



The Regulation and
Quality Improvement
Authority

Drumary House
RQIA ID: 1152
Knockmore Road
Derrygonnelly
BT93 6GA

Inspector: Laura O'Hanlon
Inspection ID: IN024110

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**Unannounced Care Inspection
of
Drumary House**

21 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 21 January 2016 from 10.30 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Recommendations were made in regard to the storage of continence products in communal bathrooms, a needs assessment and a care management review for one resident.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with Deane McMorris, acting manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Potential Ltd	Registered Manager: Deane McMorris (acting)
Person in charge of the home at the time of inspection: Deane McMorris	Date manager registered: Registration Pending
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 17
Number of residents accommodated on day of inspection: 14	Weekly tariff at time of inspection: £470.00 - £714.21

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with six residents, two members of the care staff and the acting manager.

We inspected the following records: four care records, accident /incident reports, fire safety records, complaints/compliments records and policies and procedures available relating to death and dying.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 6 July 2015. The completed QIP was returned and was approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 2 July 2016.

No requirements were made as a result of the last care inspection completed on 2 July 2015.

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 31 August 2015	<p>The registered person should ensure that a review of the cleaning schedule is undertaken.</p> <p>Action taken as confirmed during the inspection: The acting manager confirmed that a review of the cleaning schedule was undertaken and a copy of this schedule was available during the inspection. The acting manager provided a report of further discussions with the domestic in regard to the cleaning schedule.</p>	Met

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The acting manager confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this. The acting manager and staff shared their experiences of a recent death and subsequent wake in the home.

The home had a spiritual ethos. Spiritual emblems were observed within the residents' bedrooms. The acting manager advised us that residents were encouraged to attend local church services and local clergy visit the home on a planned basis. This was noted within care records.

In our discussions with the acting manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes. The residents verified that they were assisted to visit the resident prior to the resident's death.

The acting manager confirmed to us that following a death, the body of the deceased resident would be handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's policy, when the death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is care effective? (Quality of management)

We noted that the home had a written policy in place on dealing with dying and death dated April 2015.

The acting manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

We noted in care records a document named, 'When I die' was in place. This document detailed the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. This document was signed by the resident and/or their representative. This practice is to be commended.

Is care compassionate? (Quality of care)

In our discussions with staff and the acting manager they shared their experience of a recent death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive

ethos within the management of the home, in helping residents and staff deal with dying and death.

The acting manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

Areas for improvement

There were no areas of improvement identified with the standard inspected; which was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with six residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible. One comment made was:

- "It's very good in here; if I want anything all I have to do is ask."

5.4.2 Views of visiting professionals

Whilst the inspector did not speak directly with the visiting professional in the home, it was noted that she commented on the homely environment at Drumary House.

5.4.3 Staff views

We spoke with two members of care staff and the acting manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. The staff reflected a sound value base and were focused on achieving the best outcome for the residents.

The staff stated that they felt supported by the management and this had a positive impact on their working environment. Staff advised that the acting manager was approachable. The staff explained how the manager is promoting a culture of learning and development within the staff team. Some comments made were:

- "Drumary House is a happy, healthy and family environment. The residents' have a fantastic social life and are cared for really well. All the staff care for the residents really well and to the best of their ability."
- "Working here is home away from home. There is a nice atmosphere. The standard of care is good."

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be comfortable, homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were noted within residents' bedrooms.

We observed continence products within communal bathroom areas. We made a recommendation that continence products are stored in enclosed washable cabinets.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with good attention to personal detail noted. We observed residents having their lunch. The residents commented positively on their meal.

5.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 23 September 2015. We reviewed the fire safety records and confirmed that fire safety training was undertaken on 4 August 2015. The records indicated that a fire drill took place on 6 January 2016.

5.4.7 Accidents / Incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. The deputy manager was referred to the RQIA guidance on reporting of statutory notifications.

5.4.8 Complaints / Compliments records

In our inspection of complaint records and discussion with the acting manager we confirmed that complaints had been managed appropriately.

5.4.9 Care records

We inspected four care records. We found one care record did not contain a needs assessment. We made a recommendation to ensure a current needs assessment was completed.

In a second care record there was no current care management review of the placement. We made a recommendation to ensure this was undertaken.

Areas for improvement

Recommendations were made in regard to the storage of continence products in communal bathrooms, a needs assessment and a care management review for one resident.

Number of requirements:	0	Number of recommendations:	3
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Deane McMorris, acting manager. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 35.1 Stated: First time To be completed by: 21 February 2016	The registered person should ensure that in all communal bathroom areas continence products should be stored in enclosed washable cabinets		
	Response by Registered Person(s) detailing the actions taken: New washable cabinets have been purchased and put in situ in all bathroom areas for the storage of PPU equipment and products. Action completed on the 10 th February 2016.		
Recommendation 2 Ref: Standard 5.5 Stated: First time To be completed by: 4 February 2016	The registered person should ensure that a current needs assessment is undertaken for one identified resident.		
	Response by Registered Person(s) detailing the actions taken: A current needs assessment document has been up-dated and placed into the identified residents personal file. All residents files have been audited to identify any omitted documentation. Action completed on the 4 th February 2016.		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be completed by: 21 February 2016	The registered person should ensure that a care management review is completed for one identified resident.		
	Response by Registered Person(s) detailing the actions taken: A care management review has taken place on the 8 th February 2016 for the identified resident. All residents files have been checked to ensure that an up-to date care management review is present. A list have been produced to highlight when residents Care management review are due for renewal. Action completed on the 8 th February 2016.		
Registered Manager completing QIP	Deane McMorris	Date completed	15 th February 2016
Registered Person approving QIP	Neil Wadge	Date approved	18 February 2016
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	19.2.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address