

Unannounced Care Inspection Report 12 February 2018



Drumclay Care Home

Type of Service: Nursing Home
Address: 15 Drumclay Road, Enniskillen, BT74 6NG
Tel No: 028 66327255
Inspector: Michael Lavelle

www.rgia.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 provider 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 nursing home registered to provide nursing and residential care for up to 52 persons.

3.0 Service details

Organisation/Registered Provider: EBAY Limited Responsible Individual: Patrick Anthony McAvoy	Registered Manager: See below
Person in charge at the time of inspection: Lorraine Bradburn, manager	Date manager registered: No application received
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	Number of registered places: Total number of registered beds: 52 A maximum of 30 patients in categories NH-I, NH-PH, NH-PH(E) and a maximum of 22 patients in category NH-DE category NH-LD restricted to 2 identified individuals. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 12 February 2018 from 21.10 to 23.15.

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.

RQIA received information from a whistle-blower concerning increased incidence of falls in the home and registered nurses dispensing medicines in medicine cups for care staff to administer. During the inspection concerns were identified in relation to the hours worked by the manager which impacted on the following:

- administration of medicines by care staff
- health and safety of the patients in the home
- inconsistent notification of accidents and incidents to RQIA

It is not the remit of RQIA to investigate whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection.

The following areas were examined during the inspection:

- staffing – particularly management hours
- medicine administration
- health and welfare of patients
- notifications of accidents and incidents

As this was a late evening inspection no patients were spoken with. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Following the findings of the inspection the registered person was invited to a serious concerns meeting in RQIA at which they presented a satisfactory action plan. The findings of this report will provide Drumclay Care Home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience. A follow up inspection will be undertaken to validate compliance.

The term 'patients' is used to describe those living in Drumclay Care Home which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	*3

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lorraine Bradburn, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Concerns were raised in relation to the hours worked by the manager which impacted on the administration of medicines by care staff, health and safety risks to patients in the home and inconsistent notification of accidents and incidents to RQIA. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting at RQIA on 19 February 2018. At this meeting the registered persons acknowledged the failings, submitted an action plan as to how the concerns would be addressed by management and provided RQIA with appropriate assurances. A number of areas for improvement have been made, under the regulations, in regard to the issues identified. A follow up inspection will be undertaken to validate compliance.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

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 four staff and four patients.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 5 and 12 of February 2018
- incident and accident records
- three patient care records
- patient register
- RQIA registration certificate
- certificate of public liability

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not met. The outstanding areas for improvement identified at the last care inspection were not reviewed as part of this inspection and have been carried forward for review at the next care inspection.

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 3 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. The completed QIP was returned and approved by the care inspector.

This inspection focused solely on issues previously outlined in section 4.0. One area for improvement from the last care inspection on 3 October 2017 was reviewed as part of the inspection; all others are carried forward to the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 37.4 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Review of accidents and incidents in the home for January 2018 evidenced that these were not fully completed. For example, following a number of unwitnessed falls no clinical or neurological observations were recorded in the accident book. When this was cross referenced with the care records there was an inconsistent approach to recording with only one record having neurological observations recorded. In addition, it was not always recorded if the accident had been witnessed or unwitnessed. This area for improvement is now stated for a second time.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients are provided with the choice if they want breakfast in bed or washed and dressed before breakfast.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

6.3.1 Staffing

Review of the staff duty rota for the previous two months evidenced that the manager was working in excess of 70 hours per week as a nurse and was unable to dedicate time to management and governance of the home. The lack of management time poses potential significant risk to patients and staff as evidenced in the breaches in regulation as detailed in the subsequent sections of this report. This was discussed with the manager and identified as an area for improvement under the regulations.

Deficits were noted following review of the staff duty rota. For example, it did not consistently have the first and last name of staff working in the home and the designation of those staff who worked was not always recorded. The manager's hours were not clearly recorded nor was it clear from the rota who was in charge during each shift. It was unclear from the rota if staff were bank or agency staff and what agency they worked for. The use of the word "on" did not evidence the hours worked by the staff of the rota. Finally the hours worked were not signed off by the manager or designated representative. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Areas for improvement

An area for improvement was identified under the regulations in relation to the provision of management hours.

An area for improvement was identified under the care standards in relation to completion of the duty rota.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3.2 Administration of medicines

During the inspection a care assistant was observed administering medication to a patient in the dementia unit. Discussion with the care assistant confirmed that the manager had asked her to administer the medication to the patient. The care assistant also confirmed they had done this before and had received no training.

Discussion with the manager confirmed they had delegated this task and confirmed they would regularly do this. The manager's responsibilities under the NMC standards for medicines management were discussed. The manager confirmed the care assistant had received no training, no assessment was carried out and no records retained. Review of the medicine administration record confirmed the manager had signed that the medications were administered.

The manager confirmed she understood the gravity of this and the potential impact on patient safety. An area for improvement under the regulations was identified. This matter was also referred to the medicine management inspector for their information and action as appropriate.

Areas for improvement

An area for improvement was identified under the regulations in relation to medicines management.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.3 Health and welfare

Observation of a domestic cleaning trolley in the corridor directly outside the lounge in the dementia unit evidenced the trolley contained a significant amount of hazardous materials and was unsupervised. The materials included Difficile S, toilet and glass cleaner and furniture polish. The potentially serious risk this posed to patients was highlighted to the manager and the inspector requested this was stored safely. The trolley was removed to a locked cupboard.

Observation of the treatment room in the dementia unit evidenced it was wedged open with a wooden wedge. Medication belonging to the identified patient previously discussed had not been disposed of and was sitting on the draining board unattended. A sharps box on a windowsill had not been assembled correctly and the aperture was open. This was discussed with the manager and identified as a risk to patients in the dementia unit. An area for improvement under regulation was made.

Areas for improvement

An area for improvement was identified under the regulations in relation to eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Notification of death, illness and other events

Review of the accidents in the home during January 2018 identified a number that were notifiable incidents including unwitnessed falls resulting in injury and or head injury and had not been managed or reported appropriately. Details were discussed with the manager and advice given regarding the requirement to notify RQIA in accordance with Regulation 30 and reference was made to the guidance for registered persons on notifiable events available on our web site. The manager has been asked to submit the relevant notifications retrospectively. An area for improvement under the regulations was made.

Review of accidents and incident reports in the home for January 2018 evidenced that these were not fully completed. For example, following a number of unwitnessed falls no clinical or neurological observations were recorded in the accident book or on an observation chart. In addition, it was not always recorded if the accident had been witnessed or unwitnessed. This was discussed with the manager and had been identified as an area for improvement at the inspection of 3 October 2017. This area for improvement has been stated for a second time.

Review of three care records evidenced that on two occasions where the patient had sustained a head injury neurological observations were not monitored appropriately. On one occasion neurological observations were not taken; on another they were commenced ten minutes after the fall but not monitored and recorded thereafter. Review of one care record evidenced that following an unwitnessed fall a potential head injury was not considered and neurological observations were not commenced. This was discussed with the manager who was unaware that all unwitnessed falls should be managed as a potential head injury in accordance with best practice guidance. This was identified as an area for improvement under the regulations.

Areas for improvement

Areas for improvement were identified under the regulations in relation to notification and post fall management.

An area for improvement in relation to completion of accident/incident documentation is stated for a second time.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3.5 Communication

Four staff were spoken to during the inspection. They were able to describe their roles and responsibilities and confirmed that they had access to the home's policies and procedures. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff spoken with confirmed there are team meetings at least every three months and minutes are available if they are unable to attend.

Review of the handover diary from 7 February 2018 to 9 February 2018 and discussion with staff evidenced the potential for miscommunication. For example, items to be ordered from pharmacy were not ordered when required and were entered into the book for ordering the next day. There was significant written content on each page reviewed, some of which was illegible. This was identified as an area for improvement under the care standards.

Evidence of good practice was noted on review of patient fluid intake. This was communicated by the care assistants to the nurse in charge who documented this in the daily progress notes and handover.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication within the home, staff meetings and fluid intake monitoring.

Areas for improvement

An area for improvement was identified under the care standards in relation to legibility of records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Bradburn, 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 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 DHSSPS 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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This is made in specific reference to the hours worked by the manager to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The Registered Person (hereafter "RP") has agreed to provide additional support for the Home Manager as this is her first appointment as a manager. 2. To date we are actively recruiting for a clinical lead/deputy manager 3. Our Home Manager completed an NMC Professional Accountability and Record Keeping Course on 23rd Feb 2018. 4. We have embedded as from 16th February 2018 support with regards to a floating manager with 17 years management experience on a 2/3 day per week capacity to assist the Home Manager with training and supervision for all staff.
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements for recording, safe administration and disposal of medicines in accordance with NMC Standards for Medicines Management.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Medication Competency and Capability assessments have been reviewed with all RNs and Medication training was completed. 2. Registered Nurses (hereafter RNs) have obtained a supervision that no Care Assistants (hereafter CAs) can administer medications unless trained. 3. Experienced CAs have been offered to attend formal training by the appointed pharmacist in the administration of medications dated 7th & 14th Feb 2018. 4. The Home Manager has also attended the Medication Management training course on 7th March 2018: <ul style="list-style-type: none"> - Covering supply Storage and Disposal of meds. - The Safe Administration of Meds.

	<p>- Quality Assurance and Record Keeping.</p> <p>5. Boots our medication provider has attended the home on 20th Feb 2018 to carry out a full audit of all medications.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety & unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>Ref: 6.3.3</p> <p>Response by registered person detailing the actions taken: We establish that the following action is required:</p> <p>1. Formal COSHH training was completed on Tuesday 13th February 2018 and will be repeated as necessary to achieve maximum attendance.</p> <ul style="list-style-type: none"> - CA's have obtained a formal supervision with regards to the serious nature of leaving the Cleaning trolley unattended on the corridor. - Further COSHH supervision will be completed by all staff with regards to the dangers of leaving the Trolley unattended. All staff will be made aware if they are in control of a cleaning trolley that it should never be left unattended and ensure it is securely locked away when not in use. <p>Sharps box:</p> <ul style="list-style-type: none"> A. The Sharp box is assembled and dated correctly. B. New signage has been developed for the Treatment room in relation to the safe practice as required whilst handling sharps. C. Supervision has been completed with all RN staff in relation to the risks associated leaving the Medication room door open / unattended. <p>Tabard's will be provided for RNs to wear to minimise disruption to medication administrations.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay the occurrence of any notifiable incident. The registered manager should refer to the provider guidance on the RQIA website. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The RQIA guidance notes will be initiated and implemented in response to reporting any notifiable incidents. 2. Supervisions will take place with RNs regarding accurate reporting of falls and completion of the accident book. 3. The deputy manager once appointed will added to the portal for reporting to RQIA. 4. All relevant notifications have now been submitted retrospectively.

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure best practice guidance is adhered to with regard to post falls management.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>1. The RP will ensure that best practice Post Falls management supervisions and training will be implemented to ensure that unwitnessed falls shall be treated as a potential head injury and that the best practice clinical observations are carried out.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37.4</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<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: 6.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>1. The RQIA guidance notes will be initiated and implemented in response to reporting any notifiable incidents.</p> <p>2. Supervisions will take place with RNs regarding accurate reporting of falls and completion of the accident book to include reporting to the next of kin.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure the staffing rota clearly identifies the following:</p> <ul style="list-style-type: none"> • the nurse in charge of the home in each shift • the first name and surname of each member of staff • the designation of staff & if they are bank/agency • the hours worked by the manager and in what capacity • hours worked by the staff • the hours worked are signed off by the manager or designated representative. <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The RPs shall ensure a staffing rota indicative of what is required under Standard 41 is implemented.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure records held in the home are maintained in a legible format and in line with legislation and best practice guidance.</p> <p>This area for improvement is made with specific reference to the handover diary.</p>

With immediate effect	Ref: 6.3.5
	<p>Response by registered person detailing the actions taken: The Handover diary will be maintained in an legible format and in line with legislation and best practice guidance all RNs will be informed as to the appropriate actions in relation to ordering necessary pharmaceutical items.</p>

<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
	<p>Response by registered person detailing the actions taken: This room is no longer in use as the dining room has been relocated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
	<p>Response by registered person detailing the actions taken: The staff have been supervised that at all times they must ensure patient choice is protected with regards to whether they would like breakfast in bed or washed and dressed before breakfast.</p>

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



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