



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 31 January 2020



Drumclay Care Home

Type of Service: Nursing Home
Address: 15 Drumclay Road, Enniskillen, BT74 6NG
Tel No: 028 6634 4271
Inspector: Michael Lavelle

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.

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 registered nursing home which currently provides care for up to 14 patients.

3.0 Service details

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Dr Anne Kilgallen</p>	<p>Registered Manager and date registered: Denis Ryan – registration pending</p>
<p>Person in charge at the time of inspection: Denis Ryan</p>	<p>Number of registered places: 52</p> <p>The registered persons must inform RQIA of any intention to open up and use the facilities beyond the current 14 beds.</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: 14</p>

4.0 Inspection summary

An unannounced inspection took place on 21 October 2019 from 10.35 hours to 16.35 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to the culture and ethos of the home, maintaining patient's dignity and privacy and maintenance of good working relationships.

Areas requiring improvement were identified in relation to monthly monitoring reports and competency and capability assessments.

Patients and relatives spoken with described the home in positive terms.

Comments received from patients, people who visit them, visiting professionals and staff during the inspection, are included in the main body of this report.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Denis Ryan, 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.

4.2 Action/enforcement taken following the most recent inspection dated 21 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 October 2019. 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 27 January 2020
- a sample of incident and accident records
- three patient care records
- a sample of governance audits/records
- a sample of induction records for staff

- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of reports of visits by the registered provider.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)

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 14 (2) (a) (c) Stated: First time	The registered person shall ensure thickening agents, medicines and substances hazardous to health are securely stored.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.	Met
	Action taken as confirmed during the inspection: Review of records and observation of the environment evidenced this area for improvement has been met. Activities provision is discussed further in 6.2.	

There were no areas for improvement identified as a result of the last variation to registration inspection.

6.2 Inspection findings

Staffing levels

Discussion with the manager 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 duty rota for week commencing 27 January 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We saw from the staffing rota that registered nursing staff from an agency were used to cover vacant shifts. The manager confirmed that the agency nurses were familiar with the home and patients with many of them block booked to work in the home to ensure continuity of care for patients. We asked the manager to ensure the actual hours worked are clearly recorded on the duty rota.

We saw that there was sufficient staff on duty to meet the needs of patients. Care staff we spoke with expressed no concerns regarding staffing levels in the home.

Management of falls and wounds

We examined the management of falls and wounds. Patient care records confirmed that nursing staff were managing wounds and falls in keeping with best practice guidelines. We saw minor deficits in record keeping during review of the care records. These were discussed with the manager for action as required.

We reviewed supplementary care records such as food and fluid intake, night checks, repositioning records and clinical observation records. These care records were well completed.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control (IPC) had been generally well maintained. We observed one emergency pull chord to be broken. The manager arranged for this to be addressed before the end of the inspection.

During our walk around the home we saw domestic cleaning trolleys which contained cleaning chemicals unsupervised on a number of occasions. This was discussed with the manager who gave assurances that this would be addressed with staff.

We observed signage erected at the entrance of the home which did not reflect the registered name of the home. In addition, we saw documentation used within the home that included the same wording. Any signage and documentation used within the home must reflect the name the home is registered as. We advised the manager that a variation application would need to be submitted to RQIA should they wish to change the name of the home.

Consultation

During the inspection we spoke with seven patients, one patient's relative, one visiting professional and four staff. Patients said,

"I love it. It's a grand spot. They are so friendly and kind."

"The staff are very good to me."

"I am well fed and looked after. There are good people working here."

"They never stop looking after you. I have never had so many people looking after me in all my days."

"I must say the care is very good."

"You couldn't get better in a hotel. They have great manners towards old people."

The relative spoke positively in relation to the care provision in the home. They said:

"I think this is the most wonderful place. The staff are so good. It is like leaving my relative with family. It is so homely. It is superb. The level of professionalism and care is wonderful."

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we received one response within the timescale specified. The respondent was very satisfied with the care provided across all four domains.

The visiting professional spoken with said:

"There is always staff about. It is so clean and welcoming."

Comments from staff spoken with during the inspection included:

"I love care of the elderly. The job satisfaction is very rewarding here. It is a great wee homely environment. The care is fantastic."

"I am happy and content working in Drumclay."

We reviewed the compliments file within the home. Some of the comments recorded included:

"To my wonderful friends at Drumclay. It is difficult to put into words how grateful I am for the care and love given to me during my recent stay with you. Very rare would I find so many wonderful people in one place and although it is so nice to be back home, my leaving was tinged with sadness."

"Medical and nursing care standards are excellent. Staff readily help service users with mobility issues by encouraging them to take steps and use aids correctly. All the food is very good. Delicious three course meals are enjoyed by all. I was very happy and content and can readily recommend Drumclay as an ideal place to be."

Activities provision

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients' health and wellbeing. We were assured that arrangements were in place to deliver activities in the absence of the activity co-ordinator. The activity co-ordinator confirmed an individual activity assessment was completed on admission. Review of the activity planner confirmed it reflected the preferences of patients. The activity board displayed reflected the activities delivered in the home. We saw the patients enjoyed singing and music that was playing in the home during the inspection. Patients said they also enjoyed chair exercises and board games.

Review of records confirmed accurate records were maintained following delivery of activities. However, review of one patients care records confirmed no social profile was completed on admission. We asked the manager to ensure these are completed in a timely manner and that a patient centred care plan is developed to ensure all patients avail of person centred activities. This will be reviewed at a future care inspection.

Governance arrangements

We reviewed a sample of induction records. These were appropriately completed for all staff working in the home, including agency staff.

There was evidence that the manager had oversight of the day to day working in the home. For example, a number of audits were completed to assure the quality of care and services. The home also has a suite of key performance indicators. Areas audited included the environment/IPC, hand hygiene and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required.

We discussed ways the manager could enhance the current governance systems particularly with regards to the audit of care records. The manager agreed to review this.

We reviewed the provision of services in the home. The manager confirmed that an external contractor provides a hairdressing and barber service to the patients in the home. We asked that the fees charged by the contractor are clearly displayed in the home and included in the patient guide. This will be reviewed at a future care inspection.

Discussion with management confirmed that the home had made appropriate preparations for the partial implementation of the Mental Capacity Act (NI) 2005. This included the training of staff which the manager confirmed was ongoing. We asked the manager to consider the use of a risk register to maintain oversight of existing safeguards in place for patients.

Review of records evidenced that quality monitoring visits were not completed on a monthly basis on behalf of the registered provider. We saw that no visit had been completed from 11 November 2019 until 23 January 2020. This was discussed with the manager and an area for improvement was made. The responsible individual must ensure that a copy of the monthly monitoring reports are submitted on a monthly basis to RQIA, no later than three days after the last day of the month.

We discussed the management arrangements in the home in the absence of the manager. We were not assured that robust arrangements were in place. We asked the manager to ensure competency and capability assessments are completed with all registered nurses who take charge of the home. An area for improvement was made.

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

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patient's dignity and privacy and maintenance of good working relationships.

Areas identified for improvement:

Two new areas for improvement were identified in relation to monthly monitoring reports and competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	2	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 Denis Ryan, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2020</p>	<p>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 submitted on a monthly basis to RQIA, no later than three days after the last day of the month.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: December 2019, January 2020, and February 2020 monthly visits completed as in accordance with the regulations and care standards. Registered Manager on receipt of completed report will forward a copy on a monthly basis to RQIA. A copy will be kept on file at Drumclay and any actions will be reviewed and progressed by the responsible person as required.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A nurse in charge staff competency assessment has been developed and will be put in place. All registered nurses who will manage the home in the absence of the Registered Manager will complete a competency and capability assessment with Drumclay management team.</p>

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



The **Regulation** and
Quality Improvement
Authority

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)

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