



The Regulation and
Quality Improvement
Authority

Drumary House
RQIA ID: 1152
Knockmore Road
Derrygonnelly
BT93 6GA

Inspector: Laura O'Hanlon
Inspection ID: IN023339

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Follow-up Unannounced Care Inspection of Drumary House

02 July 2015

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

1. Summary of Inspection

An unannounced care inspection took place on 02 July 2015 from 11.00 to 15.30. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, and The DHSSPS Residential Care Homes Minimum Standards (2011

1.1 Actions/Enforcement Taken Following the Last Inspection

Following the last inspection a serious concerns meeting was held at RQIA offices on 13 May 2015. These areas of concern related to care planning, fire safety, notification of accidents/incidents and the monthly registered provider visits. At this meeting representatives of the home provided information regarding actions taken to address the issues raised during the previous inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Deane Mc Morris, acting manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Potential Ltd	Registered Manager: Deane Mc Morris
Person in Charge of the Home at the Time of Inspection: Deane Mc Morris	Date Manager Registered: Registration pending
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 17
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £470.00 - £714.21

3. Inspection Focus

The inspection sought to assess progress with the issues raised during the previous inspection and to establish the level of compliance achieved with respect to the requirements and recommendations.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection and notifications of incidents and accidents.

During the inspection we met with seven residents, three care staff, one member of ancillary staff, and the acting manager.

We inspected the following records: four care records, fire safety records, registered provider visits, residents meetings and accident/incident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 5 May 2015. The completed QIP was returned and approved by the care inspector.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16.1	The registered person shall ensure that a written up to date care plan is developed for one identified resident with end of life care needs.	Met
	Action taken as confirmed during the inspection: A care plan dated 10 May 2015 was available in the home for the resident with end of life care needs.	

<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (c)</p>	<p>The registered person shall ensure that unnecessary risks to the health, welfare or safety of residents are reviewed during meal preparation times.</p> <p>Action taken as confirmed during the inspection: A general risk assessment was completed on kitchen safety. An individual risk assessment was also completed for specific residents in regard to kitchen safety.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (d)</p>	<p>The registered person shall ensure that any event which affects the care, health, welfare or safety of residents is reported to the Regulation and Quality Improvement Authority.</p> <p>Action taken as confirmed during the inspection: A review of care records and accident/incident records confirmed that any event which affects the care, health, welfare or safety of residents is appropriately reported.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 27 (4) (e)</p>	<p>The registered person shall ensure that all persons working at the home receive up to date fire training from a competent person.</p> <p>Action taken as confirmed during the inspection: Fire training was undertaken by on 28 May 2015 by five staff. Further fire training is scheduled for 4 August 2015. Fire training and scenarios were discussed at a staff meeting on 1 July 2015.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 27 (4) (d) (v)</p>	<p>The registered person shall ensure that fire alarms and fire doors are tested weekly with written records retained.</p> <p>Action taken as confirmed during the inspection: Fire weekly safety checks have been undertaken. A written record has been maintained of the weekly fire checks.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 29 (3) (4) (a)</p>	<p>The registered person shall ensure that all visits are undertaken monthly, shall be unannounced and seek the views of residents, their representatives and persons working at the home.</p> <p>Action taken as confirmed during the inspection: The registered provider visits have been undertaken monthly. These were unannounced and sought the views of residents, their representatives and persons working at the home. These reports have been submitted to RQIA.</p>	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy should be reviewed to include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998), also that the policy includes the need for the Trust involvement in managing behaviours which challenge and that RQIA is notified on each occasion restraint is used.</p>	Met
	<p>Action taken as confirmed during the inspection: The policy on behaviour which challenges has been reviewed to include the above recommendation.</p>	
Recommendation 2 Ref: Standard 10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the Statement of Purpose and Residents Guide should be reviewed to include detail of the home's policy regarding the locking of the front door and of any restrictions which may be employed in the future.</p>	Met
	<p>Action taken as confirmed during the inspection: The Statement of Purpose and Residents Guide was reviewed to include detail of the home's policy regarding the locking of the front door and of any restrictions which may be employed in the future.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 3 Ref: Standard 13.1</p>	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Reference to this is made in that a policy and procedure should be developed for the provision of activities.</p> <p>Action taken as confirmed during the inspection: A policy was available in the home on the provision of activities dated May 2015.</p>	Met
<p>Recommendation 4 Ref: Standard 13.9</p>	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <p>Reference to this is made in that the names of residents who participate in activities should be recorded.</p> <p>Action taken as confirmed during the inspection: A record was maintained in the home for group and individual activities. It recorded the person leading the activity and the names of the residents who participated.</p>	Met
<p>Recommendation 5 Ref: Standard 1.2</p>	<p>It is recommended that residents meetings are undertaken in accordance with the home's policy and procedure and appropriate records maintained.</p> <p>Action taken as confirmed during the inspection: A residents meeting was convened on 21 May 2015 and a written record was maintained.</p>	Met
<p>Recommendation 6 Ref: Standard 6.3</p>	<p>It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: A review of care records confirmed that care plans were appropriately signed.</p>	Met

5.2 Additional Areas Examined

5.2.1 Residents Views

We met with seven residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. Residents were satisfied with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Some comments made were:

- “I love living here, I am happy with all the staff.”
- “I am looked after very well. The staff are good at helping me. They are quick to come to me at night.”

5.2.2 Staff Views

We spoke with four staff members, in addition to the acting manager. Staff advised us that they were supported in their respective roles and that they are provided with the relevant resources to undertake their duties. Staff demonstrated to us an awareness and knowledge of the needs of individual residents.

The staff commented on the positive improvement in the home since the acting manager commenced. The staff also confirmed that the introduction of additional staff on duty has enhanced the quality of life for the residents.

One member of care staff raised an issue in regard to the home's transport. The issue related to wheelchair access to the vehicle. This was discussed with the acting manager during feedback who agreed to review this matter.

- “I would live here myself. We always ensure the needs of the residents are met. The manager is very focused on the needs of the residents.”
- “I love working here. I deliver the best care I can for the residents. Respect and dignity are core principles as this is their home. The additional staffing has made a huge difference.”

5.2.3 Environment

We found that the home was organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. We observed areas which required cleaning and general dusting such as communal areas and some bedrooms. A recommendation was made to ensure that a review of the cleaning schedule is undertaken.

5.2.4 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting appropriately with residents. Staff interactions with residents were respectful, polite, warm and supportive. Residents presented as well dressed.

5.2.5 Accidents / Incident reports

We reviewed accidents and incidents records. We confirmed that these were appropriately managed and reported.

5.2.6 Fire Safety

We confirmed at the previous inspection that the home's most recent fire safety risk assessment was dated 9 July 2014.

A review of the fire safety records evidenced that fire safety training was carried out on 28 May 2015 by five staff. Further fire training is scheduled for 4 August 2015. Fire training and scenarios were discussed at a staff meeting on 1 July 2015.

The records identified that fire alarms and fire doors have been routinely tested weekly with a written record maintained. At the time of the inspection there was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.2.7 Visits by Registered Provider

We inspected the registered provider visits. The registered provider visits have been undertaken monthly. These were unannounced and sought the views of residents, their representatives and persons working at the home. These reports have been submitted to RQIA.

Areas for Improvement

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Deane Mc Morris, acting manager. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

No requirements were made at this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The registered person should ensure that a review of the cleaning schedule is undertaken.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A review of the cleaning schedule has been undertaken with the cleaner as well as a recorded discuss on the recommendations from the RQIA report.</p> <p>The registered manager will undertake weekly inspections of the property to ensure that the home is clean, comfortable and well presented.</p> <p>The cleaning schedule and inspection of the home will be monitored each month as part of the quality monitoring procedures and a copy will be sent to RQIA each month.</p> <p>Additional cleaning of the bedrooms will be included as part of the support workers role and responsibilities and it will be undertaken each month.</p>

Registered Manager Completing QIP	Deane McMorris	Date Completed	17 th July 2015
Registered Person Approving QIP	Neil Wadge	Date Approved	17.07.15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	05.08.15

**Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised*

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