

Unannounced Care Inspection Report

31 May 2017



Drombane

Type of Service: Nursing Home
Address: 39 Glen Road, Blackskull, Dromore, BT25 1JX
Tel no: 028 4062 6064
Inspector: Dermot Walsh

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drombane took place on 31 May 2017 from 09.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control was well maintained. A requirement was made in regard to the management of the storage of chemicals. Two recommendations were made in relation to the nurse call provision and storage of medications.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Care plans had been personalised to meet the needs of patients. Supplementary documentation had been recorded well. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. There was evidence of engagement with patients' representatives. Two recommendations were made in this domain in relation to restrictive practice and staff meetings.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. Mealtimes were managed well and there was evidence that activities were conducted in the home. No requirements or recommendations were made in this domain.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing care. No requirements or recommendations were made in this domain.

The term 'patients' is used to describe those living in Drombane which provides both nursing and residential care.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (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 unannounced medicines management inspection undertaken on 10 April 2016. There were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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 previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 11 patients individually and others in small groups, two patient representatives, three care staff, the registered manager was the nurse on duty and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, 10 staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 22 May to 4 June 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41 Stated: First time	<p>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.</p> <p>The worked duty rota should be submitted to RQIA each week until further notice.</p>	Met

	Action taken as confirmed during the inspection: Duty rotas had been submitted to RQIA as requested. A review of duty rotas and discussion with staff confirmed that the current staffing arrangements ensured staff were not working excessive hours and that staffing levels and skill mix was appropriate to meet patients' needs.	
Recommendation 2 Ref: Standard 23 Stated: First time	The registered persons should ensure that there is a consistent approach to wound care recording and assessment based on best practice guidelines. Action taken as confirmed during the inspection: A review of wound care records evidenced that these had been completed in accordance with best practice guidance.	Met
Recommendation 3 Ref: Standard 36 Stated: First time	Policies and procedures should be dated and ratified by the registered person when issued, reviewed or revised. Action taken as confirmed during the inspection: Discussion with the registered manager and a review of a sample of policies evidenced that a system was in place to ensure that policies and procedures are dated and ratified by the registered person when reviewed, revised and/or issued.	Met

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for period 22 May to 4 June 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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 and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified for the home.

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 21 April 2016 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, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained in the most.

However, during a review of the environment a door leading to an identified room containing harmful chemicals was observed to be open and accessible to patients. This was discussed with the registered manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to.

During the review of the environment a door leading to the treatment room in the home was also observed to be open and accessible to patients. Medications and topical preparations were accessible within the room. This was discussed with the registered manager and a recommendation was made.

Nurse call provision was observed during the inspection in identified rooms. In two of the rooms disposable aprons were observed attached to the bottom of the pull cords. In two of the rooms the pull cords were situated beside a toilet cistern and not easily accessible to patients. Not all pull cords reviewed had an appropriate cleanable covering to aid in infection prevention and control. These issues were discussed with the registered manager and a recommendation was made.

Areas for improvement

It is required that chemicals are stored and managed in accordance with COSHH regulations.

It is recommended that medications are stored in accordance with professional guidance, care standards and legislative requirements.

It is recommended that nurse call provision provided within the home is accessible to patients and is fit for the purpose it is designed for.

Number of requirements	1	Number of recommendations	2
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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 plans had been personalised to meet the individual needs of the patients and had been reviewed monthly. However, there was no evidence within two patients' care records of consent or discussion with the patient/patients representative where restrictive practice was used such as the removal of a call bell or use of a fall out mat. There was evidence of consent for the use of bedrails within one patient's care record. This was discussed with the registered manager and a recommendation was made to ensure that when restrictive practices are used; they are managed and recorded in accordance with legislative, professional and best practice guidance.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

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.

Discussion with the registered manager and staff confirmed that staff meetings were conducted regularly. However, there was only one recorded meeting since 19 December 2016. Minutes of staff meetings were available and included details of attendees; dates; topics discussed and decisions made. A recommendation was made to review the frequency of staff meetings to ensure that they are in accordance with DHSSPS Care Standards for Nursing Homes 2015.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that a relatives' survey was conducted annually and a report of the findings from the survey, including an action plan to address areas identified for improvement, would be displayed on a noticeboard in the home. Discussion with the registered manager confirmed that the report findings would also be discussed at the annual relatives meeting.

Staff stated 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 their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that when restraint and/or restrictive practice are used, they are managed and recorded in accordance with legislative, professional and best practice guidance.

It is recommended that staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager was the nurse on duty. In addition to consulting with the registered manager, four carers and two ancillary staff members were consulted to ascertain their views of life in Drombane. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I enjoy working here."

"It's very homely and friendly."

"I like working here."

"I really enjoy working here."

Eleven patients were consulted. 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. Ten patient questionnaires were left in the home for completion. One of the patient questionnaires was returned.

Some patient comments were as follows:

"This is a lovely place. I wouldn't go anywhere else."

"It's alright here."

"It's a really nice place."

"It's nice here."

"The girls here are really lovely."

Two patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Seven relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives' comments were as follows:

"The care here is very good."

"We are always made to feel welcome when we come into the home."

"They (the staff) are such kind, pleasant and caring people."

Staff interactions with patients were observed to be compassionate, caring and timely.

The serving of lunch was observed in the main dining room downstairs. Lunch was served at 12.30 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Staff were knowledgeable in regard to patients' nutritional requirements. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Staff were observed chatting with patients during the meal. Patients appeared to enjoy the mealtime experience.

A programme of activities was on display in the dining room. Discussion with staff and patients confirmed that activities assessments were conducted within 11 days of the patients' admission and were used to inform the programme of activities. Staff were nominated to conduct the activities. Patients consulted confirmed that they enjoyed the activities and enjoyed frequent walks outside with staff during good weather.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients' representatives and staff on the running of the home, although, there was no system in place to obtain the views of patients. The registered manager agreed to review this to ensure that a system was created to obtain patients' views on the services provided.

Areas for improvement

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

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.

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 evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints records 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 notice on how to make a complaint was displayed in patients' bedrooms.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“ ... We could quite happily content ourselves that she was being very well cared for by your lovely staff.”

“The staff at Drombane do their job and then they go the extra mile.”

“We can’t thank you enough for the care and kindness you have shown our mother ... She was always treated with respect and dignity. You made her smile on her good days and comforted her on her not so good days.”

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, monthly audits were completed in accordance with best practice guidance in relation to patient care records, medicines, kitchen, IPC and accidents and incidents. All patient care records were audited monthly. There was evidence within the auditing records that action plans had been developed to address shortfalls identified and that these action plans had been reviewed to ensure the actions identified had been completed.

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.

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

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement have been identified in the safe and effective domains with regard to the management of Control of Substances Hazardous to Health (COSHH) regulations, safe storage of medications, nurse call provision, recording of restrictive practices and frequency of staff meetings. Compliance with this requirement and recommendations will further drive improvements in these domains.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

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

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

The registered provider/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 provider 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 the nursing home. 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 provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A member of staff is responsible to ensure that the door to the store is locked. A notice is also displayed to inform all staff to lock this door whilst leaving.</p>
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Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 30 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered person should ensure that medications are stored in accordance with professional guidance, care standards and legislative requirements.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: All nurses have been made aware that this room must be locked at all times, when unattended.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2017</p>	<p>The registered person should ensure that nurse call provision provided within the home is accessible to patients and is fit for the purpose it is designed for.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The three identified call points have been moved in order to ensure they are immediately accessible to patients.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2017</p>	<p>The registered person should ensure that when restraint and/or restrictive practice are used, they are managed and recorded in accordance with legislative, professional and best practice guidance.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The documentation has been updated, with relevant consent obtained in writing for use of LOW LOW bed and fall out mattress in the interests of patient safety.</p>

Recommendation 4 Ref: Standard 41 Criteria (8)	The registered person should ensure staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly. Ref: Section 4.4
Stated: First time To be Completed by: 31 August 2017	Response by registered provider detailing the actions taken: Staff meetings have previously been held every six months, however these are now scheduled to be held quarterly in accordance with Standard 41 of the Nursing Home Standards, 2015.

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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