



# Unannounced Care Inspection Report

## 2 March 2020



## Drumary House

**Type of Service: Residential Care Home**  
**Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA**  
**Tel no: 028 6864 1736**  
**Inspector: Debbie Wylie**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual:</b> Nicki Stadames	<b>Manager and date registered:</b> Kirsty Jill McMorris 18 June 2018
<b>Person in charge at the time of inspection:</b> Eva Enright, Senior Care Assistant	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 13

### 4.0 Inspection summary

An unannounced inspection took place on 2 March 2020 from 10.30 hours to 17.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home during 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.

Evidence of good practice was found in relation to staffing, training, daily activities and residents' involvement.

Areas requiring improvement were identified in relation to: governance, management arrangements, notifications to RQIA, displaying of the daily menu, the environment, policy content and health and safety.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from residents, people who visit them or professionals and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*6	*6

\*The total number of areas for improvement include two regulations and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Eva Enright, person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 13 August 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 13 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned.

During the inspection a sample of records was examined which included:

- staff duty rotas from 26 February 2020 to 9 March 2020
- staff training records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- governance audits/records
- accident/incident from August 2019 to February 2020
- monthly monitoring reports from August 2019 to January 2020
- staff registrations with Northern Ireland Social Care Council (NISCC)
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance and recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 13 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The registered person shall ensure that competency and capability assessments are completed for any person in charge of the home in the absence of the manager.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff records evidenced that not all staff in charge had completed the person in charge competency and capability assessment.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person shall ensure that care plans are reflective of the residents' current needs and individual preferences.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that they were not reflective of residents' current needs and individual preferences. This area for improvement has not been met and has been stated for a second time.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 30 (1) (c) <b>Stated:</b> First time	The registered person shall ensure that appropriate medical advice or attention is sought following an unwitnessed fall that has a potential head injury. The relevant parties should be correctly informed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were able to describe the appropriate action to take following an unwitnessed fall and to which parties this should be reported.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered person shall ensure that the duty rota identifies the person in charge of the home in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff duty rota confirmed that the person in charge of the home in the absence of the manager was clearly identified.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered person shall ensure that appropriate and timely action must be taken and recorded in regards to concerns identified during the care of the residents.	<b>Not met</b>
	Reference to this is made in regard to actions required in response to identified weight loss.	
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that action has not been taken in response to concerns identified during care of residents' in relation to weight loss.  This area for improvement has not been met and has been stated for a second time.	



<b>Area for improvement 3</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that the post falls pathway is followed correctly when a resident sustains a fall.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were not aware of the post falls pathway and there was no evidence that this pathway was available to staff.  This area for improvement has not been met and has been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Environment

The home was warm, tidy and well lit. The kitchen has recently been refitted and required completion. Inspection of communal rooms found that skirting boards, door frames, bedroom flooring, walls and furniture were in need of repair. An area for improvement was made. This was identified as an area for improvement to comply with the Standards.

Wardrobes were not fitted to walls and had the potential to fall over and both cleaning and laundry chemicals required to be stored in locked cupboards. This was discussed with the person in charge and an area for improvement was made.

Dining room chairs and hand towel dispensers in bathrooms were in need of cleaning. There were no bins, liquid soap or hand towels in residents' rooms. We saw that residents' toiletries, gloves and equipment for staff were stored in the bathroom leading to the potential for cross infection. This was identified as an area for improvement.

### 6.2.2 Staffing

No concerns regarding staffing levels were raised by residents, relatives or staff during the inspection. Staff informed us that the registered manager had left in November 2019 and a new manager was due to start on 4 March 2020. RQIA had not been notified of changes to the management arrangements of the home in a timely manner. This was discussed with the person in charge and an area for improvement was made

Staff told us they were aware of their roles and responsibilities and received training to enable them to carry out care for residents safely. Staff were knowledgeable about actions they should take if they have any concerns about residents' care or working practices.

### 6.2.3 Care delivery

Residents were supported to attend day centres during the day while those residents who remained in the home were assisted with their preferred activities for the day.

We observed the serving of the lunchtime meal. One resident made their way to the dining room while the other resident preferred to enjoy their lunch in the sitting room. Staff were familiar with residents' dietary preferences. Residents' choices of meal and drink was sought and staff chatted to residents about daily life in the home. There was no daily menu displayed in a format and area residents could see and understand. This was discussed with the person in charge and an area for improvement was made. This was identified as an area for improvement.

#### **6.2.4 Accidents and incidents**

There had been no notifiable accidents or incidents in the home since the last inspection. Staff had good knowledge of the action to take in the event of an accident or incident and who this should be reported to. There was no evidence of a post falls pathway being in use or available to staff to use and this has been stated a second time for improvement. There was no evidence of a post falls pathway being in use or available to staff; this has been stated for a second time (see section 6.1).

#### **6.2.5 Care records**

Review of a sample of residents' care records evidenced that they were not up to date with the residents' current care needs. This was discussed with the person in charge and has been stated for a second time for improvement. This has been stated for a second time (see section 6.1).

Residents' records were securely stored to protect the confidentiality of residents. Care records were written in professional manner which was respectful of residents. A daily update was recorded for each resident describing their care in the home.

#### **6.2.6 Residents' views**

We reviewed the record of the residents' meetings which evidenced that residents' views were sought on the activities in the home, contact with other professionals and any events which residents would like to attend.

#### **6.2.7 Governance arrangements**

We found that the reports of the monthly monitoring visits to the home were not available in the home on the day of inspection. This was identified as an area for improvement.

Whilst we found that medication audits were being completed, there were no audits completed for care records and infection control measures. This was identified as an area for improvement.

The home's policy for Mental Capacity, Best Interests & Deprivation of Liberty Safeguards was reviewed and found to be inconsistent with statutory requirements and legislation. An area for improvement was made. This was identified as an area for improvement.



## Areas for improvement

Eight new areas were identified for improvement. Four of these were required to comply with the Regulations; these were in relation to health and safety, infection prevention and control, management arrangements and monthly monitoring visit reports. Four areas for improvement to comply with the Standards related to the home's environment, displaying of the daily menu, governance audits and policy content.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	4

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eva Enright, person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2020</p>	<p>The registered person shall ensure that competency and capability assessments are completed for any person in charge of the home in the absence of the manager.</p> <p>Ref: 6.1 and 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The organisation has undertaken an induction with staff who are to be in charge of the home. The Senior Support Workers have completed induction as well as an assessment for lone working and medication competency. Both staff have completed the Annual Competency assessment - this framework assesses skills, competencies and behaviours in the following areas;</p> <ul style="list-style-type: none"> <li>Governance and Accountability</li> <li>Communicating and Influencing the Vision</li> <li>PLanning and Management of Resources</li> <li>Promoting the service</li> <li>Managing Performance</li> <li>Creating Team Spirit and Culture</li> <li>Creating a service of the future</li> <li>Quality of Life</li> <li>Maintaining Composure</li> </ul> <p>Complete 6 month review of individual development plans to assess areas for development.</p> <p>Management checklist to be implemented for shift lead in the absence of the Registered Manager and Senior Staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall ensure that care plans are reflective of the residents' current needs and individual preferences.</p> <p>Ref: 6.1 and 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of care plans has been completed to reflect current needs and preferences.</p> <p>The keyworker summary will be completed each month and signed off by the Registered Manager. This summary will indicate any noted changes to needs etc.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 March 2020</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 6.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Items to be fixed to ensure the safety of the residents - some items have been moved until the restriction on visitors is lifted as part of measures with Covid 19</p> <p>Cleaning materials and laundry chemicals have been locked away. the daily walkabout of the service will check this is being adhered to.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 March 2020</p>	<p>The registered person shall ensure there are suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff.</p> <p>Ref: 6.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Infection Control and Health and Safety Audits are being completed to identify issues and take action to address these.</p> <p>Review of infection control practices has been completed as part of the Evaluation and Planning for Pandemic process. Bins, liquid soap, towels have been placed in each bedroom. In addition individuals are storing their toiletries in the bedroom and PPE has moved to an alternative storage</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 32 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall give notice in writing to RQIA as soon as possible if it is proposed that a person ceases to manage the home.</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Contact via email was made to advise that the Manager had left the service and to seek advice in the notification form</p> <p>The notification has been submitted via the RQIA portal. The process for notification is clear and has been noted</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29 (3)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall complete a report on the monthly monitoring visits and this report shall be available for inspection in the home.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Provider monitoring visits have been submitted to RQIA and virtual audits will be completed until restrictions are lifted and copies will be stored at the service</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall ensure that appropriate and timely action must be taken and recorded in regards to concerns identified during the care of the residents.</p> <p>Reference to this is made in regard to actions required in response to identified weight loss.</p> <p>Ref: 6.1 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Daily notes, incident reports and keyworker summaries are being reviewed to identify action in a timely manner the Registered Manager.</p> <p>The daily handover and shift planner records significant events so all staff are aware, concerns can be raised and actions agreed</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall ensure that the post falls pathway is followed correctly when a resident sustains a fall.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has implemented the post falls pathway, this has been displayed on the notice board for all staff to follow.</p> <p>Training will be undertaken with all staff to ensure this is followed</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2020</p>	<p>The registered person shall ensure the building decorated to a standard acceptable for the residents.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Property audit has been completed and plan for decoration, furnishings and flooring has been planned to be carried.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 March 2020</p>	<p>The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The menu has been updated to include healthy choices and preferences of the residents. This is displayed both in writing and pictorially.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2020</p>	<p>The registered person shall ensure that working practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Annual schedule of daily, weekly and monthly audits has been implemented - this includes medication, finances, infection control, health and safety, staff information and training, resident files, complaints and fire checks.</p> <p>The actions from these audit are added to the Service Development Plan</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2020</p>	<p>The registered person shall ensure that policies and procedures in place are in accordance with statutory requirements.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has been reviewing policies and procedures with the staff team to ensure all staff are clear on their responsibilities</p> <p>Mental Capacity, Best Interests &amp; Deprivation of Liberty Safeguards Policy is being reviewed to ensure this meet statutory requirements and legislation.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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