

Inspection Report

Name of Service:	Drumary House
Provider:	Potensial Limited
Date of Inspection:	11 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Potensial Limited
Responsible Individual:	Miss Nicki Stadames
Registered Manager:	Mr Chris Carr
Service Profile This home is a registered residential care home which provides health and social care for up to 17 residents who are living with a learning disability. Accommodation is provided over two floors and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 11 February 2025 from 10.15am to 2.15pm, by a care inspector.

The purpose of this inspection was to follow up in relation to the areas for improvement identified in the home since the last inspection on 15 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be warm and comfortable. Bedrooms were personalised to reflect the residents' individual tastes and preferences.

Residents reported that they were happy in the home; that the staff were kind to them and that they were well looked after.

Staff advised that they were supported in their role by the management and that the standard of care provided to the residents was important to them.

As a result of this inspection the areas for improvement from the previous quality improvement plan were assessed as met. There were no new areas for improvement identified during this inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home. Comments included: "I like it here," "They were very good to me," "Like a family" and "The food is good."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication and this ensured that a good standard of care was provided to the residents.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Review of the staff duty rota evidenced that the staffing levels were maintained.

Residents said that there was enough staff on duty to care for them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff knew what they were required to do each day and understood the needs of the residents.

3.3.2 Quality of Life and Care Delivery

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities. The importance of engaging with residents was well understood by the manager and staff. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

It was noted that one care plan required to be amended. This was addressed immediately.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was observed that there was minor damage in one room; this was discussed during the inspection and is part of ongoing refurbishment in the home.

It was noted that the radiators/hot surfaces in the home were hot to touch. This was discussed during the inspection and addressed immediately.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Chris Carr is the Registered Manager of this home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nicola Kerr, Deputy Manager, as part of the inspection process and can be found in the main body of the report.



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