The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Drombane**

Provider: **Mrs Elizabeth Kathleen Mary Lisk**

Date of Inspection: **30 October 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Mrs Elizabeth Kathleen Mary Lisk
Responsible Individual:	Mrs Elizabeth Kathleen Mary Lisk
Registered Manager:	Mrs Daizy Samuel
Service Profile – This is a registered Nursing Home, which provides general nursing care for up to 20 persons. The home is also registered to care for patients with a physical disability or mental disorder. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 30 October 2025 from 10:00 am to 3:30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 22 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "things are going the best, staff are very good here" and "Staff treat me well, the food is lovely and they offer you anything you like."

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Questionnaires returned from patients indicated that they were very happy with the care, the comments included "I am happy with everything" and "I am well looked after".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "staff are very personable, it's five star here, staff know what they are doing".

Following the inspection, no response was received regarding relative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Records reviewed evidenced that there was no system in place to review the use of restrictive practice within the home. Confirmation was received by the manager after the inspection that an audit had been implemented, this will be reviewed at the next inspection.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The menu board did not clearly display both options for the lunchtime serving. This was discussed with the manager and assurances were given that menu choices for all patients including those on a modified diet would be displayed. This will be reviewed at the next inspection.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week were singing, crafts, a pamper day and hairdressing.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Examination of records for an identified patient confirmed a number of risk assessments had not been dated. An area for improvement was identified

Patients care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

In a number of bedrooms, it was identified that prescribed topical creams were not stored securely. This was identified as an area for improvement.

Observation of the environment evidenced that there were a number of rooms throughout the home that had no signage on their doors. This included bathrooms, a linen store and a sluice room. This was identified as an area for improvement.

A small number of walls required painting, assurances were given this would be addressed. This will be reviewed at the next inspection.

Staff had been provided training in relation to infection prevention and control (IPC) including the use of personal protective equipment (PPE) and hand hygiene. The PPE stations were stocked with aprons and gloves, however, nitrile gloves were not available in all of these stations. Following the inspection, confirmation was received to confirm that the appropriate gloves had been ordered. This will be reviewed at the next inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Daizy Samuel has been the manager in this home since 9 January 2015.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* the total number of areas for improvement includes one regulation and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Daizy Samuel, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure during the readmission process that personal medication records are reviewed and updated and where discrepancies are identified these are followed up in a timely manner. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure that the room temperature of the medication storage area is monitored daily and records maintained. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: The practise has always been in place. Now an audit form has been placed with all the timely completion of care records documented.
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 30 November 2025	The registered person shall ensure that prescribed topical creams are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: The safe and secure storing of topical creams was an on-going practise, but reminded again to all the staff the creams need to be safely stored.

Area for improvement 4 **Ref:** Standard 43.1 **Stated:** First time	The registered person shall ensure that all rooms have appropriate signage to assist with orientation for patients and staff. Ref: 3.3.4
To be completed by: 31 December 2025	**Response by registered person detailing the actions taken:** Correct signage has been placed to all the rooms.

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