

Unannounced Care Inspection Report 11 August 2020



Drumclay Care Home

Type of Service: Nursing Home

Address: 15 Drumclay Road, Enniskillen BT74 6NG

Tel no: 028 6634 4271

Inspector: John McAuley

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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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home currently registered to provide care for up to 14 persons.

3.0 Service details

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Anne Kilgallen</p>	<p>Registered Manager and date registered: Denis Ryan - registration pending</p>
<p>Person in charge at the time of inspection: Ciara Farry – deputy manager</p>	<p>Number of registered places: 52</p> <p>With conditions that RQIA must be informed if there is any intention to open and use beyond the 14 registered places.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 13</p>

4.0 Inspection summary

An unannounced inspection took place on 11 August 2020 from 09.30 hours to 14.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Governance and management

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	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ciara Farry, deputy 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 13 patients and eight staff. The inspector left the deputy manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received from these in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- competency and capability assessments
- safeguarding policy and procedure
- patients' care records
- fire safety records
- monthly monitoring reports
- quality assurance audits
- accident and incident reports

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that reports are produced following monthly visits to the home and are in accordance with the regulations and care standards. A copy of the monthly monitoring report must be submitted on a monthly basis to RQIA, no later than three days after the last day of the month.	Met
	Action taken as confirmed during the inspection: An inspection of the reports for June and July 2020 confirmed this was undertaken.	
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure competency and capability assessments are completed for all registered nurses who manage the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of three of these assessments were undertaken and found to be completed.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The deputy manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in the absence of the manager. An inspection of a sample of three of these assessments found that these were appropriately in place.

Staff on duty confirmed that they were satisfied with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt patients received a good standard of care, were treated with respect and dignity. Agency staff on duty stated that they were employed on a regular basis to the home had received a good induction and felt included in the staff team.

Patients stated that they felt safe and that there was always staff available if they required assistance.

6.2.2 Safeguarding patients from harm

The home has a policy and procedure which is in keeping with regional adult safeguarding guidance. The deputy manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout; the décor and furnishings were also well maintained. Residents' bedrooms were comfortable and tastefully furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control (IPC)

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Discussions with some patients in relation to the enhanced IPC measures, confirmed that they understood and accepted the need for these.

6.2.5 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. This was evident with all grades of staff. Patients were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home, with patients enjoying chat with one another or with staff. Staff were attentive and patients' expression of needs were promptly responded to by staff.

Patients were all being cared for in their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Feedback from patients was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "It's a lovely place. You couldn't beat it. The staff are just lovely as is the food."
- "It's a wonderful home. I like it very much."
- "You won't find any faults here. I think it is great."
- "Couldn't be better. They are powerful good to you."
- "I am very happy here. The staff are lovely and kind."
- "No faults at all. How could you complain about a thing here. Sure they are all great."
- "Everybody is all so kind and good to me. I am thankful to be here."

6.2.6 Care records

An inspection of two patients' care records was undertaken. Care records were well written and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans were noted to provide details of the care required by individual patients. Staff recorded daily the care provided to patients. Staff described the benefits of regular reviews for ensuring that the needs of patients were being appropriately met and that risks are identified. There was evidence that nurses assessed, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

6.2.7 Dining experience

Discreet observations of the lunchtime meal found that staff provided assistance to patients in a relaxed and unhurried manner taking time to chat to them.

The dining room was clean and table settings were noted to be well presented with appropriate, napkins, cutlery and condiments. The meal was appetising and nicely presented, with good provision of choice in place. Staff were observed offering and providing support in a discreet manner when necessary. Food was covered when being transferred from the dining room to patients who had chosen to eat in the bedrooms.

Patients spoken with stated that the food was very good and that they were satisfied with the provision of choice.

6.2.8 Fire safety

An inspection of fire safety records confirmed that fire safety training and fire safety drills were out of date with staff. It was reported the scheduled dates of refresher training and safety drills was postponed due the COVID-19 pandemic. An area of improvement was made for these training and drills to be updated accordingly. Fire safety checks were being maintained on a regular and up-to-date basis. The home's most recent fire safety risk assessment identified six recommendations but there were no corresponding evidence recorded of actions taken in response. This has been identified as an area of improvement.

6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose and as per Western Health and Social Care Trust's structure.

An inspection of accident and incident reports from 3 February 2020 was undertaken. These events were found to be managed appropriately with good multi-disciplinary follow up and advice. One event relating to medications which should have been notified to RQIA was identified as an area of improvement. This was asked to submit retrospectively.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene, IPC and restrictive practices. These were completed regularly and any areas for improvement were identified and addressed.

Inspection of complaints records evidenced that complaints are taken seriously and managed appropriately. Patients were aware of how to make a complaint and stated that they felt such expressions would be dealt with appropriately. Staff stated that they would not hesitate to raise any concerns with management and they felt they would be supported in doing so.

Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from patients and staff and the pleasant atmosphere and ambience of the home.

Areas for improvement

There were three areas for improvement identified during the inspection. These were in relation to: fire safety training and fire safety drills, confirmation of actions taken in relation to the most recent fire safety risk assessment and notifiable event not being reported to RQIA.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff demonstrated a good understanding of infection, prevention and control measures in place. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Three areas for improvement were made during this inspection with good assurances received from the deputy manager that these would be duly acted on.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciara Farry, deputy manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(e) and (f) Stated: First time To be completed by: 11 September 2020	<p>The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety and fire safety drills.</p> <p>Ref: 6.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: In co-ordination with Fire Safety officer for the Trust online fire training complemented by a social distancing fire drill at Drumclay will be provided. Past training cancelled due to COVID-19.</p>
Area for improvement 2 Ref: Regulation 30(1)(d) Stated: First time To be completed by: 11 August 2020	<p>The registered person shall ensure all events which may have an adverse effect on a patient(s) are reported to RQIA, without delay.</p> <p>Ref: 6.2.9</p> <hr/> <p>Response by registered person detailing the actions taken: We have conducted learning as a managerial team at Drumclay and we are actively using RQIA portal. A regular meeting is now in place to review events and ensure that these events and learning are reported.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 48(1) Stated: First time To be completed by: 11 September 2020	<p>The registered person shall submit an action plan to the home's aligned estates inspector detailing how the six recommendations made at the last fire safety risk assessment will be dealt with.</p> <p>Ref: 6.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: The Trust fire safety officer in September 2020 completed an annual fire safety review including action plan, the actions on the plan have progressed to trust estates management for completion.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)