

# Enforcement Monitoring Inspection Report

16 July 2024



## 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> Potential Limited  <b>Responsible Individual:</b> Ms Nicki Stadames	<b>Registered Manager:</b> Mr Chris Carr – not registered
<b>Person in charge at the time of inspection:</b> Mr Chris Carr	<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> 11
<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. Accommodation is provided over two floors.	

## 2.0 Inspection summary

This inspection took place on 16 July 2024 from 9.40am to 2pm. The inspection was conducted by two care inspectors.

This inspection was undertaken to assess the level of compliance with the Failure to Comply (FTC) notice FTC000219 issued on 16 May 2024.

The FTC notice was issued in respect of Regulation 10(1).

As a result of this inspection all of the actions within the FTC notice were assessed as met, and compliance has been achieved with this FTC notice. RQIA will continue to monitor the quality of care within Drumary House during subsequent inspections.

One new area for improvement was identified during this inspection.

### **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 the previous areas for improvement issued, 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.

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.

The findings of the inspection were discussed with Mr Chris Carr, Manager, at the conclusion of the inspection.

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

Residents said they were well cared for and happy with their life in the home and their relationship with staff. Residents talked about the range of activities available in the home.

Residents who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good team working, training and managerial support and that recently morale had improved. Staff confirmed that there were enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of the needs of individual residents, including their likes and preferences.

## 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 26 April 2024		
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 required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person should ensure that care plans accurately reflect the needs of the residents with specific reference to nutrition, wound care and restrictive practices.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence in place to confirm that this was met.	
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 8 <b>Stated:</b> First time	The registered person shall ensure that residents' care records are maintained in an organised manner, are up to date and only contain information relevant to the resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence in place to confirm that this was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the identified bedroom is repainted.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Review of FTC Notice

#### The Residential Care Homes Regulations (Northern Ireland) 2005

##### Registered Person: general requirements

**Regulation 10. — (1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.**

**In relation to this notice the following actions were required to comply with this regulation:**

A robust and comprehensive system of governance audits must be developed and implemented to identify any deficits in the delivery of care or other services in the home; this should include, but is not limited to, care records, resident weights, accidents and incidents, the environment including identified risks and fire safety.

Where deficits are identified through the audit process an action plan must be developed to ensure the necessary improvements are addressed.

The manager's oversight of the audit systems must be clearly evidenced.

Staff must be able to demonstrate their knowledge of residents' modified diets in accordance with individual care plans.

Staff must be able to demonstrate their knowledge of deprivation of liberty safeguards in place for residents in accordance with individual care plans.

Staff must be able to demonstrate their knowledge of health and safety risks and how to manage these.

All accidents and incidents should be reported to RQIA, without delay.

All residents' weights should be completed on a monthly basis and action taken to address any concerns.

Monthly monitoring visits conducted in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005, should be meaningful, robust and the findings shared with the manager in order to drive the necessary improvements.

## Findings

A system of audits had been developed and put in place. Corresponding action plans were in place to address any issues identified. Discussions with the manager and a review of audit records provided good evidence of managerial oversight of these auditing processes.

Staff were knowledgeable of residents' modified diets in accordance with individual care plans, their knowledge of deprivation of liberty safeguards in place for residents in accordance with individual care plans and their knowledge of health and safety risks and how to manage these. Furthermore, staff were able to advise and direct to, where this information was available for staff to reference.

All accidents and incidents, as appropriate, were reported to RQIA, without delay.

All residents' weights were completed on a monthly basis and action was taken to address any concerns.

Monthly monitoring visits were conducted in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005. These reports were meaningful and robust and the findings were shared with the manager in order to drive the necessary improvements.

**As all of the actions have been assessed as met, compliance has been achieved with this FTC notice.**

### 5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff interactions with residents were observed to be polite, friendly and warm. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were organised and held safely and securely.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dinner time meal was appetising, wholesome and nicely presented. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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

The home was clean, tidy, with no malodours identified. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Several lounge sofas had worn surfaces and were ineffective for cleaning. This was discussed with the manager and identified as an area for improvement.

Damage to paintwork was also identified in areas throughout the home, such as skirting and doorframes. These areas had been raised in the environmental audits with subsequent plans reported by the manager to address.

Cleaning chemicals were stored safely and securely.

The kitchen and laundry departments were tidy and organised.

The grounds of the home were well maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. Fire safety exits were free from obstruction.

The manager reported that a fire safety risk assessment had been completed in July 2024. The report of which had yet to be published but he was aware that there were no significant recommendations made as a result. The previous fire safety assessment dated March 2023 had corresponding evidence recorded of the actions taken in response to the three recommendations made as a result of it.

Review of the records of the electrical installation certificate identified that this has not been signed off as actioned. However, discussions with the manager provided good assurances that these were addressed. Email confirmation was provided following the inspection to confirm this.

Observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures.

### 5.2.4 Quality of Life for Residents

Residents said that they were happy with their life in the home, and the care and that staff were kind and attentive.



Those residents who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Observations of care practices confirmed that residents were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff and one another. Staff were facilitating activities for a number of residents at the time of this inspection.

## 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/or the Residential Care Homes' Minimum Standards (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	2*

\* the total number of areas for improvement includes two areas which have been carried forward for review at 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	The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.  Ref: 5.1
<b>To be completed by:</b> With immediate effect (6 January 2022)	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2024	The registered person shall ensure that the identified bedroom is repainted.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time  <b>To be completed by:</b> 16 September 2024	The registered person shall ensure that the identified seating is repaired/addressed so that it can be effectively cleaned.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Through our property audit process, we had identified that the sofas in the two lounges required replacement, and this was budgeted for in the 2nd quarter of the 2024/25 financial year.  I can confirm that 5 x new leather sofas have been chosen by the residents at Drumary House and will be delivered to the service on 13/08/24.  The old sofas will be disposed of at the local authority household waste facility in Enniskillen by the furniture delivery team.

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



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