



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN021018
<b>Establishment ID No:</b>	1202
<b>Name of Establishment:</b>	Drumclay
<b>Date of Inspection:</b>	4 March 2015
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Drumclay
<b>Address:</b>	15 Drumclay Road Enniskillen BT74 6NG
<b>Telephone Number:</b>	028 66327255
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care/Mr. James McCall
<b>Registered Manager:</b>	Ms.Tracey Palmer
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms.Tracey Palmer
<b>Other person(s) consulted during inspection:</b>	Mr. Gerry Hegarty (Four Seasons Health Care Maintenance Manager) and Mr. John Munn (Maintenance Operative/Janitor)
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	36
<b>Date and time of inspection:</b>	4 March 2015 from 10.00am – 1.00pm
<b>Date of previous estates inspection:</b>	14 January 2010
<b>Name of Inspector:</b>	Raymond Sayers

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Ms.Tracey Palmer, Mr. Gerry Hegarty and Mr. John Munn.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

## **7.0 PROFILE OF SERVICE**

Drumclay Care Home is situated in its own grounds in a quiet residential setting, a short distance from the centre of Enniskillen.

The home is registered to provide general nursing care and residential care for 36 patients and residents in the following categories of care:

NH-I - Old age not falling within any other category

RC - Residential Care

The home is divided into two units - Millview and Meadowbank:

### **Millview**

Millview comprises of 31 single bedrooms, a choice of two sitting rooms, a visitors room, dining room and toilet/washing facilities.

### **Meadowbank**

Meadowbank comprises of five single bedrooms, one sitting room, dining facilities, and toilet/washing facilities.

## **8.0 SUMMARY**

Following the Estates Inspection of Drumclay on 4 March 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

The inspection resulted in three requirements and two recommendations, listed in the Quality Improvement Plan appended to this report.

The interior surface finishes and building services are maintained effectively to a good standard.

The fire risk assessment has been completed by an assessor currently seeking to attain accredited assessor status.

The Estates inspector would like to acknowledge the assistance of Ms.Tracey Palmer, Mr. Gerry Hegarty and Mr. John Munn during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The issues raised in the report of the previous estates inspection on 14 January 2010 have been addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
		N/A		

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	Standard 32	Replace floor covering and bath end panel in bathroom.	Repair & replacement works completed.	Compliant
2	Standard 32	Redecorate bedroom 31 wall & ceiling surfaces.	Redecoration works completed.	Compliant
3	Standard 36	Complete an audit on all fire doors, assess risk, draft and plan implementation of a corrective works programme in compliance with HTM84.	Audit completed and repairs implemented.	Compliant
4	Standard 36	Assess HTM84 fire risk assessment and confirm that 25/02/09 audit recommendations have	Recommendations implemented.	Compliant

		been completed.		
5	Standard 35.1	Assess current sluice room infection control precautions implemented and consider the installation of a wash basin to enhance the existing arrangements.	Wash basins installed.	Compliant

**9.2 Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was evidence of maintenance activity and procedures; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 & 9.2.3. Requirements and recommendations are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 Treatment room worktop surface and cupboard doors were chipped and cracked. (Reference: Quality Improvement Plan, Item 1)
- 9.2.3 A vanity unit replacement works programme was currently in progress, and we are informed that the works are programmed to continue. (Reference: Quality Improvement Plan, Item 2)

**9.3 Standard 35 - Safe and healthy working practices** - *The home is maintained in a safe manner*

- 9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. The issues identified for corrective/improvement works attention by the registered person in relation to this standard are listed in report items 9.3.2 & 9.3.3. Requirements are listed in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.
- 9.3.2 The BS7671 Periodic Inspection Report for the electrical installation IPN2/0607380 dated 4 April 2011 and was listed as requiring renewal within three years; a letter from the inspection engineer dated 01 May 2012 listed remedial works were completed. (Reference: Quality Improvement Plan Item 3)
- 9.3.3 The recommended actions listed in the legionella risk assessment report action plan were not verified as completed. (Reference: Quality Improvement Plan, Item 4)

**9.4 Standard 36: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 Fire Safety procedures implemented at the home are compliant with this standard. Records inspected demonstrate attention to fire safety matters. There is however one issue which needs to be addressed and is detailed in report paragraph 9.4.2. A recommendation is listed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety**'.



9.4.2 The fire risk assessment was completed by a risk assessor currently seeking RQIA approved accreditation.  
(Reference: Quality Improvement Plan, Item 5)

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms.Tracey Palmer and Mr. Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**

## Quality Improvement Plan

### Announced Estates Inspection

**Drumclay Nursing Home, RQIA ID 1202**

**4 March 2015**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	x	x		R. Sayers	20/04/2014
C.	Clarification or follow up required on some items.					

**NOTES:**

The details of the quality improvement plan were discussed with Ms. Tracey Palmer & Mr. Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.


Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Tracey Palmer
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	 Jim McCall MANAGING DIRECTOR 15/4/15

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**Standard 32 - Premises and grounds**

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27. (2)(b)	Replace Treatment room cracked worktop & cupboard door surfaces. (Reference: Report paragraph 9.2.2)	16 weeks	Maintenance team will be completing this work within the timescale.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2	Standard 32.1	Continue with the bedroom vanity unit replacement works programme. (Reference: Report paragraph 9.2.3)	52 weeks	Ongoing programme of replacement of remainder of vanity unit in place

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**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulations 14 (2)(a),(b)&(c)	Verify that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and the installation is compliant with Regulation 4 of the Electricity at Work Regulations. (Reference: Report paragraph 9.3.2)	8 weeks	An e-mail was sent to RQIA on 02.04.15 by the Property Manager confirming the NICEIC is in date and valid
4	Regulations 14 (2)(a),(b)&(c)	Verify that the legionella risk assessment report action plan recommendations have been implemented. (Reference: Report paragraph 9.3.3)	12 weeks	Action plan is in progress and recommendations will be put forward for implementation in 2015
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

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**Standard 36 - Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
5	Standard 36.1	It is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> (Reference: Report paragraph 9.4.2)	26 Weeks	The Fire Risk Assessment will be reviewed by B McDermott who is UKAS accredited

Announced Estates Inspection to Drumclay Nursing Home on 4 March 2015

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