



The Regulation and  
Quality Improvement  
Authority

Inspector: Raymond Sayers  
Inspection ID: IN021538

Drumclay  
RQIA ID: 1202  
15 Drumclay Road  
Enniskillen  
BT74 6NG

Tel: 028 66327255  
Email: [drumclay.m@fshc.co.uk](mailto:drumclay.m@fshc.co.uk)

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**Announced Estates Inspection  
of  
Drumclay**

**09 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 09 March 2016 from 10.00am to 12.30pm. On the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

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

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 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>	<b>0</b>	<b>2</b>

The details of the QIP within this report were discussed with the Mrs Heather Lyttle (Registered Manager) and Mr Gerry Hegarty (Four Seasons Health Care Maintenance 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 Limited/ Ms Maureen Claire Royston	<b>Registered Manager:</b> Mrs Heather Lyttle
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs 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	<b>Weekly Tariff at Time of Inspection:</b> <i>Trust rates</i>

## 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 have been met:

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire Safety

## 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications over the past 12 month's period.

During the inspection the inspector met with Mrs Heather Lyttle, Mr Gerry Hegarty (Four Season Health Care Maintenance Manager) and Mr Ross McCain (Janitor/Site Maintenance Operative).

The following records were examined during the inspection: Copies of building services maintenance certificates, building user maintenance/inspection log books relating to building and engineering services, legionellae risk assessment and fire risk assessment.

## 5. The Inspection

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

The previous inspection of the home was an unannounced care inspection, IN022039 dated 19 January 2016. The completed QIP has not yet been returned, and reviewed approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection completed on 04 March 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 27.(2)(b)</b>	Replace Treatment room cracked worktop & cupboard door surfaces.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Dilapidated items replaced	
<b>Requirement 2</b>  <b>Ref: Regulation 14.(2)(a),(b) &amp; (c)</b>	Verify that the BS7671 Periodic Inspection Report for the electrical installation is compliant with Regulation 4 of the Electricity at Work Regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Periodic Inspection Report completed.	
<b>Requirement 2</b>  <b>Ref: Regulation 14.(2)(a),(b) &amp; (c)</b>	Verify that the legionella risk assessment report action plan recommendations have been implemented.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Management issues resolved, await completion of water storage/distribution system modifications.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 32.1</b>	Continue with the bedroom vanity unit replacement works programme.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Partial completion (approx. 40%).	
<b>Recommendation 2</b> <b>Ref: Standard 36.1</b>	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 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>	Met
	<b>Action taken as confirmed during the inspection:</b> Implemented.	

### 5.3 Standard 44: Premises

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

A range of documents in relating to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

There were no issues identified for attention during this Estates inspection.

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

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

There were no issues identified for attention during this Estates inspection.

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

The accommodation reviewed during this Estates inspection was well decorated, clean and free from malodours. This supports the delivery of compassionate care.

There were no issues identified for attention during this Estates inspection.

**Areas for Improvement**

1. Bedroom vanity unit replacement work programme is currently in progress; presently approximately 40% have been replaced.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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**5.4 Standard 47: Safe and Healthy Working Practices****Is Care Safe? (Quality of Life)**

A range of documents relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.

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

The dependency and needs of the patients are considered as part of the risk assessment processes; this is reflected in the management of the home. This supports the delivery of effective care.

There were no issues identified for attention during this Estates inspection.

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

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

There were no issues identified for attention during this Estates inspection.

**Areas for Improvement**

1. Legionella risk assessment works action plan recommendations were not verified as implemented. Maintenance manager will ascertain works requirement and submit details to RQIA.  
Refer to Quality Improvement Plan recommendation 2.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Standard 48: Fire Safety

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

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.

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

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care. The fire risk assessment is completed by an accredited fire risk assessor, in accordance with RQIA recommendations.

There were no issues identified for attention during this Estates inspection.

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

The standard used by the registered persons to determine the extent of fire safety protection measures required recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

There were no issues identified for attention during this Estates inspection.

### Areas for Improvement

1. A number of NIHTM 84 risk assessment report recommended works action plan items have not been implemented. The maintenance manager will ascertain progress and submit details to RQIA.  
Refer to Quality Improvement Plan recommendation 1.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.6 Additional Areas Examined

None.

## 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 Mr Gerry Hegarty (Maintenance 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, Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 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 Persons

The QIP should be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@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 the 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

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>In accordance with risk assessor specification</b></p>	<p>Implement recommendations listed on 12 June 2015 fire risk assessment review, in accordance with prioritised works programme; confirm that emergency lighting maintenance works are completed in compliance with BS5266 inspection report.</p> <p>Confirm that a safe working protocol is implemented if laundry washing machines are utilised during “night hours”.</p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The recommendations for FRA have now been completed. Maintenance works for emergency lighting now completed. Laundry washing machines are not to be used at night and staff are advised of this.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>11 May 2016</b></p>	<p>Confirm that the legionella risk assessment recommended works action plan will be implemented in accordance with risk assessor time specification.</p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>This work is scheduled to be completed June 2016.</p>		
<b>Registered Manager Completing QIP</b>	John Coyle	<b>Date Completed</b>	13/04/2016
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	14.04.16
<b>RQIA Inspector Assessing Response</b>	Raymond Sayers	<b>Date Approved</b>	21/04/16

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**