

Inspection Report

Name of Service:	Drombane
Provider:	Mrs Elizabeth Kathleen Mary Lisk
Date of Inspection:	28 July 2026

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

1.0 Service information

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 28 July 2026 from 10.20 am to 6.10 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Full details, including one area for improvement that was carried forward and 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 patients, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who they described as helpful and friendly. Patients' comments included: "The staff look after me very well. I have no problem putting my day in", "The staff are alright", "It's a brilliant place. The food is very good. The staff would do anything for you" and "I love the view from the home and the staff are wonderful."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "We did nursing home shopping before choosing this home. It is very homely and the staff are so friendly. The care is so good."

Staff spoken with said that Drombane was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments included, "The teamwork is good. No issues. Everyone is open and the manager has an open door policy. We all talk to each other."

We received no responses from the staff online survey. Nine questionnaire responses from patients were received all of which indicated a high level of satisfaction with the care received. Comments included, "It's very good. I feel happy and safe. I feel the staff look after all my needs and I am allowed to keep my independence", "The care provided is very good", "I enjoy the food and have met new friends. Staff members are always willing to help with all my needs" and "I am very happy with the care in here."

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 systems in place to manage staffing.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

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

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Discussion with staff confirmed that staff meetings were not held on at least a quarterly basis. The manager agreed to diarise meetings for the next year and retain detailed records.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. A number of nutritional care plans reviewed were not consistently reflective of the Speech and Language Therapists recommendations. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. Feedback regarding the dining experience was shared with the manager who confirmed they plan to review the mealtime experience with consideration given to the introduction of a “safety pause” in keeping with regional guidance.

Patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff and visitors. An activity planner displayed in the foyer highlighted events such as aerobics, painting and baking. Arts and crafts that some patients made were displayed throughout the home.

Gaps were noted in the weekly planner and there was evidence that the monthly planner had not been updated since June 2026. Activities reflecting the patients likes and preferences were not planned for the days the activity co-ordinator was not working. Activity records reviewed evidenced gaps in record keeping, were repetitive, not person centred and lacked sufficient detail. There was no evidence that registered nursing staff had oversight of these records or that the patient’s life story consistently informed their plan of care. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. Areas for improvement were identified.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular daily evaluations about the delivery of care.

Discussion with staff and review of a selection of supplementary care records such as food and fluid intake, hourly checks and repositioning records evidenced that these were not completed contemporaneously. An area for improvement was identified.

It was noted that patient menu choice records were not retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

Surface damage was evident on identified walls and woodwork throughout the home; this required painting. Some floor coverings required cleaning or replacing. In addition, some patient beds and commodes were observed to be damaged or rusted and required replacing. Discussion with the manager confirmed there was no environmental audit in place to drive the necessary improvements. An area for improvement was identified.

The ironing room was observed to be unlocked allowing potential access to cleaning chemicals and hot surfaces. This was discussed with staff who took immediate action. This isolated incident was discussed with the manager who agreed to speak with staff and monitor for this practice on their daily walk around.

Fire safety measures were in place to protect patients, visitors and staff in the home.

Robust systems and processes were not in place to manage infection prevention and control (IPC) practices. For example, staff were using vinyl gloves to deliver personal care which is unsafe for staff as the use of vinyl gloves is not indicated for use in healthcare. This was discussed at the previous care inspection. In addition, alcohol hand gels were not readily available throughout the home at personal protective equipment (PPE) stations.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use PPE correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Areas for improvement were identified.

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. It was positive to note that the manager had completed the 'My Home Life' leadership support programme in 2025, which is run by the University of Ulster and commissioned by the Department of Health.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that at least two incidents that had occurred had not been notified to RQIA accordingly. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed audits to quality assure care delivery and service provision within the home. However, the current system of auditing was not effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of the environment and IPC practices. An area for improvement was identified.

There was a system in place to manage any complaints received. Review of complaints' records evidenced that some improvements were required in how some complaints were recorded, particularly in relation to any investigations held, how levels of satisfaction were determined and how any learning was shared. This was discussed with the manager who agreed to review their current complaints template and complete any necessary documentation retrospectively.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	5*	5

*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed Mrs Daizy Samuel, Registered 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.

Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that nutritional care plans are reflective of the Speech and Language Therapists recommendations. Ref: 3.3.2 Response by registered person detailing the actions taken: Nutritional care plans are now written in extensive detail as per SALT recommendations.
Area for improvement 3 Ref: Regulation 19 (2) and Schedule 4 (13) Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3 Response by registered person detailing the actions taken: Patient menu choices were given verbally previously but now records are maintained and available for inspection.
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time To be completed by: 28 July 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4 Response by registered person detailing the actions taken: Further staff training given on donning and doffing PPE and at appropriate times. Stressed about importance of hand hygiene.
Area for improvement 5 Ref: Regulation 10 (1) Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements. Ref: 3.3.5 Response by registered person detailing the actions taken: Increased audit tools in place to identify area of shortfalls and drive improvement.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: 28 July 2026	The registered person shall review the provision of activities to ensure that meaningful engagement is an integral part of everyday life in the home; that there is flexibility for patients' choice and that a comprehensive and person centred record of the activities delivered is retained. Ref: 3.3.2
	Response by registered person detailing the actions taken: Weekly activity planner in place with varying and engaging activities. We are providing patient centred and personalised activities which are all recorded daily.
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that activity care plan evaluations evidence oversight by registered nursing staff of activities delivered. Ref: 3.3.2
	Response by registered person detailing the actions taken: Nursing staff now provide documented oversight of activities delivered, including reviewing patients' participation, outcomes and any changes in their needs or preferences.
Area for improvement 3 Ref: Standard 4.9 Stated: First time To be completed by: 28 July 2026	The registered person shall review the current system in place to ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff have always maintained an accurate and timely patient supplementary care records. They have been reminded to complete patient notes contemporaneously.
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that the environmental deficits identified during this inspection are addressed without delay and form part of a time bound refurbishment action plan. This action plan should be available for inspection and evidence meaningful oversight by the manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: Sourced a painter to start refurbishment in most needed areas. Replacing equipment as needed.

Area for improvement 5 Ref: Standard 46.2 Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that alcohol hand gels are readily available throughout the home to promote high standards of hand hygiene among residents, staff and visitors. The use of vinyl gloves should be reviewed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Have made alcohol hand gels readily available throughout the nursing home, promoting high standards of hand hygiene. Vinyl glove boxes have been removed.

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