

# Unannounced Care Inspection Report 3 August 2016



## Drumary House

**Type of service: Residential Care Home**

**Address: Knockmore Road, Derrygonnelly, BT93 6GA**

**Tel No: 028 6864 1736**

**Inspector: Laura O'Hanlon**

## 1.0 Summary

An unannounced inspection of Drumary House took place on 3 August 2016 from 11.30 to 16.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Six areas for improvement were identified. Four requirements were made in relation to the need to:

- ensure that staff appraisals are completed annually
- ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence
- ensure that all radiators / hot surfaces are individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action is taken
- ensure that the fire safety checks are consistently undertaken and recorded

Two recommendations were made in relation to the need to:

- review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of the safeguarding champion
- ensure that staff undertake mandatory adult safeguarding training on an annual basis.

### Is care effective?

No requirements or recommendations were made in relation to this domain.

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in relation to this domain.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were made in relation to this domain.

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and good working relationships.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rachel Jones, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 January 2016

### 2.0 Service details

<b>Registered organisation/registered person:</b> Potential Ltd/Neil Wadge	<b>Registered manager:</b> Deane McMorris
<b>Person in charge of the home at the time of inspection:</b> Rachel Jones	<b>Date manager registered:</b> 2 March 2016
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 17

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with six residents, one member of the domestic staff and three members of the care staff. The registered manager was present during the inspection for a short period.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules/records
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy and procedure in regard to adult safeguarding

A total of 17 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 21 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 21 January 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time <b>To be completed by:</b> 21 February 2016	The registered person should ensure that in all communal bathroom areas continence products should be stored in enclosed washable cabinets  <b>Action taken as confirmed during the inspection:</b> An inspection of the premises confirmed that continence products were stored in enclosed washable cabinets in communal bathrooms.	<b>Met</b>

<b>Recommendation 2</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time <b>To be completed by:</b> 4 February 2016	The registered person should ensure that a current needs assessment is undertaken for one identified resident.  <b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that an up to date needs assessment was completed for one identified resident.	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be completed by:</b> 21 February 2016	The registered person should ensure that a care management review is completed for one identified resident.  <b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that a care management review was completed for one identified resident on 8 February 2016.	<b>Met</b>

#### 4.3 Is care safe?

The senior care assistant (person in charge) confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- 1 x senior care assistant
- 2 x care assistants
- 1 x domestic

Review of a completed induction record and discussion with the senior care assistant and care staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision of staff was regularly provided. A schedule for staff supervision was maintained and was available for inspection. Supervision was completed on a four to eight weekly basis. It was identified, however, that staff appraisals were not undertaken on an annual basis. A requirement was made to address this.

The senior care assistant reported that competency and capability assessments were not undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A requirement was made to ensure this was addressed.

Discussion with the senior care assistant and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place dated February 2016 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance, including the implementation of the safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was only completed by four staff members within the last year. A recommendation was made to ensure that staff undertake mandatory adult safeguarding training on an annual basis.

Discussion with the registered manager and senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments were reviewed and updated on a six monthly basis or as changes occurred.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures. Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathrooms.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Overall the home was fresh-smelling, clean and appropriately heated, although a malodour was noted in one resident's bedroom. The senior care assistant provided an action plan that was already in place to address this issue. This was found to be satisfactory.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. The senior care staff had completed a health and safety audit of the environment. This had identified the need for internal refurbishment. A plan was already in place to implement this.

It was noted that a new radiator was installed in an upstairs bathroom. It was noted that the radiator was very hot to touch. Other radiators throughout the home were found to be uncovered; there was potential risk to residents to be harmed by contact with hot surfaces.

A requirement was made to ensure that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action be taken.

Discussion with the senior care assistant confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 23 September 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed approximately every three months and the most recent was completed on 7 July 2016. Records were retained of staff who participated and any learning outcomes.

Fire safety records identified that the weekly and monthly fire safety checks were not consistently undertaken. A requirement was made to address this.

### Areas for improvement

Six areas for improvement were identified. Four requirements were made in relation to the need to:

- ensure that staff appraisals are completed annually
- ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence
- ensure that all radiators / hot surfaces are individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action is taken
- ensure that the fire safety checks are consistently undertaken and recorded

Two recommendations were made in relation to the need to:

- review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of the safeguarding champion
- ensure that staff undertake mandatory adult safeguarding training on an annual basis

<b>Number of requirements:</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident.

The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The senior care assistant and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident and/or their representative meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The senior care assistant confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The staff in the home described a recent experience of the death of a resident who lived in the home. The residents were supported by staff throughout the wake and funeral. Photographic memorabilia were displayed throughout the home in memory of this person. This was to be commended.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activity planners were displayed on the notice board. During the inspection the residents were involved in musical activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.



The senior care assistant and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

There were systems in place to ensure that the views and opinions of residents, and/ or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, residents' meetings, annual care reviews and the monthly monitoring visits. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

The residents were observed to be at ease in their environment and commented positively on the care provided. One resident commented:

- "I like it here, the staff are kind."

One staff member commented:

- "We are very happy and this is a great staff team who really support each other. The management are very approachable."

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager and senior care assistant outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The registered manager confirmed that two staff members were being supported to complete the QCF Level five. In addition to this approximately 80 per cent of the staff team were currently undertaking the QCF Level two or three in health and social care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Jones, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 provider 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 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 the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2016</p>	<p>The registered provider must ensure that staff appraisals are completed annually.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The service has implemented an annual staff appraisal schedule. Two staff are over due and will receive their annual appraisal in the next two weeks. All other staff will be scheduled for their annual appraisal when they have reached 12 months employment with the service. Staff with less than twelve months service will be scheduled throughout the year. A record of the Appraisal will be held on the staff supervision file with managers and staff signature.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2016</p>	<p>The registered provider must ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The staff lone worker risk assessment has been updated to include emergency situations and management cover. All staff will complete this document before the end of August 2016. The service has also introduced a shift leader system and the shift leader will be highlighted on the staff rota. The shift leader will take responsibility for dealing with emergency situations and general management cover.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2016</p>	<p>The registered provider must ensure that all radiators / hot surfaces are individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action is taken.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Risk assessments for each radiator and hot surface will be completed by the end of August 2016. The risk assessments will be updated every twelve months or sooner if required. Radiator covers will be purchased for any radiator that has been highlighted as a risk.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (v)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2016</p>	<p>The registered provider must ensure that the fire safety checks are consistently undertaken and recorded.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> weekly fire safety checks are now scheduled in the House Diary and a nominated staff member will complete the records weekly. The registered manager will check all fire records on a monthly basis as part of the Health &amp; Safety Audit.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 November 2016</p>	<p>The registered provider should review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A new Adult Safeguarding Folder has been implemented to include 1. Safeguarding referrals 2. RQIA notification procedures 3. Potens safeguarding Adults Policy 4. The Local Health Authority Safeguarding Policy. 5 Contact details of the local safe Guarding team and RQIA contact numbers.6 Lessons learnt. 7 Monthly review of folder. A Senior Staff member has been allocated the role of Safe Guarding Champion and will attend further training on Safe Guarding procedures as well as ensuring the service is kept up to date with any changes in Policy or Procedures.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2016</p>	<p>The registered provider should ensure that staff undertake mandatory adult safeguarding training on an annual basis.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All staff will have completed the e-learning Adult Safe Guarding. Additional face to face training will also be sourced and delivered to the support team by October 2016.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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