

Inspection Report

1 September 2022



Drumary House

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Potensial Ltd Responsible Individual: Miss Nicki Stadames	Registered Manager: Mr Chris Coulter – not registered
Person in charge at the time of inspection: Eva Enright, Senior Care Assistant, 8.15am – 8.50am Mr Chris Coulter, Manager, 8.50am – 2pm.	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: 12
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. The home also provides short stay respite care. Residents' bedrooms are located over two floors. Residents have access to communal lounges, a dining room and an outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 1 September 2022, from 8.15am to 2pm by a care inspector.

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

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement have been stated for a second time in relation to the recording of residents' weights and quality governance audits. One area for improvement in relation to medicines management has been carried forward for review at a future inspection.

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "This is my home", "I like living here", "The staff are all very good", and "We are like a big family". There were no questionnaires received from residents or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Really enjoy working here" and a further staff member said "This is a lovely place to work". There was no feedback from the staff online survey.

Comments received during the inspection from residents and staff were shared with the Manager.

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 6 January 2022		
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: Second 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 13 (7) Stated: First time	The responsible individual shall ensure that all staff adhere to appropriate IPC guidelines and best practice. With specific reference to: <ul style="list-style-type: none"> • the correct wearing of PPE • staff are bare below the elbow. 	Met
	Action taken as confirmed during the inspection: Observation of staff practice and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 10 Stated: First time	The responsible individual shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • Care records • Hand hygiene 	Partially Met
	Action taken as confirmed during the inspection: Review of a sample of care records and hand hygiene audits evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.5.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time	The responsible individual shall ensure that initial induction and orientation records are maintained in the employees file for inspection.	Met
	Action taken as confirmed during the inspection: Review on relevant documents evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 25 Stated: First time	The responsible individual shall ensure that staff duty rotas record the person in charge in the absence of the Manager and clearly document the hours of work for all staff.	Met
	Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 20 Stated: First time	The responsible individual shall ensure that residents are weighed in accordance with their assessed needs and that a record is maintained and available for inspection.	Partially Met
	Action taken as confirmed during the inspection: Review of relevant documents evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 4 Ref: Standard 27 Stated: First time	The responsible individual shall ensure that the malodour in the identified bedroom is investigated and relevant action taken to address the issue.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that most employees had completed relevant mandatory training. Following the inspection the Manager confirmed in writing that all employees have now completed their mandatory training.

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

Review of one employee's recruitment records evidenced that not all relevant pre-employment information were available within the home. This was discussed with the Manager who advised that these records are held by the human resource department for the company. We discussed the importance of the Manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed and an area for improvement was identified.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector requested three competency and capability assessments for the senior care assistant taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely and residents were afforded choice, privacy, dignity and respect.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Drumary House. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

Electronic care records were temporarily unavailable within the home. The Manager confirmed that paper records were in place for all residents. Care records were held confidentially. Review of a sample of care records evidenced that some information within folders were no longer relevant as the needs of the resident had changed. The Manager acknowledged that this had the potential to confuse staff in the accurate direction of care and agreed to review all records. Following the inspection the Manager provided written confirmation that this had been addressed.

Review of two recently admitted residents care records evidenced a number of deficits. For example; there were no pre-admission assessments completed by the management of the home to determine if the home could effectively meet the resident's needs with the only records available being from the care manager within the commissioning trust. It was further noted that a body map had not been completed on admission and care plans and risk assessments for one resident had not been updated following re-admission to the home. Details were discussed with the Manager who acknowledged that these records must be in place and agreed to review as a priority and an area for improvement was identified.

Review of one residents care records evidenced a recent change in their level of mobility and assessed needs. An assessment had been completed by an Occupational Therapist (OT) with changes to the type of equipment required for moving and handling. Discussion with staff evidenced that they were using the correct equipment; however, the care plans and risk assessments had not been updated to reflect the OT's recommendations. Details were discussed with the Manager and following the inspection written confirmation was received that relevant action had been taken to address this.

There was evidence that residents' weights were being checked to monitor weight loss or gain, however, these were not being obtained on a consistent basis and an area for improvement has been stated for a second time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, it was noted that the time of entry was not recorded within residents' daily progress notes. It was further identified that the full name of the resident was not consistently recorded and/or the name/signature of the staff member entering the information into the daily records. Details were discussed with the Manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. The Manager advised that refurbishment was ongoing as required to ensure that the home is well maintained. Corridors and fire exits were clear from clutter and obstruction.

A malodour was identified within a resident's bedroom and on examination of the mattress it was observed to be stained. Details were discussed with the Manager who immediately had the mattress replaced and confirmed that mattress audits would be completed going forward as part of the daily walk about by management.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting arrangements were managed in line with Department of Health and infection prevention and control (IPC) guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. The Manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

5.2.4 Quality of Life for Residents

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. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Residents commented positively about the food provided within the home with comments such as; "(The) food is great", "I enjoy the food", "(The) food is always nice here" and "(The) food is lovely".

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. However, two notifiable events had not been submitted to RQIA. Following the inspection the Manager submitted the notifications retrospectively and agreed to monitor this more closely going forward.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed. However, audits specific to care records and had not been completed and an area for improvement has been stated for a second time.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits.

6.0 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 and the Residential Care Homes' Minimum Standards (August 2011 version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time. One regulation has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Coulter, 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>
	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 10 Stated: Second time To be completed by: 1 October 2022	<p>The responsible individual shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: The service and organisation have comprehensive and robust quality assurance systems in place.</p> <p>Care record will be checked and audited weekly by manager to ensure no gaps in compliance and checked as part of Area Manager audit</p> <p>Manager will report in the Managers Monthly Report as to status of audits and any actions outstanding or to escalate</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure that residents are weighed in accordance with their assessed needs and that a record is maintained and available for inspection.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Identified gaps in recording during recent inspection addressed. Manager has instructed all staff of the need to complete weight checks with all residents in the first week of each month.</p> <p>The manager will then review and sign off, to evidence compliance. Any significant gains or losses to be escalated for medical advice.</p> <p>Manager will add to monthly report and Area Manager will check as part of monthly audit process.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks and that evidence of these checks are available during inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: On the day of inspection, the manager presented a staff file that was incomplete in the paper file version, however the full documentation was stored electronically.</p> <p>The manager will ensure all upto date paperwork is available for inspection at all times in relation to staff files.</p> <p>Admin support will audit files at least annually and the area manager will sample staff files each visit as part of monthly quality assurance process.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a pre-admission assessment is completed prior to a resident being admitted to the home with relevant assessments completed on admission and retained within the residents file.</p> <p>A review of care plans and risk assessments is completed for any resident being re-admitted to the home.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2022</p>	<p>Response by registered person detailing the actions taken:</p> <p>The manager has a plan in place to ensure that all necessary plans and risk assessments are in place pre-admission at Drumary House.</p> <p>With short breaks and respite recommencing earlier this year after a gap due to the pandemic, Potens and WHSCT partners agreed to use the most up to date WHSCT needs assessments as a guide for the initial 2-3 stays, prior to Potens completing all it's own support plans and risk assemments.</p> <p>Since the inspection on 01/09/22, we have reverted to pre-admission plans for all.</p> <p>The registered person shall ensure that contemporaneous records are maintained. This is with specific reference to the entry time; full names of residents and staff signatures recorded within daily progress notes.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The daily record sheet was reviewed post inspection and amended to meet the requirements.</p> <p>The SSW & Manager review notes each date to ensure compliance, no issues highlighted.</p>

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