

# Inspection Report

## 13 December 2023



## Drumary House

**Type of service: Residential Care Home**  
**Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA**  
**Telephone number: 028 6864 1736**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Potensial Ltd	<b>Registered Manager:</b> Ms Emma Keaney; not registered
<b>Responsible Individual:</b> Miss Nicki Stadames	
<b>Person in charge at the time of inspection:</b> Tanya Large, Support Worker	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 17 residents with a learning disability. Accommodation is provided in single bedrooms and all residents have access to communal spaces and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 December 2023 from 10.20am to 2.15pm, by a care inspector.

The focus of this inspection was to assess the management arrangements in the home since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "I like it here", "It's a great place", "I know the staff well" and "The staff are good to me."

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "There is good care provided here", "I enjoy working here", "Good staff team here," and "The management are very approachable and proactive."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed at this inspection and is carried forward for review to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota clearly identified the person in charge when the manager was not on duty. However, it did not accurately reflect the staff on duty in the home. In addition, it was difficult to determine when the manager was working as their hours were not recorded. This was identified as an area for improvement.

We noted that there was no domestic staff on duty in the home and there were no working hours recorded for domestic staff on the duty rota. Care staff were undertaking this role which had the potential to impact on direct care delivery to residents. This was discussed with the manager who confirmed that they were currently experiencing some issues with domestic staff. At the time of this inspection there were no issues with the standard of cleanliness however the absence of housekeeping staff on a long term basis has the potential to impact on the overall cleanliness of the home. This was identified as an area for improvement.

Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

We reviewed the system in place to check that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC). While all staff were found to be registered, it was noted that records had not been updated to reflect staff renewals of their registration. This was identified as an area for improvement.

### **5.2.2 Care Delivery and Quality of Life for Residents**

Observation of life in the home and discussion with staff and residents established that staff engaged well with residents individually or in groups. During the inspection residents were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure patients were comfortably seated. Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests. There was refurbishment work being completed in the home due to a leak on the ground floor. This work is ongoing and will involve significant redecoration.

It was observed that residents were able to move around the home freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

The home was festively decorated in preparation for Christmas.

Corridors and fire exits were clear from clutter and obstruction. However, it was observed that two fire doors were not fully closing. This was identified as an area for improvement.

#### 5.2.4 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. This matter was discussed with the Responsible Individual following the inspection and the proposed management arrangements have now been approved by RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively on the new management arrangements and advised that the manager is always available by telephone, when not in the home. Staff stated that they felt supported in their roles. As previously discussed the manager hours were not recorded; addressing this issue will help inform staff of when the manager is available in the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was evidence that complaints were managed correctly and that good records were maintained.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

#### 6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*3	2

\*one area for improvement was carried forward for review to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Chris Carr, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect (6 January 2022)	<p>The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.</p> <p>Ref: 5.1</p>
	<b>Action required to assess compliance with this regulation was not reviewed and is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 December 2023	<p>The registered person shall ensure that a robust system is implemented to oversee staff registration with their professional body. This should be checked and signed off, by the manager.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The NISCC Portal is reviewed as a minimum of once per month by the Regional Manager, as part of the overall governance and oversight quality audits.</p> <p>The NISCC list of registered staff is downloaded and added to the AccessNI / NISCC matrix and the review register tab updated by the manager.</p> <p>All details are also available on the SelectHR electronic records system, which is maintained by the managers in each service and reviewed as part of the Service Operation Report each month by managers and Regional Manager as part of their governance and oversight processes.</p> <p>As outlined in the report, at the time of inspection, all staff who were due to be registered were and all fees were in date.</p> <p>An issue does exist with the NISCC annual fee's date listed and NISCC have been made aware of this. All staff are in date and fully paid up. Receipts are submitted to Potens via the expenses portal and signed off by service and regional manager, as we reimburse all staff for their NISCC &amp; AccessNI fees each renewal period.</p>



	<p>Upon reviewing the portal each month, we also check the fees due tab and notify any staff via email of their obligations to maintain a valid NISCC registration. If they fail to renew in time, they are aware they cannot provide support without it.</p> <p>I believe we have robust processes in place to ensure records are maintained and reviewed in line with the standards and regulations.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2023</p>	<p>The registered person shall ensure that all fire doors are fully closing.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Whilst we do carry out weekly fire door checks, we accept the identified issue on the day of inspection, with 2 doors not fully closing.</p> <p>This matter was immediately escalated to our maintenance team and remedial action taken to rectify the issues raised. I can confirm the doors now close correctly.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2023</p>	<p>The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home and the managers working hours are recorded.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>This was corrected on day of inspection and the duty rota now accurately reflects both the team on duty and the hours the manager is rota'd to be on-site within the service.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the staffing arrangements to ensure there is sufficient provision of domestic staff in the home.</p> <p>Ref: 5.2.1</p>
<p><b>To be completed by:</b> 13 January 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Whilst acknowledging that there were no deficiencies in the cleanliness found on the day, we have now recruited successfully to the position of domestic and are pleased to say it is a returning staff member.</p> <p>Care staff do complete domestic duties at times the domestic is not on duty but I am happy to confirm the standard of cleanliness remains high.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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