

Announced Care Inspection Report 28 March 2017



Drumclay

Type of Service: Nursing Home
Address: 15 Drumclay Road, Enniskillen, BT74 6NG
Tel no: 028 6632 7255
Inspector: Bridget Dougan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post registration care inspection of Drumclay Nursing Home took place on 28 March 2017 from 14:00 to 15:30 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 13 March 2017 ownership of the home transferred to Ebbay Limited.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Bronwyn Toner, director, Patrick McAvoy, responsible person, and Adam Kane, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 November 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 November 2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: EBBAY Limited /Mr Patrick Anthony McAvoy	Registered manager: See box below
Person in charge of the home at the time of inspection: Adam Kane	Date manager registered: Adam Kane - not registered
Categories of care: NH-I, NH-DE, NH-LD, RC-I, NH-PH, NH-PH(E)	Number of registered places: 52

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

The inspector met with ten patients individually and with others in smaller groups. Two care assistants, one registered nurse, two catering and ancillary staff members and the homes administrator were also consulted.

The following information was examined during the inspection:

- the home's Statement of Purpose
- three patient care records
- staff duty rotas
- staff training records since previous inspection
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records pertaining to consultation with staff, patients and relatives

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection 29 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 29 November 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.13 Stated: Second time To be completed by: 30 November 2016	The registered provider should ensure the menu offers a choice of snacks for patients on any special dietary requirements. Action taken as confirmed during the inspection: Observation of the afternoon tea confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.	Met

4.3 Inspection findings

4.3.1 Transition to new ownership

Discussion with the responsible person, manager, staff and patients evidenced that all were satisfied with the transition to the new ownership. Some of those consulted stated that the changes had been “seamless” and comments received were positive regarding the change of ownership.

Meetings had been held on 22 and 23 March 2017 to introduce the new owners and their management team to patients and staff. A further meeting had been planned with relatives. The responsible person advised he was pleased with the positive feedback received so far from staff, patients and relatives.

The home’s Statement of Purpose and Patient’s guide had been updated to reflect the change of ownership and were both available in the home.

Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.2 Staffing

The manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies and occupancy levels. Duty rotas reviewed confirmed that planned staffing levels were adhered to. The manager confirmed that a number of staff had been recruited and were completing their induction. The home had a full complement of staff and a bank had been established for day and night staff. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing provision within the home.

Staff confirmed that they were expected to attend a handover report at the commencement of their shift to review patient's ongoing health and wellbeing.

Discussion with the manager and review of training records evidenced that the majority of staff had attended mandatory training on 24 March, 12 April and 24 April 2017. Further training sessions had been planned to ensure all staff received mandatory training.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.3 Care delivery and practice

Patients were observed to be sitting in the lounge, or in their bedrooms, as was their personal preference. Interactions between staff and patients were observed to be appropriate, and there was evidence of good relationships. Patients spoken with commented positively with regard to the care they received and were happy in their surroundings. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable.

A review of care records for three patients evidenced that risk assessments and care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.4 Premises

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, and dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

The responsible person advised that they have plans to improve the premises and a discussion was held in relation to the variation process. An application to vary the premises will be submitted to RQIA once these plans are finalised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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