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

Inspector: Laura O'Hanlon
Inspection ID: IN022196

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Unannounced Care Inspection
of
Drumary House

05 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 05 May 2015 from 11.00 to 16.00. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

A serious concerns meeting was convened on 13 May 2015 to address issues identified during this inspection. These issues related to care planning, fire safety, notification of accidents/incidents and the monthly registered provider visits. A satisfactory action plan was provided by the home to address these areas of concern.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	6

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

2. Service Details

Registered Organisation/Registered Person:	Registered Manager:
Potensial Ltd Mr John Farragher and Mrs Rachel Farragher	Deane McMorris (Registration Pending)
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: 17	**Weekly Tariff at Time of Inspection:** £470.00 - £714.21

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: **Residents' views and comments shape the quality of services and facilities provided by the home.**
Theme: **Residents Receive Individual Continence Management and Support.**

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 nine residents, three care staff, one member of ancillary staff, the registered manager and one visiting professional.

We inspected the following records: four care records, fire safety records, registered provider visits, residents meetings, complaints/compliments records, accident/incident records and policies and procedures relating to continence management.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Drumary House was an announced care inspection on 16 October 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 10.1	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. 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.	**Not Met**
	Action taken as confirmed during the inspection The policy on behaviour which challenges dated December 2013 was reviewed and did not reference any of the above recommendation. This recommendation will be stated for the second time.	
Recommendation 2 **Ref**: Standard 10.7	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. 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.	**Not Met**
	Action taken as confirmed during the inspection The statement of purpose was reviewed and did not reference the above recommendation. This recommendation will be stated for the second time.	

Recommendation 3 **Ref**: Standard 13.1	The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. Reference to this is made in that a policy and procedure should be developed for the provision of activities.	**Not Met**
	Action taken as confirmed during the inspection: There was no policy on activities available during the inspection. This recommendation will be stated for the second time.	
Recommendation 4 **Ref**: Standard 1	A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate. Reference to this is made in that the names of residents who participate in activities should be recorded.	**Not Met**
	Action taken as confirmed during the inspection: The record of activities was reviewed and does not include the names of residents who participate in activities.	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is Care Safe? (Quality of Life)

Residents' views are taken into account in matters affecting them in so far as practically possible.

We met with residents and staff who confirmed that staff actively seek residents' views through daily discussions and reviews. The acting manager provided surveys which are issued to residents and stakeholders regarding the provision of care and services. A recommendation has been made to ensure that residents meetings are undertaken in accordance with the home's policy.

We observed suggestion boxes within the home.

Is Care Effective? (Quality of Management)

There are methods and processes in place where residents and their representatives' views are sought. The registered manager confirmed that resident's views are sought through daily discussions with staff and care management reviews. This was also reflected within a record of the registered providers visit in October 2014 where a resident had asked to have her room painted. This was facilitated by staff.

In our discussions with residents we were able to confirm, that they are listened to, kept informed about issues and were treated with care, dignity and respect.

We inspected the resident's needs assessments, risk assessments and care plans. In relation to one identified resident who had end of life care needs, there was no up to date care plan in place to meet her needs. A requirement has been made to ensure this is actioned promptly.

We found that care plans were not appropriately signed. A recommendation has been made to address this. The home has a specific care plan in place for each resident named 'choice and control', 'autonomy and consent'. This care plan notes the rights and wishes of each resident.

Is Care Compassionate? (Quality of Care)

In discussion with staff they demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted.

Areas for Improvement
A recommendation has been made to ensure that residents meetings are undertaken in accordance with the home's policy.
A requirement has been made to devise a care plan for one identified resident with end of life care needs.
Care plans should be appropriately signed.

Number of Requirements	**1**	**Number Recommendations**:	**2**

5.3 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and a care plan was in place. Continence assessments were noted within care records.

From our discussions with staff and observations we confirmed that there was free access to bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control. There were no malodours detected during the inspection of the premises.

We spoke to staff who demonstrated knowledge and understanding in this area of continence care.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place regarding the management of continence dated (2012).

Is Care Compassionate? (Quality of Care)

In discussions with staff we found that they were knowledgeable with regard to the promotion and management of continence and reflected the necessary values. Staff were able to describe to us the necessary support required to meet individual continence management and the process of referral for assessment.

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Number of Requirements	**0**	**Number Recommendations**:	**0**

5.4 Additional Areas Examined

5.4.1 Residents Views

We met with nine residents either individually or as part of a group. 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.

5.4.2 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. One member of care staff raised concerns in regard to care staff undertaking cooking duties and the potential impact this may have on the provision of care. This was discussed with the acting manager during feedback.

- “This is a person centred residential home; there is a lovely atmosphere in this home. It is a better place now that we have a permanent manager in post.”
- “The residents are offered choices; everything is done to a good standard. It is much better now with the new manager.”

5.4.3 Visiting Professionals Views

We spoke with one visiting professional. They expressed high levels of satisfaction with the quality of care, level of communication and services provided in the home.

5.4.4 Environment

We found that the home was clean, organised, adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

5.4.5 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.

We observed a resident unsupervised in the kitchen. At this time two pots were boiling and a ceramic ring was on. This was discussed during feedback with the acting manager. A requirement has been stated to review the health and welfare risks to residents during meal preparation.

5.4.6 Accidents / Incident reports

We reviewed accidents and incidents records and care records. We confirmed that we were not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. A requirement has been made to address this.

5.4.7 Fire Safety

We confirmed 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 undertaken in September 2014 by two staff members. Prior to this fire training had been undertaken in June 2014. A requirement has been made to ensure prompt action.

Fire training records confirmed that a fire drill took place on 28 January 2015 attended by three staff.

The records identified that fire alarms and fire doors have not been routinely tested weekly. A requirement has been made to address this. At the time of the inspection there was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

This matter is referred to the estates inspector for the home for further review.

5.4.8 Visits by Registered Provider

We reviewed the Registered Provider visits. We found that there was no monthly visit completed in January 2015. The monthly report dated 5 February 2015 contained no reference to discussion with residents and staff. The last page on report completed 22 December 2014 and 21/24 November 2014 were dated incorrectly. Both reports were dated 7 October 2014. A requirement has been made to address this.

Areas for Improvement

We should be informed of all accidents and incidents within the home.
Fire alarms should be tested weekly with written records retained. Fire safety training should be undertaken by all staff. The registered provider visits should be completed monthly and seek the views of staff, residents and their representatives. A requirement has also been stated to review the health and welfare risks to residents during meal preparation.

Number of Requirements	**5**	**Number Recommendations**:	**0**

6. Quality Improvement Plan

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

The registered person/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 person/manager 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 DHSPSS 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 16 (1) **Stated:** First time **To be Completed by:** 13 May 2015	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. **Response by Registered Person(s) Detailing the Actions Taken:** The care plan and risk assessments have all been up-dated to reflect the changing needs of an individual who is currently at end of life. Completed 10th May 2015
Requirement 2 **Ref:** Regulation 14 (2) (c) **Stated: First time** **To be Completed by** 5 June 2015	The registered person shall ensure that unnecessary risks to the health, welfare or safety of residents are reviewed during meal preparation times. **Response by Registered Person(s) Detailing the Actions Taken:** A risk assessment has been completed to ensure that staff are aware of the health and safety risks of the residents during meal times. Completed 20th May 2015
Requirement 3 **Ref:** Regulation 30 (1) (d) **Stated: First time** **To be Completed by:** From the date of this inspection	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. **Response by Registered Person(s) Detailing the Actions Taken:** All staff have been issues with RQIA advice and guidance on notifiable events. All incidents and accidents are to be report to RQIA immediately. The notification procedure will be discussed with each staff member and a record kept on their individual supervision record. This will be review yearly. A record of all notifiable events are to be held in a suitable file in the office and accessible for any future inspection. Completed 5th May 2015
Requirement 4 **Ref:** Regulation 27 (4) (e) **Stated: First time** **To be Completed by:** 31 May 2015	The registered person shall ensure that all persons working at the home receive up to date fire training from a competent person. **Response by Registered Person(s) Detailing the Actions Taken:** Fire safety training has been arranged for all staff at Drumary on the 28th May 2015. Training provided by Frank McQuire Completed 28th May 2015

Requirement 5 **Ref:** Regulation 27 (4) (d) (v **Stated: First time** **To be Completed by:** From the date of this inspection	The registered person shall ensure that fire alarms and fire doors are tested weekly with written records retained. **Response by Registered Person(s) Detailing the Actions Taken:** A nominated staff member will undertake fire drill testing each week and will complete the necessary recording procedures. The record procedure will be monitored each month via the monthly quality audit and yearly property audit. Completed 5th May 2015 and on-going.
Requirement 6 **Ref:** Regulation 29 (3) (4) (a) **Stated: First time** **To be Completed by:** From the date of this inspection	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. **Response by Registered Person(s) Detailing the Actions Taken:** Provider quality visits have been undertaken by senior managers within the Poten's organisation. New arrangements are currently being agreed and will be implemented in May 2015. The monthly quality audit will include feedback from the people we support, family members and professional involved with the delivery of service. Completed 5th May 2015 and on-going

Recommendations	
Recommendation 1 **Ref**: Standard 10.1 **Stated:** Second time **To be Completed by:** 19 June 2015	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. 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.
	Response by Registered Person(s) Detailing the Actions Taken: The behaviour policy has been up-dated to reflect the DHSS guidance on restraint and seclusion and the Human Rights Act. Completed 15th June 2015
Recommendation 2 **Ref**: Standard 10.7 **Stated:** Second time **To be Completed by:** 19 June 2015	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. 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.
	Response by Registered Person(s) Detailing the Actions Taken: The Statement of Purpose and Residents Guide have been up-date on the 10 June 2015 to reflect the safety and security of the home and the need to keep the front door locked. Any other restrictions will also be inculded. Completed on the 10th June 2015
Recommendation 3 **Ref**: Standard 13.1 **Stated:** Second time **To be Completed by:** 19 June 2015	The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. Reference to this is made in that a policy and procedure should be developed for the provision of activities.
	Response by Registered Person(s) Detailing the Actions Taken: An activity policy/procedure has been devised to guide staff on the need to complete and record all activities undertaken by the staff and residence. The policy is kept in the activity file so that staff have access at all times. Staff will be reminded at the next team meeting and indivdual supervision session on the requirement to complete after any activity has taken place. Completed on the 1st June 2015.

Recommendation 4 **Ref**: Standard 1 **Stated:** Second time **To be Completed by:** 19 June 2015	A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate. Reference to this is made in that the names of residents who participate in activities should be recorded.
	Response by Registered Person(s) Detailing the Actions Taken: The residents activity record has been up dated to include date, activity, staff support and residents who have attended. All staff will be reminded of the need to complete the activity record during a team meeting and supervision meetings.Completed on the 1st June 2015
Recommendation 5 **Ref**: Standard 1.2 **Stated:** First time **To be Completed by:** 30 June 2015	It is recommended that residents meetings are undertaken in accordance with the home's policy and procedure and appropriate records maintained.
	Response by Registered Person(s) Detailing the Actions Taken: A residents meeting was held on the 24/5/2015 and recorded in the residents meeting folder. Resident meeting are now scheduled throughout the year and residents are able to contribute to the agenda in advance of the meeting being held.Completd on the 24th May 2015 and on-going.
Recommendation 6 **Ref**: Standard 6.3 **Stated:** First time **To be Completed by:** 30 June 2015	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.
	Response by Registered Person(s) Detailing the Actions Taken: all residents care plans will be up-date and a signed copy will be held in the residents personal file. Family and representitives will also sign the care plan. If a resident or their representative are unable to sign a record will be made on the care plan. Completed on the 1st June 2015 and on-going.

Registered Manager Completing QIP	Deane McMorris	**Date Completed**	14th June 2015
Registered Person Approving QIP	11th June 2015	**Date Approved**	11th June 2015
RQIA Inspector Assessing Response	**Laura O'Hanlon**	**Date Approved**	**15 June 2015**

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

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.