

Unannounced Care Inspection Report 29 November 2016



Drumclay (Millview Unit)

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drumclay Care Home took place on 29 November 2016 from 13.00 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The focus of the inspection was meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A nutrition policy was in place and nutritional guidelines were available and used by staff on a daily basis. Staff were required to attend mandatory and other training relevant to their roles and responsibilities.

Patients, staff and relatives felt that staffing levels were sufficient to meet the needs of the patients. The comments received from two members of staff require consideration and follow up by the acting manager.

There were no requirements or recommendations made.

Is care effective?

Care records reflected the assessed needs of patients; were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. The quality dining audit evidenced a high level of patients/relative satisfaction with the care and services provided, including meals and meal times.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. The majority of patients were given a choice in regards to food and fluid preferences and the level of help and support requested. A choice of snacks was not available for those on therapeutic diets. A recommendation has been stated for the second time.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home.

One recommendation has been stated for the second time in respect of the availability of snacks for patients with special dietary requirements.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints, incidents and accidents were managed in accordance with legislation.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations made.

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	1*

*Recommendation has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tracey Palmer, acting 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 09 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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: Four Seasons Healthcare/Dr Maureen Claire Royston	Registered manager: See box below
Person in charge of the home at the time of inspection: Mrs Tracey Palmer	Date manager registered: Mrs Tracey Palmer - Acting
Categories of care: NH-I, RC-I	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection we met with 20 patients, two registered nurses, six care staff and two catering staff.

Three patients, eight staff, and eight relatives' questionnaires were left for distribution. Three patients, eight staff and two relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and has been validated at this inspection. Please refer to section 4.2.

4.2 Review of recommendations from the last care inspection dated 09 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 31 July 2016	The registered manager should ensure that staff have been trained and can demonstrate that they understand the human and individual rights of patients and how to promote and uphold these rights. Reference: Section 4.2	Met
	Action taken as confirmed during the inspection: Human rights training had been provided to all staff on 01 and 04 July 2016.	
Recommendation 2 Ref: Standard 12.11 Stated: First time To be completed by: 23 June 2016	The registered provider should ensure there are adequate numbers of staff present when meals are served to ensure the required assistance is provided. Reference: Section 4.5	Met
	Action taken as confirmed during the inspection: Observation of the afternoon tea and discussion with staff evidenced that adequate numbers of staff were present to provide assistance when meals are served.	

<p>Recommendation 3</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2016</p>	<p>The registered provider should ensure the menu offers a choice of snacks for patients on any special dietary requirements.</p> <p>Reference: Section 4.5</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the afternoon tea evidenced that no snacks were offered to those patients with special dietary requirements. The manager and catering staff informed us that this had been an oversight as a selection of snacks had been available. This recommendation was not met and will be stated for the second time.</p>		

4.3 Is care safe?

The acting 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 staffing rotas for the weeks commencing 14, 21 and 28 November 2016 evidenced that the planned staffing levels were adhered to. The acting manager informed us that two registered nurses and three care assistants had recently been recruited and were awaiting the outcome of pre-employment checks. In the meantime, agency staff had been block booked to provide continuity of care.

Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. However, two staff who completed questionnaires indicated some dissatisfaction with the use of agency staff. (Refer to section 4.5). This was discussed with the acting manager for follow up.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed mandatory training. Further training has been planned to ensure that remaining staff will meet their mandatory training requirements as required.

There was a policy on meals and mealtimes dated May 2016 and the acting manager confirmed that it was kept under review and was in line with current best practice guidance. A system was in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

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 warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

An audit of the dining experience was conducted every six months as a minimum and the results were discussed with relevant staff for action as appropriate. The results of the most recent dining experience audit were generally very positive and there was evidence of an action plan to address any deficits identified. In addition, the acting manager completes a feedback survey on a daily basis with one patient and/or one relative and completes and records the findings of a daily walk around the home. Satisfaction with meals and mealtimes is included in this survey. The information garnered is automatically forwarded to a team in the organisation who generate an action plan where any shortfall had been identified. The findings of all audits completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the acting manager.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the afternoon tea confirmed that the majority of patients were given a choice in regards to food and fluid choices and the level of help and support requested. Snacks were not offered to those patients with special dietary requirements. A recommendation has been stated for the second time (refer to section 4.2). The daily menu was displayed in the dining rooms and offered patients (including those on special diets) a choice of two meals for lunch and dinner. Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Eight staff, three patients and two relatives completed and returned questionnaires within the required time frame. Some comments are detailed below.

Staff

- "we need more permanent staff instead of agency"
- "there are a lot of agency staff employed to cover shifts that I feel our own staff could cover at a fraction of the cost"
- "we have a very high standard of dignity, respect and privacy"

The comments made by two members of staff were discussed with the acting manager for follow up as appropriate.

Patients

"we're very well treated here, you couldn't ask for better"
 "the food is very good, I have no complaints"

Relatives

"we are very happy with the care"
 "staff are all the best"
 "my wife has improved greatly since coming here"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the acting manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed. Discussion with the acting manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints records and discussion with the acting manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the acting manager 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.

There was evidence that a range of audits had been completed on a monthly basis, including care records, medication management, patients' weights and nutrition. Action plans were in place to address any deficits.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Palmer, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

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.

Reference: Section 4.2

Response by registered provider detailing the actions taken:
On the day of inspection an agency cook was on duty. Registered Manager has reviewed with Catering staff including agency that the menu should include a choice of snacks to meet all special dietary requirements. Registered manager and or Nurse in charge will monitor this.

**Please ensure this document is completed in full and returned via RQIA web portal*



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)