



# Unannounced Care Inspection Report 8 January 2019



## Drumary House

**Type of Service: Residential Care Home**  
**Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA**  
**Tel No: 02868641736**  
**Inspector: Laura O'Hanlon**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 17 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual(s):</b> Nicki Stadames	<b>Registered Manager:</b> Kirsty Jill McMorris
<b>Person in charge at the time of inspection:</b> Kirsty McMorris	<b>Date manager registered:</b> 18 June 2018
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 8 January 2019 from 10.15 to 14.30.

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

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

Evidence of good practice was found in relation to communication between the staff and the residents, the culture and ethos the home, the provision of meals and the management of accidents and incidents.

There were no new areas for improvement identified during this inspection. One area requiring improvement was stated for the second time in relation to the reports completed by the responsible person.

Residents said that they felt safe in the home; that they were very happy with the care provided, with the meal provision and that they were offered choices.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	0

\* This area for improvement was stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Kirsty McMorris, registered manager, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six residents and four staff.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
  - Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Areas for improvements identified at the last care inspection were reviewed and assessment of compliance 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 most recent inspection dated 23 August 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 23 August 2018

Areas for improvement from the last care inspection		Validation of compliance
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 29 (5)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a copy of the monthly report visits to the home is retained within the home and made available on request to-</p> <ul style="list-style-type: none"> <li>• RQIA</li> <li>• The registered manager</li> <li>• The resident or their representative; and</li> <li>• An officer of the HSCT in the area of which the home is situated</li> </ul> <p>This requirement was initially made as a recommendation at the previous care inspection conducted on 18 January 2018.</p> <p>Following the inspection correspondence was received from the organisation to confirm that reports were now available within the home. Copies of the reports were appended to the correspondence.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of these reports identified that there were no reports available in the home for the months of November and December 2018.</p>	

	This area for improvement was stated for the second time.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with the staff on duty 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 and annual appraisal of staff was regularly provided. Schedules of training were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 provided for all staff.

Discussion with the registered manager, 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. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was clean and appropriately heated. It was noted that there were several improvements within the environment including new curtains and the provision of new bedroom furniture. There are also plans in place for installation of a new kitchen.

Discussion took place with the registered manager in relation to the heated towel rail in the main bathroom upstairs. When heated, this rail can become very warm to touch and this could cause potential burns or scalds to residents should they fall against it. The registered manager confirmed that there was a risk assessment in place for this towel rail and this is continually monitored and reviewed as necessary.

Inspection of the internal and external environment identified that the home was 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.

It was established that one resident in the home smoked. A review of the care record of this resident identified that the risk assessment and corresponding care plan was completed in relation to smoking.

The home had an up to date fire risk assessment in place dated 18 December 2018 and all recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.



Residents and staff spoken with during the inspection made the following comments:

- “I feel very safe in here.” (resident)
- “The staffing levels are really good. We are registered with NISCC.” (staff)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

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. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.



A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining experience was observed to be calm and organised. The residents who required support with this area of need were provided with the necessary assistance. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. It was noted where the staff were unable to weigh one resident. This was discussed with the registered manager during the inspection and advised to discuss this matter with the trust care manager.

There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Residents and staff spoken with during the inspection made the following comments:

- "There is always lots of food and it's lovely. We get a choice of food or you could get anything you want." (resident)
- "Everyone in this home works well together. We have shift handovers ant the beginning of each shift. We have a communication book in place. The care provided is very focused towards the residents." (staff)

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents were out at day care. The residents in the home were relaxing and watching television or going out for a walk to the local shops. One resident was using the ipad. Another resident was assisting in litter picking outside the home and had good fulfilment from this.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- "I am very happy in here. The staff are all very good to me. It's my birthday next week and we will have a party." (resident)
- "It's a lovely homely home. There is a lovely atmosphere; like a family. The care provided is very good." (staff)
- "The home is getting better every day. It's a very homely environment and very relaxed. All the care provided to the residents is very positive." (staff)

### Areas of good practice

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 account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the 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 review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The reports of the visit by the registered provider undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. There were no reports available in the home for the months of November and December 2018. This area for improvement was stated for the second time.

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 stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “Kirsty is the manager here and I could go to her if I have a problem.” (resident)
- “I would feel very comfortable in raising any issues. Kirsty is a great manager, very approachable. If I did raise anything it would be addressed.” (staff)

**Areas of good practice**

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

**Areas for improvement**

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kirsty McMorris, registered manager, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29 (5)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 January 2019</p>	<p>The registered person shall ensure that a copy of the monthly report visits to the home is retained within the home and made available on request to-</p> <ul style="list-style-type: none"> <li>• RQIA</li> <li>• The registered manager</li> <li>• The resident or their representative; and</li> <li>• An officer of the HSCT in the area of which the home is situated</li> </ul> <p>This requirement was initially made as a recommendation at the previous care inspection conducted on 18 January 2018.</p> <p>Following the inspection correspondence was received from the organisation to confirm that reports were now available within the home. Copies of the reports were appended to the correspondence.</p> <p><b>Response by registered person detailing the actions taken:</b> The quality audit and provider visits have taken place each month and copies of previous reports are available at the service. We are creating a template which will sit alongside the provider report to give signed confirmation of the visit, summary of any findings and the draft report will be provided prior to leaving the service. The final report will be provided within 5 working days of the visit.</p>

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



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