

Unannounced Care Inspection Report 3 October 2017



Drumclay Care Home

Type of Service: Nursing Home (NH)
Address: 15 Drumclay Road, Enniskillen, BT74 6NG
Tel no: 028 6632 7255
Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 52 persons.

3.0 Service details

<p>Organisation/Registered Provider: EBBAY Limited</p> <p>Responsible Individual: Patrick Anthony McAvoy</p>	<p>Registered Manager: See below</p>
<p>Person in charge at the time of inspection: Mr Adam Kane, who is the registered manager of a nearby EBBAY home, was assigned to assist the home on the day of inspection in the absence of a registered manager.</p>	<p>Date manager registered: Mary Olivia Connolly has stepped down and EBBAY Limited were interviewing for the post of registered manager the day following this inspection.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. disability or dementia – over 65 years. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> <p>Residential Care (RC) I – Old age not falling within any other category.</p>	<p>Number of registered places: 52 comprising: 30 – NH-I, NH-PH, NH-PH(E). 22 – NH-DE.</p> <p>Category RC-I restricted to 4 identified individuals and category NH-LD restricted to 2 identified individuals.</p>

4.0 Inspection summary

An unannounced inspection took place on 3 October 2017 from 09.45 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management. There was also evidence of good practice in relation to the development of induction booklets for staff and information booklets on record keeping, wound care, infection prevention and control and patient centred care. Other examples included governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement made under the care standards related to environmental repairs required, the completion of accident records and the provision of patient choice.

Accident/incident reporting documentation should be properly completed to include reporting the accident/incident to the next of kin.

Patients said:

“Living in Drumclay has been a positive experience.”
 “It’s very good here I have no problems at all.”
 “Very good but they don’t cook the bread right.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Bronwyn Toner, Director, Mr Patrick McAvoy, Registered Person, and Mr Adam Kane, 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 September 2017.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 20 patients, 11 staff and 3 patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rotas for all staff from 25 September 2017 to 22 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 September 2017.

The most recent inspection of the home was an unannounced medicines management inspection.

There were no areas for improvement identified as a result of the most recent inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 March 2017

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Mr Kane 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 rotas for weeks commencing 25 September to 22 October 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care on the day evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, care staff consulted stated that they felt that the staffing levels did not adequately meet the assessed needs of the patients and they felt that an extra carer in the mornings was needed. One comment received from completed relative's questionnaires in relation to staffing is referenced further in section 6.6. The staff comments were relayed to the management team who provided assurances that staff working in the morning would be reviewed.

Discussion with the registered person and director and a review of records confirmed occupancy is currently being kept to 40 patients so that major refurbishment can take place and that dependency levels were constantly being kept under review to determine staffing requirements.

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 evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

The company have developed a comprehensive induction booklet for staff and staff received regular supervision and annual appraisals.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with Mr Kane and review of training records evidenced that they had a robust system in place to ensure staff attended 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 Mr Kane 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).

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 person and director confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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 management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that in general these were appropriately managed. However five accident/ incident records did not indicate whether the next of kin was informed about the accident/incident, this was recorded in the patient's daily progress records. Accident/incident reporting documentation should be completed in full. This has been identified as an area for improvement made under the care standards.

A review of the home's environment was undertaken and included observations of the majority of the bedrooms, and all the bathrooms, lounges, dining rooms and storage areas. The home has two distinct areas, Mulberry and Millview. The registered person and director confirmed that since taking possession of the home a major refurbish programme is under way. The Mulberry unit has recently been refurbished to a high standard. The registered person confirmed that work is due to commence on the refurbishment of Millview and the kitchen.

However there were areas identified for improvement in Millview that require immediate attention such as the repair of a floor indentation at the entrance to the dining room, repair the damaged Formica on the wall of the shower room and repair the flooring in the identified bedroom. This has been identified as an area for improvement made under the care standards. Overall the home was found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management

Areas for improvement

Areas for improvement made under the care standards related to the completion of accident/incident records; and in relation to environmental repairs required.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

A review of supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients’ records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and/or TVN.

Discussion with the director confirmed that staff meetings were held on a three monthly basis and records were maintained. 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. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with one relative highlighted that there were concerns that staff were not spending sufficient time with patients at breakfast time before going to get other patients washed and dressed. Care staff consulted felt that the reason for this is because they are required to provide breakfast in bed to those patients who need assistance with feeding before they attended the dining room. Patients should be offered the choice if they want breakfast in bed or washed and dressed before breakfast. This was identified as an area of improvement made under the standards.

Discussion with the director and registered person confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was an annual satisfaction survey completed and the results were published in a booklet and this was made available to patients and their representatives. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with twenty patients individually, and with others in smaller groups, confirmed that living in Drumclay has been a positive experience.

Patients said:

“It’s very good here I have no problems at all.”

“It’s got a lot better. Staff shortage can be a problem but overall I am well looked after.”

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and their representatives (ten). One relative returned a questionnaire and was ‘very satisfied’ that the home was well led and provided safe, effective and compassionate care.

One written comment was provided:

“Staff are rushing in the mornings and they don’t have time to spend with residents to speak to them.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients

Areas for improvement

An area of improvement made under the care standards related to providing patients with choice in regards to where they ate their breakfast; and their preferences for having their hygiene needs met before or after breakfast.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager has stepped down from the post. The director and registered person confirmed that interviews for registered manager were scheduled for the day following this inspection. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the Mr Kane and review of records and observation evidenced that the home was operating within its registered categories of care.

Mr Kane confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Policies and procedures were indexed, dated and approved by the registered provider and staff confirmed that they had access to the home's policies and procedures.

Discussion with the director and review of the home's complaints record 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. Staff were knowledgeable of the complaints process. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with Mr Kane and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with Mr Kane 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, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints,

incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review. Discussion with the director and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Bronwyn Toner, Director, Mr Patrick McAvoy, Registered Person, and Mr Alan Kane as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 44.1 Stated: First time To be completed by: 30 November 2017.	<p>The registered person shall repair the floor indentation at the entrance to the dining room, repair the damaged Formica on the wall of the shower room and repair the floor in bedroom 48 in the Millview unit.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has commenced a full refurbishment programme established for Drumclay and the above noted repairs will be attended too imminently.</p>
Area for improvement 2 Ref: Standard 37.4 Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure that accident/incident reporting documentation is completed in full to include reporting the accident/incident to the next of kin.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has carried out a blanket supervision with all staff regarding following up on all accidents and incidents to next of kin and documenting this accordingly in the appropriate accident/ incident books.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure that patients are provided with the choice if they want breakfast in bed or washed and dressed before breakfast.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has ensured that each patient referred choice to have breakfast in bed or washed and dressed before breakfast is respected and clearly reflected within each care plan.</p>

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



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