



Unannounced Care Inspection Report 13 August 2019



Drumary House

Type of Service: Residential Care Home
Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA
Tel No: 028 6864 1736
Inspector: Laura O'Hanlon

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Potensial Ltd Responsible Individual: Nicki Stadames	Registered Manager and date registered: Kirsty Jill McMorris – 18 June 2018
Person in charge at the time of inspection: Eva Enright, Senior support worker	Number of registered places: 17
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 11

4.0 Inspection summary

An unannounced care inspection took place on 13 August 2019 from 10.15 to 15.30.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 within the home, staff recruitment and induction and the dining experience.

Areas requiring improvement were identified in relation to the duty rota, the need for competency and capability assessments in the absence of the manager, management of falls, care records, the need for timely action where an issue is identified and the management and reporting of accidents and incidents.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Eva Enright, senior support worker, 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 inspection dated 8 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training schedule
- one staff recruitment and induction record
- staff competency and capability assessments
- three residents' records of care
- complaint records

- staff supervision and appraisal schedules
- fire safety records
- policy on adult safeguarding
- a sample of governance audits/records
- accident/incident records
- monthly monitoring reports from May to July 2019
- RQIA registration certificate

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 last care inspection dated 8 January 2019

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: Second 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"> • RQIA • The registered manager • The resident or their representative; and • An officer of the HSCT in the area of which the home is situated <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>Action taken as confirmed during the inspection:</p> <p>The record of the monthly monitoring visits were reviewed and confirmed that there was a written account of the visit available within the home. However this record was not always in keeping with the template recommended by RQIA.</p>	<p>Partially met</p>

	This was discussed with the manager following the inspection and advised to keep this under review.	
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6.2 Inspection findings

6.3 Is care safe?

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

On arrival to the home we observed that the majority of the residents were already washed and dressed and a number of them were away at their day care placement. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

We spoke with the residents and we were informed that they felt safe in the home. The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night.

The staff advised that when they came on duty each day, time was allocated to allow for the staff on night duty to provide their hand over which included how residents slept and any changes or issues arising. Staff also discussed and agreed their duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly respond to the needs of residents and to provide the correct level of support. However the duty rota did not identify the person in charge of the home in the absence of the manager. This was identified as an area for improvement to ensure compliance with the standards.

Some comments included:

- “The staffing is very stable at present. There is enough staff on duty and everyone works well together. The residents are very safe in here.” (staff)
- “There is plenty of staff on duty. The staff turnover is minimal.” (staff)
- “The staff are all good in here.” (resident)

Review of one staff recruitment file confirmed that staff were properly recruited and the appropriate pre-employment checks were completed prior to commencement in the home. Staff said they had a good induction and felt they were competent to work in the home with good training provided alongside support and encouragement from management. Review of a staff induction record confirmed an induction was provided relevant to their role and responsibilities.

We could see that there were arrangements in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

The team leader advised that all senior staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home in her absence. A review of records confirmed that these were competency and capability assessments of a support worker role. This was discussed with the manager following the inspection. We were informed that these staff competency and capability assessments for the person in charge in the absence of the manager were currently being completed. The manager was advised that she would need to be assured of each staff member's competence to manage the home in her absence. This was identified as an area for improvement to ensure compliance with the regulations.

A review of staff training records confirmed that a programme of mandatory training was completed. These records further confirmed that additional training was provided to support staff in their roles, for example training was completed by staff in regards to fluids and nutrition.

The manager had a schedule in place which confirmed that staff supervision was provided three to six monthly or more often if required. Annual appraisals for staff were underway. Discussion with staff confirmed that they can approach the manager to raise an issue or concern at any time and it would be addressed in a professional manner.

The team leader outlined the arrangements for the adult safeguarding champion within the home. Staff training in adult safeguarding was included within mandatory training records. Discussion with staff confirmed there were no current safeguarding investigations within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse and a list of contact numbers was displayed to support staff in this regard.

We reviewed the management of falls in the home. We could see that falls assessments were completed electronically. However review of two residents records identified that the falls risk assessment and care plans was not reviewed following a fall. This was identified as an area for improvement to ensure that the post falls pathway is followed correctly when a resident sustains a fall.

An inspection of the home was undertaken. Resident's bedrooms were found to be warm, comfortable and personalised with items of memorabilia. All areas within the home were observed to be fresh smelling and clean.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC).

The home had a fire risk assessment in place dated 18 December 2018 and the action plan was signed off as addressed. Records were in place to confirm that fire drills were completed monthly and regular checks were undertaken of fire alarm systems, exit doors, emergency lighting and firefighting equipment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to the duty rota, the need for competency and capability assessments in the absence of the manager and the management of falls.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. One staff comment was:

- “We have good communication in this home; we use a communication book which staff read when they come on shift and we also get a handover each day. We know the residents very well.”

We reviewed three residents care records. These records included pre admission information, assessments, care plans and risk assessments. There was evidence of multi professional involvement into the residents’ health and social care needs within these records.

It was noted in the care records where care plans were not reflective of the residents’ current needs. For example, one care record did not detail the recommendations made by speech and language therapist or residents individual preferences in regard to early morning waking. Another care record did not include a care plan for mobility or the management of falls despite a recent history of falls and a falls assessment already completed. This was identified as an area for improvement to ensure compliance with the regulations.

The residents stated that they were able to help themselves in the kitchen if they wanted something. There was good availability of snacks and drinks offered during the day. The residents confirmed that they were offered a choice of meals in the home and if they wanted something specific this would also be provided. Residents spoken with confirmed they were happy with the food provision in the home:

- “The food is lovely; couldn’t be better.”
- “I have had lovely tea with bread and blackcurrant jam.”

The dining experience was found to be organised with appropriate support provided by staff. The choice of meals was displayed on the notice board. We could see that the portion sizes were good and there was a variety of drinks available. Where individual residents wanted to dine privately this was accommodated and supported by staff.

Monthly screening of residents’ weights was undertaken or more frequently depending on the resident’s needs. It was noted on one monthly entry where there was a significant weight loss recorded. Despite this deficit there was no record of any action taken or follow up in regards to this issue. This was discussed with the manager following the inspection and identified as an area for improvement to ensure compliance with the standards.

Staff demonstrated good knowledge of residents care needs and confirmed that all residents’ care needs were being met. Review of staff meeting minutes showed that the last meeting was held in July 2019, actions were included and these minutes were signed by staff members.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff.

Areas for improvement

The following areas were identified for improvement in relation to care records and the need for timely action where an issue is identified.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents’ preferences and assessed needs. This was evident in regards to the dining preferences for one resident. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner. Residents stated:

- “I am very happy here.”
- “The staff are all very good.”

Residents spoke openly with us, they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities and daily routines. Staff said that these were flexible and that resident choice was always a priority.

The residents advised of a recent outing to an animal farm and shared their enjoyment about this visit. The residents further advised of planned outings which they were looking forward to. On the day of the inspection residents were watching television and listening to music. Later they went on an outing on the local shops.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff in the home described the manager as supportive and approachable and that the priority was the needs of the residents. Comments by staff included:

- “Kirsty is the best, open, honest and willing to try new things.”
- “Management remain very supportive; the residents best interests are at heart.”
- “Kirsty is brilliant and supportive. I can go to her at any time.”

The manager retains oversight in the home of staff supervision, appraisals and training to ensure that staff are equipped to undertake their roles.

We reviewed the system in place to deal with complaints, raised by residents, their family or others. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

We looked at the system for notifying the next of kin, RQIA and the trust and any other relevant party of any accidents or incidents in the home. We noted that an unwitnessed fall of a resident and a potential head injury had occurred and there was no medical advice or attention sought.

This was discussed with the manager and identified as an area for improvement to ensure compliance with the regulations.

Management oversight and quality assurance was completed by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports for May to July 2019 confirmed compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to the management and reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	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 Eva Enright, team leader, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that competency and capability assessments are completed for any person in charge of the home in the absence of the manager.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Senior Support Workers have completed induction to provide assurance of competence and capability to be in charge of the home in the absence of the Manager.</p> <p>There have been assessments completed for medication administration and lone working. In addition, both have completed training in relation to accident and incident reporting, support planning and risk assessment.</p> <p>The Registered Manager provides regular supervision and ensures there is a good mix of skills across the shifts on the rota.</p> <p>Each of the Senior Support Workers has a development plan which has been created following completion of the annual competency appraisal.</p> <p>Following the inspection the Register Manager has completed the probation assessment for Support Senior Support Workers to formally sign off competency to be charge of the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that care plans are reflective of the residents' current needs and individual preferences.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the relevant support plans. There a number of mechanisms used to ensure support plans reflect the current needs of the people we support including</p> <ol style="list-style-type: none"> 1) Handover process at shift change – staff report any noted changes detected to the person in charge so support plans can be updated. 2) Daily Notes – notes are read to spot any indicated changes or comments from the people we support. 3) Accident and Incident reports – following all incidents all reports are signed off by the Registered Manager to indicate that all

	<p>associated plans have been reviewed.</p> <p>4) Health appointments – support plans are reviewed following any health appointments to reflect directions and interventions from health professionals.</p> <p>5) Team Meetings/Supervisions – the team discuss individuals to evaluate support responsiveness and make changes as needed.</p> <p>6) Monthly Keyworker Summary – the keyworker will complete a review which encapsulates health appointments, use of PRN, support plans and risk assessments.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2019</p>	<p>The registered person shall ensure that appropriate medical advice or attention is sought following an unwitnessed fall that has a potential head injury. The relevant parties should be correctly informed.</p> <p>Ref: 6.6.</p> <p>Response by registered person detailing the actions taken: The NICE Falls Pathway has been implemented so that appropriate action is taken when an individual has a fall. The pathway directs the action to take following a fall to ensure appropriate advice and observations are completed.</p> <p>The Registered Manager is aware that all unwitness falls must be subject to reported to relevant health professionals and observations be recorded</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the duty rota identifies the person in charge of the home in the absence of the manager.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Senior Support Workers are now clearly identified on the rota to ensure this indicates who is in charge in the absence of the Registered Manager.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2019</p>	<p>The registered person shall ensure that appropriate and timely action must be taken and recorded in regards to concerns identified during the care of the residents.</p> <p>Reference to this is made in regard to actions required in response to identified weight loss.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>Response by registered person detailing the actions taken: Review of all weight records has been completed.</p> <p>Additional guidance has been added to support plans to ensure staff follow the correct procedure when weighing an individual given to staff to ensure that any fluctuations are reported and additional weight monitoring is completed</p> <p>The registered person shall ensure that the post falls pathway is followed correctly when a resident sustains a fall.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The NICE Falls Pathway has been implemented so that appropriate action is taken when an individual has a fall.</p>

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



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