this regard.

5.5 General Environment

The inspector undertook an observational tour of the general environment in the nursing home. This included viewing fifteen bedrooms, two lounges, the dining room, bathroom / toilet facilities. The home was warm and comfortable and most areas were maintained to a high standard of hygiene.

However, the following environmental issues were identified:

Furniture (a television and footstool) were in the shower-base of one en-suite bathroom and a hoist, a commode and two wheelchair cushions were stored in a communal bathroom. Bathrooms and en-suite facilities should be used only for their registered purpose and not for storage of furniture or equipment. All furniture must be removed from these areas and the en-suite and bathroom areas cleaned in accordance with evidence based infection control procedures following removal of the items of storage. A requirement is raised in this regard.

The following infection control issues were identified:

- A hoist and commode were stored in a bathroom. In the event of equipment being left in the bathroom such as a hoist, the home manager must ensure that appropriate decontamination of equipment is undertaken in line with infection prevention and control evidence based practice and in accordance with the manufacturer's instructions.
- Several toilet brushes were very stained and required replacing
- One wheelchair cushion (stored in bathroom) was torn, this should be replaced.
- Urinals and a slipper bedpan stored in the sluice were not cleaned to an acceptable standard of hygiene. These were badly stained and should be replaced. Discussion took place with the acting manager with regard to considering the purchase of disposable urinals / bedpans in the absence of a bedpan washer or seek advice regarding the decontamination of this re-usable equipment with the Lead Infection Control Nurse at the PHA.

- The sluice room and ironing room should be cleaned to an acceptable standard of hygiene. It was agreed with the acting manager that the areas identified which required cleaning should be included on the cleaning schedule.

A requirement has been made to address these infection control issues.

The acting manager confirmed that a shower in an identified ensuite facility (room 3) had not been used for the past two or three months. The inspector referred this issue to the estates inspector in RQIA who advised that in addition to the controls in place for the prevention of legionella bacteria in the water, systems should be reviewed to ensure that this shower 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. Records should be maintained with regard to the twice weekly flushing of the shower unit and the quarterly descaling and disinfection of the shower head. A requirement is made in this regard.

Part of the cement ramp providing access at the front of the building was chipped at the side. This could present a trip hazard. This ramp should be reviewed and remedial works should be carried out as required to address this issue. A requirement is made in this regard.

A few floor tiles require replacing in a first floor bathroom and the bath was in need of replacement as it was chipped. The acting manager advised that the refurbishment of this bathroom was part of an ongoing refurbishment plan. A requirement is made in this regard.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs D Samuel, acting manager as part of the inspection process and written communication detailing urgent actions to be addressed were provided to the acting manager on the day of inspection. Post inspection communication was received from the regional manager and acting manager in response to the urgent actions identified by the inspector. The inspector contacted Mrs E Lisk, registered person post-inspection to discuss the inspection focus and outcomes and to seek further clarity.

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:

**Loretto Fegan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Drombane

24 July 2014

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 D Samuel, acting manager either during or after 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
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>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	<p>The course has now been sourced and will be completed by those nurses who require immediate updating in provision of wound care (assessment & management of wound care).</p> <p>This should be completed and certificates obtained to evidence successful completion of the course.</p> <p>Two nurses already have this training and evidence is available.</p>	30 November 2014

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>Ref – Section 4.1</p>	One	<p>This has been rectified with missing information being sourced and placed on staff member's file.</p> <p>A third reference has been recieved and placed in file.</p> <p>A file is in place for all staff members working at Drombane, with required information in situ.</p>	From date of inspection
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>Ref – Section 4.1</p>	One	<p>The optimum number of hours deemed necessary for laundry provision are scheduled.</p> <p>The actual hours worked in this regard are clearly identified on the duty rota.</p>	Confirm when returning quality improvement plan

4.	12 (2) Registration Regulations (2005)	<p>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> <p>Ref – Section 5.2</p>	One	It has been communicated to the Home that this application has been approved. We await a new certificate to reflect the appropriate change.	From date of inspection
5.	24 (3)	<p>The registered person must ensure that any complaint made under the complaints procedure is fully investigated</p> <p>Ref – Section 5.3</p>	One	Every complaint made under the complaints procedure is fully investigated. This is ongoing practice.	From date of inspection
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>Ref – Section 5.5</p>	One	<p>All furniture/ Equipment stored in the identified bedroom ensuite and bathroom have been removed.</p> <p>The ensuite and bathroom areas were cleaned/ disinfected in accordance with evidence based infection control procedures afterwards.</p>	From date of inspection

7	13 (7)	<p>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> <p>Ref – Section 5.5</p>	One	This has been done, and is subject to ongoing best practice.	From date of inspection
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>Ref – Section 5.5</p>	One	<p>A full legionella risk assessment bi-annual review has taken place as per normal procedures. Full chlorination of water systems has also been carried out as per annual schedule. A full descaling and disinfection/ decontamination of the identified shower in bedroom ensuite has taken place.</p> <p>A procedure is in place to ensure showers are flushed out twice per week and descaled and disinfected on ongoing quarterly basis.</p>	From date of inspection
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>Ref – Section 5.5</p>	One	Remedial work carried out to eliminate trip hazard, in interim a new enlarged ramp is planned for next spring as part of a larger project at the front elevation of the building.	30 September 2014

10	27 (2) (b)	<p>Ensure the identified refurbishment issues are addressed in the first floor bathroom</p> <p>Ref – Section 5.5</p>	One	<p>This bathroom is scheduled for all new flooring. Bath is scheduled to be removed on Wednesday 19.11.14. Regional Manager is in consultation with estates inspector to establish whether a replacement bath is required or if this can be transformed into a walk in shower room.</p>	30 September 2014
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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.	28.4	<p>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> <p>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Three	Activity training has been provided to staff. This will be an ongoing basis.	30 November 2014
2.	25.2	<p>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> <p>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	The policy for regulation 29 visits has been ratified by the registered provider. The system has been changed to ensure residents as well as representatives have information on how to access the reports.	From date of inspection

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>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	The annual report has been developed with positive outcomes recorded. Copy attached.	30 September 2014
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>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	<p>Safeguarding Training will be provided as part of the induction process on an ongoing basis.</p> <p>This is provided as part of induction training on an ongoing basis.</p> <p>This is provided as part of induction training on an ongoing basis.</p>	From date of inspection

5.	25.2	<p>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> <p>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	This is now in place on an ongoing basis.	From date of inspection
6.	5.2	<p>The acting manager should ensure bowel assessments reflect the patients' bowel type as per the bristol stool chart.</p> <p>Ref - Section 4.0, Follow-Up on Previous Issues</p>	Two	The bristol stool chart is in use on an ongoing basis. Practice ensures bowel assessments reflect the patients' bowel type.	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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Daizy Samuel Acting Manager
Name of Responsible Person / Identified Responsible Person Approving Qip	Wesley Kerr onbehalf of Elizabeth Lisk

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Loretto Fegan	15 Dec 2014
Further information requested from provider			