



Secondary Unannounced Care Inspection

Name of Establishment: Drumary House
Establishment ID No: 1152
Date of Inspection: 30 April 2014
Inspector's Name: John McAuley
Inspection No: 16716

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Drumary House
Address:	Knockmore Road Derrygonnelly Co Fermanagh BT93 6GA
Telephone Number:	(028) 6864 1736
E mail Address:	drumaryhouse@potensial.co.uk
Registered Organisation/ Registered Provider:	Mr John Farragher Mrs Rachel Farragher Potensial Limited
Registered Manager:	Mrs Angela Thompson
Person in Charge of the home at the time of Inspection:	Mrs Angela Thompson
Categories of Care:	RC-LD RC-LD(E)
Number of Registered Places:	17
Number of Residents Accommodated on Day of Inspection:	7 plus 8 residents at day care placements
Scale of Charges (per week):	£450.00
Date and type of previous inspection:	20 November 2013 Primary announced inspection
Date and time of inspection:	30 April 2014 11.30am – 2.45pm
Name of Inspector:	John McAuley

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 residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Drumary House is registered for seventeen residents who have varying degrees of learning disability.

The home is a two storey dwelling situated in its own grounds off the Knockmore Road on the outskirts of the village of Derrygonnelly in County Fermanagh.

The home comprises of thirteen single and two double bedrooms. There are two sitting rooms, main kitchen, dining room, laundry, bathroom, shower and toilet facilities.

Outside, the home has a large garden to the rear and smaller gardens to each side and the front of the home. There is car parking space at the front and one side of the house.

SUMMARY

This inspection to Drumary House was a secondary unannounced inspection which was carried out by an inspector from RQIA on Wednesday 30 April 2014. This summary reports on the position of the home at the time of this inspection.

The previous inspection to the home was a primary announced inspection on 20 November 2013. A total of six requirements and four recommendations were made as a result of that inspection.

The focus of this inspection was to examine the progress made in respect of the previously issued quality improvement plan, together with any other matters arising from observations at the time of this inspection.

Review of the previous quality improvement plan found that five requirements and four recommendations have been addressed satisfactorily, the details of which are listed later in this report.

One requirement in respect of fire safety has been stated for a second time as issues of concern were identified at the time of this inspection in respect of storage of combustible items in the basement area of the home and its identification displayed to the fire panel. These matters are discussed in detail later in this report. One other requirement has been made on this occasion in relation to fire safety. This relates to the fire safety risk assessment. This matter is discussed later in this report. In respect of these issues identified, these were reported to the home's aligned estates inspector following this inspection, who liaised with the home's management about same that day.

ADDITIONAL AREAS EXAMINED

Residents' views

At the time of this inspection, there were seven residents in the home, whilst the remaining residents were in attendance at their respective day care placements. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

General environment

At the time of this inspection, major renovation works had commenced with fire safety in the home. The area affected was part of the upstairs bedroom vicinity. The registered manager gave assurances on how resident safety and comfort was being maintained during this piece of work.

Otherwise the home was found to be generally clean and tidy at the time of this inspection. Areas of the home had a tired appearance of décor but were deemed fit for purpose.

Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. There was found to be a nice relaxing homely atmosphere in place. Residents were found to be comfortable and enjoying individual pursuits of choice, such as watching television, crafts or small household tasks, or looking after a dog which was in an external pen.

An appetising well-presented dinner meal was provided for residents at the time of this inspection in a comfortable dining room.

Review of a sample of regulatory documentation, together with discussions with staff and the registered manager, identified no issues of concern, as detailed later in this report.

The inspector would like to acknowledge the support and assistance received from residents, staff and registered manager throughout this inspection.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20 (3)	The manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his/her absence.	A competency and capability assessment has been devised and put in place with any member of staff with this responsibility. Evidence of this was examined at the time of this inspection.	Compliant
2	27(4) (a)	The manager is required to confirm in writing to the home's aligned estates inspector that the significant findings highlighted in the home's fire risk assessment dated 23 January 2013 have been satisfactorily addressed.	The home's aligned estates inspector was notified in writing of the response to the fire safety risk assessment dated 23 January 2013. The issue of fire safety is discussed later in this report.	Compliant
3	27 (4) (f)	The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.	A review of staff training records confirmed that all staff are in receipt of fire safety drills.	Compliant

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
4	15 (2) (a) (b)	The registered person shall ensure that the assessment of the resident's needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	A review of three residents' care records, together with discussions with the registered manager, confirmed that assessments of residents' needs were maintained on an up to date basis.	Compliant
5	20 (1) (c) (i)	It is required that staff as appropriate are trained/updated in the following areas: <ul style="list-style-type: none"> • Control of substances hazardous to health (COSHH) • Moving and handling including the use of specific equipment • Basic food hygiene. 	A review of staff training records confirmed evidence that staff had received training and update training in; <ul style="list-style-type: none"> • Control of Substances Hazardous to Health (COSHH) • Moving and handling including the use of specific equipment • Basic food hygiene. 	Compliant
6	27 (4) (d) (i) (ii)	The registered person shall make adequate arrangements for detecting, containing and extinguishing fires and for giving warnings of fires.	A review of the environment at the time of this inspection identified issues of concern with the storage of items in the basement of the home. The details of this are discussed later in this report. This requirement has been stated for a second time.	Not compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	5.4	It is recommended that the assessment of need is signed by the resident and/or their representative.	A review of a sample of three residents' care records found that these were signed by the resident's representative.	Compliant
2	25.6	It is recommended that the staff duty roster include who is in charge of the home in the absence of the manager.	A review of the duty rota confirmed evidence that the person in charge was identified.	Compliant
3	19.1	It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	A review of the home's policy and procedure on staff recruitment confirmed this to be suitably updated.	Compliant
4	16.1	It is recommended that the safeguarding of vulnerable adults' policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.	A review of the home's policy and procedure on the protection of vulnerable adults confirmed this to be reviewed with immediate reporting and subsequent contact details.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector met with seven residents in the home at the time of this inspection. Six residents had difficulty in articulating their views and comments about the home. However, through observations of general body language and non-verbal cues, residents appeared comfortable, content and at ease in their environment and interactions with staff. The other resident declared that he / she was happy with his / her life in the home, that staff were kind, caring and supportive, and that there was a nice friendly atmosphere.

No concerns were expressed or indicated.

Staff views

The inspector met with two members of staff on duty at the time of this inspection, as well as the registered manager. Both members of staff spoke on a positive basis about their roles and duties, the provision of training, teamwork and managerial support. Both staff declared that they felt a good standard of care was provided for and no concerns were expressed.

Accident / incident records

A review of these record records from November 2013 found these to be managed and subsequently reported appropriately.

Monitoring visits

A review of the monitoring visits report carried out by the area manager on the behalf of the registered provider found these to be maintained in an informative, detailed, up to date basis.

Care records

A review of a sample of three residents' care records found these to be maintained in an accessible, informative, up to date basis. Care records reflected prescribed interventions which were in accordance with the assessment of needs.

Fire safety

A review of staff training records found that staff training in fire safety, including fire safety drills, was maintained on an up to date basis.

During this inspection the inspector observed that the fire zoning map of the home identified only two zones in the home. On further investigation inserted inside the fire panel was a further identified zone three, which was the basement area of the home. In order to eliminate any area of confusion with this, an immediate requirement was made that zone three was to be clearly identified together with the fire zoning map.

An observation of the basement area of the home at the time of this inspection found this to be unlocked. There was combustible items stored there which included a lawnmower and tins of paints. There was also a clutter of storage of a divan mattress and cardboard boxes of items

which were in close proximity to the boiler. A requirement was made for these items of storage to be removed and that this area to be secured properly at all times.

A request was made at the time of the inspection to examine the home's most recent fire safety assessment since the one last completed on January 2013. However, this was not found to be available and a requirement was made for this to be sent to the home's aligned estates inspector, together with the action plan addressing any recommendations made in this assessment. These matters of fire safety were reported to the home's aligned estates inspector after this inspection was completed who followed these matters up with the home's area manager.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Mrs Angela Thompson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Drumary House

30 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager, Ms Angela Thompson either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (4) (d) (i)	<p>The registered person shall –</p> <p>(d) make adequate arrangements –</p> <p>(i) for detecting, containing and extinguishing fires.</p> <p>Reference to this is made in that –</p> <ul style="list-style-type: none"> • The storage of combustible items such as a lawnmower and tins of paint in the basement area of the home must cease. Other items of storage must be removed from the vicinity of the boiler and if items are to be stored at all in this area, this must be done in consultation with the home's fire safety advisor. • The location of zone three must be clearly labelled / displayed in the home's fire zoning map. 	Two	<p>Adequate arrangements are in place for detecting, containing and extinguishing fires. The items that were kept in the storage space of the basement have been removed. The area around the boiler is free of any combustible items.</p> <p>The location of zone three (basement) had been clearly labelled/displayed on the home's old fire zoning map; a new fire panel at Drumary House has now been affixed together with a new zoning map as part of the upgrading of fire safety measures in the home. This new panel identifies every room and other area of the home clearly as its own zone. The new zoning map clearly identifies each new zone of the building.</p>	<p>01 May 2014</p> <p>30 April 2014</p>
2.	27 (4) (a)	The registered person shall have in place a	One	The current written risk assessment and fire	30 July 2014

		<p>current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that the home must submit the most up to date fire safety risk assessment with the fire management plan, together with an action plan to address any recommendation(s) made, to the home's aligned estates inspector.</p>		<p>management plan has been reviewed and updated. This internal review is an interim measure that has been taken whilst the building works continue to be completed, as as agreed with Raymond Sayers, the Estates Inspector, who also visited Drumary House on 12.6.14 and who was satisfied with these. Frank Maguire will be out to Drumary House to complete an external risk assessment once the building works are complete.</p> <p>A copy of the updated fire management plan and fire safety risk assessment, incorporating any further action required, will be sent to the Estates Inspector when this has been undertaken following the completion of the current works, according to the timescale stipulated.</p>	
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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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	A. Thompson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mark Warwick, Area Manager

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	12 Dec. 14
Further information requested from provider			