The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Drumlough House

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 5 March 2026

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:	SEHSCT
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Kim Dixon – not registered
Service Profile – This home is a registered residential care home which provides health and social care for up to 39 residents with a range of health and social care needs. There are a range of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 5 March 2026, between 10.25 am and 4.00 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 care inspection on 4 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Residents said that living in the home was a good experience. Residents 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 all of the previous areas for improvement were assessed as having been addressed by the provider. 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 resident'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

Residents spoken with provided positive feedback about their experiences living in the home. Some of the comments shared included, "it's a fabulous place" and "things are going well." Residents provided positive feedback about staff, the food and the environment. Residents unable to make their wishes known were observed to be relaxed and comfortable in their surroundings.

Visitors to the home provided positive feedback about the care their relatives were receiving in the home. Some of the comments shared included, "no complaints at all, the food is excellent and the staff are all brilliant."

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 residents. There was evidence of systems in place to manage staffing.

Residents 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 mostly satisfied with

the staffing levels. The manager confirmed there is ongoing recruitment for care staff to ensure there are adequate staffing levels to meet the needs of the residents in the home.

There was evidence of a system in place to monitor staffs attendance at mandatory training. It was evident that some staff were outstanding some training; assurances were confirmed at the time of inspection and in writing following the inspection to confirm the plans in place to ensure staff were up to date with the training required.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day, observation confirmed that staff attended 'safety pauses' to ensure good communication across the team about changes in residents' needs.

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

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

At times some residents 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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, assistive technology or referrals to Physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity which involved residents getting to sample different foods and flavours with options in place for those residents requiring modified diets, confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

Residents' needs were met through a range of individual and group activities such as, reminiscence, word search, crosswords and memory books.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming, clean, neat and tidy. There was evidence of personalisation across residents' bedrooms with items important to the resident.

Bedrooms and communal areas were well decorated, warm and comfortable. There was evidence of wear and tear across some aspects of the dementia unit, for example: woodwork, paintwork and ceiling tiles requiring replaced. The details of this were shared with the manager and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

There was evidence of toiletries stored in some wardrobes across the dementia unit. The manager confirmed an action plan was in place to address this to ensure toiletries were securely stored.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kim Dixon has been the manager in this home since 11 July 2022.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Some audits were not completed consistently for example, the falls analysis. Assurances were provided by the manager that plans were in place to address this. 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/or the quality of services provided by the home.

Visits were completed on a monthly basis by a representative of the registered provider to review the day to day running of the home. These visits did not always evidence the views of visitors/relatives; the details of this were shared with the manager for review and action.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

There was evidence of a compliments log in place and this was shared with the staff team. Some of the compliments included, “I want to thank-you so much for the excellent patience and care of my mum.”

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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kim Dixon, 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 Residential Care Homes Minimum Standards (Dec 2022)

Area for improvement 1 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 2 April 2026	The Registered Person shall submit an action plan to RQIA detailing the planned refurbishments required to take place across the home and the projected timeframes. This should include: paintwork, wood-work and handrails. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Trust has planned for further refurbishment work this year within the Trust statutory homes as part of a rolling programme of redecoration and upgrading of the environment is required to include paintwork, wood work and hand rails. This will not only enhance the environment and address safety issues for older people resident in these homes but ensure that the homes are fit for purpose and meet the regulatory minimum standards required by RQIA and infection control monitoring.

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

The Regulation and Quality Improvement Authority

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