



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Drumclay**

**19 January 2016**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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## 1. Summary of Inspection

An unannounced care inspection took place on 19 January 2016 from 10.00 to 17.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Drumclay which provides both nursing and residential care.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 October 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Heather Lyttle, registered manager and Mrs Heather Murray, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2 Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Heather Lyttle
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Heather Lyttle	<b>Date Manager Registered:</b> 04 September 2015
<b>Categories of Care:</b> NH-I, RC-I	<b>Number of Registered Places:</b> 36
<b>Number of Patients Accommodated on Day of Inspection:</b> 28 patients	<b>Weekly Tariff at Time of Inspection:</b> Nursing- £593.00 Residential- £470

## 3 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4 Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from previous inspections
- the previous care inspection report.

During the inspection, the inspector met with 20 patients, two registered nurses, six care staff, two ancillary staff and two patients' representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- nurse competency assessments
- sample of staff duty rotas
- policies and guidance documents for communication, death and dying, palliative and end of life care
- complaints and compliments records.
- records of staff meetings.

## 5 The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 04 March 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the last care inspection on 23 October 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time	The registered person shall ensure that the following environmental issues are addressed: <ul style="list-style-type: none"> <li>• Doors and architraves to be refurbished</li> <li>• Identified worn bedroom furniture to be replaced.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home and discussion with the registered manager evidenced that this requirement had been met.	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> First time	The acting manager should consider identifying a continence link nurse within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that a continence link nurse had been identified.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two registered nurses and six care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. Training on palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. This training was completed via e learning by all staff in 2015. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

#### Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses consulted, demonstrated their ability to communicate sensitively with patients and /or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

#### Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect.

Discussion with 20 patients individually evidenced that patients were happy living in the home. Patients confirmed staff were polite and courteous and that they felt safe in the home. However a number of patients expressed some concerns regarding staffing levels (see sections 5.5.2 and 5.5.3 below).

### Areas for Improvement

The registered manager must review staffing levels and staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home and included guidance on the management of the deceased person's belongings and personal effects. These policies and procedures referenced current best practice guidance.

Training, induction and competency and capability records evidenced that staff had received training in palliative care and the management of death, dying and bereavement. Further training was scheduled for staff for 9 March 2016. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support the patients and relatives at this time.

Discussion with registered nursing staff and a review of three care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

Discussion with the registered manager, registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A palliative care link nurse had been identified for the home.

A written protocol was in place for access to any specialist equipment or drugs out of hours, through the local Trust. Discussion with registered nursing staff confirmed their knowledge of the protocol.

### Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social and cultural preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, two registered nurses and a review of three care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications of deaths to RQIA evidenced that the home notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

### **Is Care Compassionate? (Quality of Care)**

Discussion with two registered nurses and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, registered nursing and care staff and a review of the compliments records there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Ten staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

## Areas for Improvement

No areas of improvement were identified.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Care records and care practices

During the inspection staff members were noted to communicate with patients in a dignified and respectful manner.

The home was busy and staff were observed to be assisting the majority of patients out of bed during the morning. However, staff were still assisting seven patients up out of bed between 12.00 – 13.00 hours. Lunch was served at 13.00 hours. Staff advised that all the patients who remained in bed until lunch time had been served their breakfast in bed that morning.

Consultation with staff confirmed that the majority of patients were assessed as high dependency and required the assistance of two staff for moving and handling. Staff felt that there was not enough staff on duty to assist all patients out of bed in a timely manner. Only one large hoist was available for the majority of patients and staff felt that this added to the delay in getting patients up out of bed.

There was no evidence that it was the patients' choice to remain in bed until 12.00 or 13.00 hours. None of the patients spoken to were able to verbalise their views. A sample of three patients care records was reviewed and there was no record of rising times recorded. Care records were generally well maintained. However, the inspector was informed that a number of patients had been assisted up out of bed by the night staff and this had not been documented in the patients' progress notes.

These matters were discussed during feedback with the registered manager and the regional manager. It was agreed by management that staffing levels and staff allocation would be reviewed and an additional large hoist would be procured. A recommendation was also made with regard to care records.

### 5.5.2 Staffing levels

A sample of duty rotas for weeks commencing 4, 11, 18 and 25 January 2016 was reviewed. The ratio of staff to patients, the dependency levels of patients, categories of care and the layout of the home were also reviewed.

**Drumclay Frail Elderly Unit: 36 beds – occupancy on the day of inspection: 28 patients.**

08.00 – 14.00 hours – Two registered nurses and four/five care assistants

14.00 – 20.00 hours – Two registered nurses and three care assistants

20.00 – 08.00 hours – One registered nurse and two care assistants.

The majority of staff on duty were consulted and informed the inspector of the high dependency levels of patients. As stated in section 5.5.1, registered nurses and care staff advised the inspector that they did not have enough staff to get all patients up until 12.00 – 13.00 hours.



The registered manager must review staffing levels and staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients. A requirement has been made in this regard.

### **5.5.3 Consultation with patients, patient representatives and staff**

Discussion took place with 20 patients individually. Comments from patients regarding the quality of care, food and life in the home were generally very positive. Three patients expressed some concerns regarding staffing levels and one patient was dissatisfied with the quality/choice of food. These issues were discussed with the registered manager and the regional manager during feedback and one requirement and one recommendation have been made in this regard (refer to sections 5.5.1 and 5.5.2 above).

A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well presented and comfortable in their surroundings. Seven patients completed questionnaires. A few comments are detailed below:

- “There are a few problems with staff shortages at the minute. There seems to be fewer of them around.”
- “Staff are all very good.”
- “I don’t like the food. I have discussed this with the chef, but it’s still the same. Sometimes it is too cold and sometimes there is not enough.”
- “Sometimes there is not enough staff. It can take a long time for assistance when I press the buzzer.”
- “I am happy with everything.”

Two patients’ representatives met with the inspector and seven patients’ representatives completed questionnaires during the inspection. Overall the comments indicated that staff were attentive and caring and that they were kept informed of changes to their loved one’s care. There was some dissatisfaction expressed regarding staffing levels and the choice of meals served. Some comments received included:

- “Very good care.”
- “A more varied choice of meals at tea time is suggested.”
- “Staff are very accommodating and generally have a great empathy towards the residents. However it would be nice to have additional staff to give patients more time to express their needs ”
- I couldn’t speak highly enough of the staff. My xxx is very well looked after.”
- “There is not enough staff to care for the patients. Staff are doing their best and are rushing to attend to all the patients.”

Ten staff took the time to speak with the inspector and seven staff completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. However staff expressed their concerns regarding staffing levels.

A few staff comments are detailed below:

- “Staff work as a team when they are short and excellent care is given.”
- “Each member of staff maintains a high standard of care for each resident, even though staff shortages.”
- “We have a good working atmosphere in our department.”
- “Our patients are all high dependency. The majority of patients need assistance with moving and handling. We only have one large hoist in this unit and we would really need a second one.”
- “We are sometimes short staffed and when we are, it affects staff morale among other things.”

## **6 Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Lyttle, registered manager and Mrs Heather Murray, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 January 2016</p>	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that the treatment provided to each patient:</p> <ul style="list-style-type: none"> <li>• meets their individual needs</li> <li>• reflects current best practice, and</li> <li>• is (where necessary) provided by means of appropriate aids or equipment.</li> </ul>
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A second hoist has been provided for use in the frail elderly unit, a review of staffing has also taken place, the allocation of staff on the rotas has been reviewed to provide adequate cover.</p>	

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 February 2016</p>	<p>The registered manager should ensure that patients and/or their representatives have input into the design of menus and the provision of appropriate food and meal choices for each patient and that there is opportunity to provide feedback on issues such as choice, quality and quantity and frequency of meals and refreshments. There should be evidence that feedback has been actioned.</p>
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A meals questionnaire is ongoing with both clients and their representatives, relatives are encouraged to provide feedback using the Quality of Life audit tool.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 January 2016</p>	<p>The registered manager should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedure carried out in relation to each patient.</p>
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Audits of carefiles are ongoing and it has been brought to staffs attention that records need to be contemporaneous and that all information in relation to client care needs to be recorded. This will be monitored via the QOL Resident Care Traca.</p>	

<b>Registered Manager Completing QIP</b>	Heather Lyttle	<b>Date Completed</b>	09/03/16
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	14.03.16

<b>RQIA Inspector Assessing Response</b>	Bridget Dougan	<b>Date Approved</b>	22/03/16
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*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**