



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 October 2019



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(s): Dr Anne Kilgallen</p>	<p>Registered Manager and date registered: Denise Foster – 23 August 2019</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: 10</p>

4.0 Inspection summary

An announced inspection took place on 21 October 2019 from 09.30 hours to 15.00 hours. This inspection was undertaken by the care inspector.

Evidence of good practice was found in relation to staffing, staff recruitment, training, supervision and appraisal, adult safeguarding, management, the home's environment, multidisciplinary working and communication between residents, staff and other key stakeholders. Further areas of good practice included the culture and ethos of the home, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to storage of thickening agents, medicines and substances hazardous to health and activities.

Patients described living in the home as being a good experience. Comments received from patients, people who visit them 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	1	1

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

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

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 21 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training planner
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner

- minutes of staff meetings
- complaints record
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

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

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

6.2 Inspection findings

6.3 Is care safe?

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

On arrival the clinical lead 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 21 October 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Drumclay Care Home.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home. Review of records evidenced systems were in place to monitor staffs' registrations with their relevant professional bodies. We reminded the clinical lead to ensure induction records are appropriately retained for all staff working in the home, particularly agency staff. This will be reviewed at a future care inspection.

Discussion with staff and the clinical lead confirmed that systems were in place for staff training, supervision and appraisal. We discussed the nurse in charge competencies with the clinical lead. He advised that an action plan was in place to ensure these are completed.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed accidents/incidents records since September 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe some instances where IPC best practice guidance was not adhered to. These were discussed with the clinical lead for action as required. This will be reviewed at a future care inspection. .

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and well decorated. Fire exits and corridors were observed to be clear of clutter and obstruction. We asked the clinical lead to review the use of electronic key pads on the doors in the home. If these are to be in continual use appropriate signage should be erected to ensure patients and visitors leaving the home have access to the code.

During our walk around the home we observed food and fluid thickening agents unsupervised in the dining area. In addition, the treatment room and cleaners store doors were observed to be unlocked with access to medicines and substances hazardous to health. This was discussed with the clinical lead and an area for improvement made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal, adult safeguarding, management and the home's environment.

Areas for improvement

One new area for improvement was identified in relation to storage of thickening agents, medicines and substances hazardous to health.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Feedback from both the clinical lead and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Review of care records evidenced a high level of multi-disciplinary working and collaboration with professionals such as general practitioners, pharmacists, physiotherapists, occupational therapists and speech and language therapists (SALT).

Records reviewed clearly evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

We examined the management of patients who had falls. Review of two unwitnessed falls evidenced a risk assessment was completed post fall and the patients care plans were contemporaneously updated. Appropriate actions were taken following the falls in keeping with best practice guidance.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that the patients care plan reflected the assessed needs of the patient. There was evidence of good observation, treatment and evaluation with the wound dressed in keeping with the care plan directions.

We reviewed care records for a patient recently admitted to home. It was pleasing to see detailed records reflecting the assessed needs of patient and associated risk assessments. However, the registered nursing staff had not developed all care plans to guide staff on a daily basis in a timely manner. This was discussed with the registered nursing staff and the clinical lead who ensured this deficit was addressed before the end of the inspection. We reminded staff that a detailed plan of care should be in completed within five days of admission to the home. This will be reviewed at a future care inspection.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the clinical lead and review of records confirmed that staff meetings were held regularly. Staff meeting should be held on at least a quarterly basis for all staff.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We arrived at the home at 09.25 hours and were greeted by the clinical lead who was friendly and welcoming. Some patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying breakfast in the dining room or a cup of tea in the bright and spacious main lounge which had a large television on.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding 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 with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

We reviewed the provision of activities within the home. Patients care records contained individual activity assessments and social profiles. However, discussion with patients and staff and review of the activity programme displayed in the home evidenced limited arrangements were in place to meet patients' social and spiritual needs within the home. Exercises were identified as an activity for three consecutive days and there was no evidence that the activity planned for the day of inspection was delivered. There was no evidence that the programme of activities reflects the preferences and choices of the patients. This was discussed with the clinical lead who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure the home are adhering to best practice guidance. An area for improvement was made.

We observed the serving of the midday meal. The home has a bright dining room, although some patients chose to eat their meals in the main lounge. The catering assistant visited the patients during the morning and supported them in choosing from the planned menu for that day – the catering assistant explained that this contact provides them with an opportunity to get to know the patients likes and dislikes. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Staff were well organised and all of the patients received their meals without delay. The staff were observed to be kind and patient in the interactions during lunch.

We spoke with eight patients individually, and with others in smaller groups who told us they were happy and content living in Drumclay Care Home. Patients said:

- “I couldn’t be better looked after. It is very homely. My faith needs are met here.”
- “The staff are far too kind. They are absolutely great.”
- “This home is absolutely brilliant. It has got me where I am today.”
- “I like everything about here. They are so friendly. I would recommend it to anybody.”
- “You wouldn’t get better in a hotel. They are great. Their manners are excellent.”
- “The staff are very caring. No complaints so far. The food is good.”

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

“It is good. I have no complaints. They are very approachable and friendly. My relative has a choice in how things are done. They have time to talk to us.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Five members of staff were spoken with during the inspection. They all commented positively on working in the home.

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, maintaining patient’s dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One new area for improvement was identified in relation to activity provision.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager is the person in day to day operation of the home; the current manager had been recently registered with RQIA. The clinical lead reported that they were well supported by the staff and the manager. A review of the duty rota evidenced that the manager's hours were not clearly recorded. This was discussed with the clinical lead for action as required.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the environment, IPC, hand hygiene, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. It was pleasing to see many of the areas identified during the inspection had already been developed into an action plan by the clinical lead.

Discussion with the clinical lead 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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients and relatives spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

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

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

Areas for improvement

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

	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 Denis Ryan, clinical lead, 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 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure thickening agents, medicines and substances hazardous to health are securely stored.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Locks have been checked and secured by maintenance staff on both treatment room and COSHH room doors. Staff are aware these doors must be locked and secured at all times. Management pro-actively check daily as part of safety checks. Signage is in place to remind staff to ensure doors are securely locked at all times. Thickening agents and medications are securely locked in appropriate cupboards in Treatment room. Management carries out daily checks to ensure procedures of correct and safe storage is maintained.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Each service user has an individualised activity careplan reflecting their individual choices, preferences and life skills. There is now an identified activity person daily on staff rota who is responsible to participate and co-ordinate a daily activity programme with the service users, offering choice considering capabilities and abilities. Occupational Therapist incorporates individual daily therapies as part of activity plan on one to one basis. Physiotherapist also incorporates group exercise activities as part of daily plan with suitable service users depending on capabilities. Participation of activity is recorded on individual daily evaluation records. Management are developing separate activity participation form with record of activities that have taken place. Recruitment of an activity co-ordinator has taken place with identified person commencing on 1-12-2019. All activities planned for each day with scheduled times are displayed on daily orientation and menu board also communicated verbally by staff to all service users daily.</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

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care