

Inspection Report

26 April 2024



Drumary House

Type of service: Residential Care Home
Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Potential Limited Responsible Individual: Ms Nicki Stadames	Registered Manager: Mr Chris Carr – not registered
Person in charge at the time of inspection: Mr Chris Coulter until 10.15am Mr Chris Carr from 10.15 onwards	Number of registered places: 17
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents with a learning disability. Accommodation is provided in single bedrooms and all residents have access to communal spaces and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 26 April 2024 from 09.35am to 3.30pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Enforcement action resulted from the findings of this inspection. We identified significant concerns in relation to risk management, care records and the management and oversight processes in the home. A meeting was arranged with the Registered Person on 13 May 2024 with the intention of issuing three Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 14 (2) relating to risk management
- Regulation 16 (1) relating to care records

This meeting was attended by Ms Nicki Stadames, Responsible Individual, Mr Mike Barton, Regional Manager and Mr Chris Carr, Home Manager. At the meeting, RQIA were provided

with an action plan and some assurances in relation to the concerns identified with the management of risk and care records. However, RQIA were not satisfied that the systems and processes were fully embedded in place to ensure the safe and effective management and governance arrangements and drive the necessary improvements. As a result, one FTC notice was served under Regulation 10(1), relating to the management and governance arrangements; with the date of compliance to be achieved by 16 July 2024. Please refer to our website for details regarding this notice.

Additional areas requiring improvement were identified; these are included in the Quality Improvement Plan (QIP).

The home was found to be welcoming, clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents. Staff provided care in a compassionate manner and were sensitive to residents' wishes. Residents were observed to be comfortable and relaxed within their environment and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being “kind to them” and this was a “good place.” Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was “nice.” Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Drumary House and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff reported that the manager was approachable and they could easily raise any concerns with them.

There was one visiting professional present during the inspection. They commented that there was a lovely atmosphere in the home; that the staff were welcoming and that the residents were well looked after.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 December 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident’s currently prescribed medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure that a robust system is implemented to oversee staff registration with their professional body. This should be checked and signed off, by the manager.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that all fire doors are fully closing.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This formed part of the enforcement meeting and has been subsumed into the actions outlined in the FTC notice.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home and the managers working hours are recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 25.4 Stated: First time	The registered person shall review the staffing arrangements to ensure there is sufficient provision of domestic staff in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents. Staff reported that there was good team work and that they felt well supported in their role.

There were some systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home

in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents were comfortable and had a meal that they enjoyed.

Observations confirmed that staff complied with speech and language therapy (SALT) recommendations providing direct supervision and support where this was an assessed need. However, RQIA were concerned in relation to the lack of staff knowledge regarding the provision of modified diets, as the information provided by the person in charge was contradictory to the information retained on the care files.

Furthermore, staff lacked knowledge in relation to the Deprivation of Liberty of residents, despite this information being displayed in the home. This has the potential to place residents at risk especially as there were new staff recently employed in the home who rely on more experienced staff for direction in this regard.

Staff knowledge in relation to modified dietary requirements and Deprivation of Liberty was raised in July 2020 when two Failure to Comply Notices were issued; despite this, improvements made at that time have not been sustained.

In addition to this, review of the records of residents' weights identified that these were not being completed on a monthly basis. Again, this was raised during the previous enforcement and improvements have not been sustained.

Review of the care records identified that they were disorganised and lacked the detail to direct safe care delivery to residents. On the day of the inspection there was no specific care plan in

place for the management of nutritional needs or risk assessments for the management of choking despite residents having modified dietary requirements or weight loss. Furthermore, there was a resident who required close supervision and direction with their meals; however, this was not recorded in a care plan. Whilst we noted that this supervision was taking place, the care plan must be in place to direct all staff and ensure continuity of care for the resident.

In the care plan for one identified resident who requires the use of a positional belt. Review of these records identified that the care plan did not determine the frequency of the release of the belt and there were significant gaps in the daily records maintained.

Furthermore, there was a resident who required district nursing intervention to manage a wound. The care plan was not up to date and there was no evidence of a recent review of the care plan.

Good record keeping is an essential element of safe and effective care delivery. The poor standard of record keeping has the potential to impact on the delivery of safe care to residents, as care plans were absent or when in place, were not reflective of the needs of the residents.

RQIA were not assured in relation to the oversight arrangements of care records. Care records, specifically in relation to nutrition and modified diets was raised during the previous enforcement; yet compliance has not been sustained.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 13 May 2024. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents were able to move around the home freely; they could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

RQIA were not assured in regard to the oversight arrangements of the environment. One bedroom contained multiple items of storage, therefore was not being used for the purpose for which it was registered. A second bedroom requires to be repainted. This matter was raised and discussed at the previous care inspection on 13 December 2023; however, there has been no progress to date. Assurances were provided by the management team at the meeting on 13 May 2024 that an action plan, with timeframes, was in place to ensure that the necessary improvements to the environment would be made.

Shortfalls were identified in regard to the effective management of risk to residents in the environment. The treatment room door was observed to be open and unsupervised by staff for a period of time during the inspection. Furthermore, the medication trolley was also open and

medication was readily accessible. This was of significant concern as there were residents who were mobilising freely in the home and this was a potential risk to their safety and wellbeing. Assurances were received following the inspection that action had been taken to address the issues identified.

In the dining room there was a fridge which contained items of fruit including grapes, strawberries and tomatoes. Again, these items were readily accessible to residents. RQIA were concerned as there were residents in the home who require a modified diet and can mobilise freely throughout the home and may have access to these items. In addition, there was a resident whose care plan stated that they were not allowed grapes; yet these were readily available. RQIA were concerned that this placed these residents at risk of choking. This was brought to the immediate attention of the manager; confirmation was received on 26 April 2024, following the inspection, that these foods had been removed from the fridge.

It was observed that the laundry door was not fully closing. It was further noted that a fire door on the first floor would not close in the event of a fire. Concerns with fire safety have been identified at the last RQIA inspection and included within the quality improvement plan. Despite this, RQIA were unable to evidence that there was robust oversight of fire safety which has the potential to place residents at risk of significant harm.

It was identified that a radiator in the home which was very hot to touch. This placed the residents at risk of burns/scalds. This is of particular concern as the management of hot surfaces has been repeatedly reiterated both during inspections and at the previous enforcement in 2020. The management team confirmed that this issue was being reviewed and radiator covers would be fitted if they were required.

There was a general lack of understanding and awareness by staff in relation to those identified risks. RQIA are not assured in relation to the risk management arrangements in the home. The management of risk was raised during the previous enforcement; yet compliance has not been sustained.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 13 May 2024. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005 to ensure effective management oversight of risks and fire safety within the home. Actions stated within this notice require to be addressed by the compliance date.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

A number of the residents were out at the local day centre. Those residents who remained in the home were being supported to go out for a walk. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

5.2.5 Management and Governance Arrangements

There has been a change in the change of management since the last inspection. Mr Chris Carr is now the manager of Drumary House.

There was evidence that complaints were managed correctly and that good records were maintained.

Review of the records of accidents and incidents identified that there were a number of accidents and incidents where RQIA were not informed. It is concerning to note that this was raised previously during the enforcement in 2020 and compliance has not been sustained. RQIA are also aware of a delay in staff reporting a safeguarding matter to the home manager and onward to the Trust. This resulted in delays to the implementation of a protection plan for the residents, placing them an unnecessary risk.

RQIA were concerned that there was a lack of effective oversight of fire safety. Despite an area for improvement being identified at the last inspection; there was insufficient evidence that actions had been taken to fully address fire safety concerns.

There was a lack of effective oversight of care records and risk management in the home. While audits were completed they did not identify any of these concerns.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. However, these reports were noted to be insufficiently robust in order to drive necessary improvements within the home. Furthermore, these reports were noted to be very repetitive in nature and there were no action plans in place.

RQIA were concerned in regards to the frequency of manager turnover in this home. There has been no registered manager in this home since February 2020. The registered manager is a key appointment in any home and contributes to the delivery of safe and effective care and in driving the required improvement. A number of these matters have been raised previously either during inspection or the previous enforcement; it is concerning to note that improvements previously made have not been sustained. The lack of effective governance systems and consistent management is likely to be a significant contributory factor.

RQIA are not assured that the governance, management and leadership systems in the home are effective to ensure the delivery of safe and effective care to residents, and that residents, staff and visitors may be at risk of harm.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 13 May 2024. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Chris Carr, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (6 January 2022)	<p>The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for Improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 17 April 2024	<p>The registered person should ensure that care plans accurately reflect the needs of the residents with specific reference to nutrition, wound care and restrictive practices.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: I can confirm that all care and support plans have been reviewed as part of the care management review process with WHSCT MDT and families and all reflect current need with specific reference where applicable to nutrition, wound care.</p> <p>After seeking further advice from WHSCT OT (Ann Mellon), the lap belt does not constitute a restrictive practice and no monitoring required. The belt is repositioned at each hoist, positional change, personal care etc.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2024</p>	<p>The registered person shall ensure that residents' care records are maintained in an organised manner, are up to date and only contain information relevant to the resident.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All files have been reorganised with older information moved to the archive file.</p> <p>A fresh index is present and all information contained within the folder is up to date and relevant to the individual's needs and wishes</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that the identified bedroom is repainted.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Confirmed as part of the property audit that the room in question is to be re-decorated 3rd Quarter of 2024/24 financial year.</p>

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