

# Inspection Report

## 25 November 2021



## 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>Responsible Individual:</b> Miss Nicki Stadames	<b>Registered Manager:</b> Mr Chris Coulter – not registered
<b>Person in charge at the time of inspection:</b> Mr Chris Coulter	<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 patients accommodated in the nursing 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. Residents' bedrooms are located over two floors. Residents have access to communal lounges, a dining room and an outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 November 2021, from 8.20 am to 1.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. One area for improvement has been escalated from a care standard to a regulation and a further area for improvement has been carried forward for review at the next care inspection.

Four areas for improvement relating to medicines management have been carried forward for review at the next medicines management inspection.

Residents spoke positively about living in Drumary House and 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.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Drumary House and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

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 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 residents and staff were asked 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the Manager at the conclusion of the inspection.

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

The inspector spoke with five staff, five residents individually and others in groups during the inspection. Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires received.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Very happy working here". There was no feedback from the staff online survey.

## 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 12 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time	<p>The registered person shall ensure that reports produced following monthly monitoring visits are maintained within the home and accessible to residents, their representatives, staff and trust representatives.</p> <p>A copy of the report must also be forwarded to RQIA by the fourth day of each month until further notice.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of relevant records evidenced that this area for improvement has been met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (b) (d) <b>Stated:</b> First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed and that the home is decorated to an acceptable standard.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• door frames</li> <li>• skirting boards</li> <li>• paint work to walls.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment and discussion with the Manager evidenced that this area for improvement has been met.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<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><b>Carried forward to the next inspection</b></p>
<p><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></p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that complete and contemporaneous records of the administration of medicines are completed.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><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></p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure a robust system of audit which encompasses all aspects of medicines management is implemented to ensure safe systems are in place.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><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></p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 20 (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><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></p>		

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Third time final time	The registered person shall ensure that when the needs of a resident have changed, their care records are amended to accurately reflect these changes and any recommendations made by health care professionals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the Manager evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> Third and final time	The registered person shall ensure that policies and procedures are centrally indexed, are subject to a systematic three yearly review and are available for staff and residents where applicable.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the Manager evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> Second time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.  With specific reference to: <ul style="list-style-type: none"> <li>• Care records</li> <li>• Hand hygiene.</li> </ul>	<b>Not met and has been subsumed into an area for improvement under regulation</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance audits evidenced that this area for improvement has not been met and has been escalated to an area for improvement under regulation.  This is discussed further in section 5.2.5.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 23.1 <b>Stated:</b> First time	The registered person shall ensure that initial induction and orientation records are maintained in the employees file for inspection.	<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 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that fire safety training had only been completed once within the year instead of twice yearly as required. A discussion was held with the Manager regarding the importance of completing this training as a minimum of twice yearly. Following the inspection written confirmation was received from the Manager that all relevant staff had completed additional fire safety training on the 6 December 2021.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

The Manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. Review of staff duty rotas evidenced a number of deficits with the maintenance of the rota. For example; the person in charge of the home in the absence of the manager was not recorded and the hours for night staff were not were not clearly documented. This was identified as an area for improvement.

Staff reported that there was good team work, they felt well supported in their role and that the Manager was approachable. Staff also said that the number of staff on duty was satisfactory to meet the needs of the residents but there was limited availability of staff to cover short notice absence. This was discussed with the Manager who advised that recruitment was ongoing for suitably skilled care assistants. Staff said they were aware of the home's recruitment drive and welcomed the addition of new staff.

Residents said that they felt well looked after and that staff were attentive. One resident commented "Everyone is very good here" and a further resident referred to the staff as "Great".

## 5.2.2 Care Delivery and Record Keeping

The Manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Whilst most staff were aware of residents' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to; one staff member lacked the appropriate knowledge. The potential risks were discussed with the Manager who acknowledged that all staff assisting with meals must be knowledgeable regarding residents SALT recommendations and agreed to address this issue. Following the inspection the Manager provided written confirmation that relevant action had been taken.

Review of a record of residents' weights evidenced that three residents' had not been weighed within the required timeframe or in accordance to their assessed needs. This was discussed in detail with the Manager and an area for improvement was identified.

Review of three resident care records evidenced that they were mostly well maintained and any identified care plans and/or records that were inaccurate were updated prior to the completion of the inspection.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Whilst there was evidence that a number of areas had recently been painted or had flooring replaced, surface damage was observed to a number of bedroom walls and to an identified bedroom carpet. The Manager advised that these issues would be addressed as part of the homes ongoing refurbishment plan. This will be reviewed at a future inspection.

The inspector observed residents bedrooms to be personalised with items important to the resident. However, a malodour was evident within one of the bedrooms. This was discussed in detail with the Manager and an area for improvement was identified to investigate the cause of the malodour and to address accordingly.

Review of the most recent fire risk assessment identified that recommendations had not been signed off as completed within the required timeframe. Following the inspection written confirmation was received from the management team that all recommendations had been signed off as completed. This information was shared with the estates inspector at RQIA and assessed as satisfactory.

There were systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the



regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to appropriate infection prevention and control measures, including the sessional wearing of gloves and aprons by one staff member within resident areas; a staff member wearing their face mask below their chin; one staff member wearing a wrist watch and a further staff member wearing nail polish which would inhibit effective hand hygiene. The potential risks were discussed with the Manager and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, as mentioned above in section 5.1 hand hygiene and care record audits had not been completed. This was discussed with the manager who completed a hand hygiene audit during the inspection and agreed to commence care record audits. In order to drive and sustain the necessary improvement this area for improvement has been escalated to a regulation.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits.

## 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 (August 2011 version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	4*

\* The total number of areas for improvement includes four regulations and one standard which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Coulter, 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	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>Ref:</b> 5.1  <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 13(4) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that complete and contemporaneous records of the administration of medicines are completed.  <b>Ref:</b> 5.1  <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 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person should ensure a robust system of audit which encompasses all aspects of medicines management is implemented to ensure safe systems are in place.  <b>Ref:</b> 5.1

<p><b>To be completed by:</b> With immediate effect</p>	<p><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></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 October 2021</p>	<p>The registered person should ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.</p> <p>Ref: 5.1</p> <p><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></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that all staff adhere to appropriate IPC guidelines and best practice.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the correct wearing of PPE</li> <li>• staff are bare below the elbow.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The manager of the service has addressed the the issues of incorrect use of PPE and bare below the elbow issues that arose during the last inspection, directly with the individual staff members. This has also been highlighted with all staff by way of memo communication and face to face discussions. The IPC Policy was re-issued on 23/12/21 to all staff and this is to be read and signed by 31/12/21 The manager has also re-set IPC and Covid e-Learning for all staff to complete by 14/01/22 and this will also be addressed in next team meeting in January 2022. The PPE Spot Check form has been amended to review handwashing and bare below the elbow compliance.</p> <p>A Hand Hygiene Competency Tool has been developed and once formally signed off via the Senior Leadership Team, this will be rolled out across the entire staff team, to support understanding and practice.</p> <p>The Area Manager will also review as part of monthly audits.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10</p> <p><b>Stated:</b> First time</p>	<p>The responsible individual shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p>

<p><b>To be completed by:</b> With immediate effect</p>	<ul style="list-style-type: none"> <li>• Care records</li> <li>• Hand hygiene</li> </ul> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Care Records Audit tool amended to encompass all areas to be covered by the audit. Hand washing audit added to PPE Spot Check Audit Tool (to be renamed PPE / IPC Spot Check). 7 Stage Handwashing posters displayed next to all handwashing sinks. Manager &amp; Senior Support Worker to carry out checks on each shift to ensure compliance. The Area Manager will also review as part of monthly audits.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that initial induction and orientation records are maintained in the employees file for inspection.</p> <p>Ref: 5.1</p> <p><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></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that staff duty rotas record the person in charge in the absence of the Manager and clearly document the hours of work for all staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The duty rota has been updated to show times of Wake Nights (22:00 - 07:00). There is a key on the rota to show the hours for Wake &amp; Sleep Nights.</p> <p>From 03/01/22 only the CareSys rota will be used, to remove the need for duplicating rota and ensuring accurate records are available at all times.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that residents are weighed in accordance with their assessed needs and that a record is maintained and available for inspection.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Residents are weighed monthly and are recorded on the electronic records system, CareSys. Drumary have been running a duplicate written record system also and this has led to misrecording on CareSys. The manager confirmed with the inspector that the November weights had been completed on 24<sup>th</sup> &amp; 25<sup>th</sup> but filed incorrectly. As of January 2022 the CareSys system only will be used to record weights and this will be done in first 2 weeks of each month, This will allow for timely review and follow up by manager. The Area Manager will review as part of monthly audit also.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that the malodour in the identified bedroom is investigated and relevant action taken to address the issue.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The malodour in the identified bedroom was fully investigated by our building contractor.</p> <p>He has been on site 22/12 &amp; 23/12 and has dug up an area in the basement as part of looking for possible causes and could find no evidence of leakages or damp. An inspection cover will be inserted here in case of any future problems</p> <p>Over the next 3 weeks (23/12/21 - 09/01/22) the room was monitored for any malodours and recorded along with any possible reasons for the malodour to be present such as; time of day, rainfall, use of bathrooms, dishwasher, washing machine etc. Template sent to Jane Laird 23/12/21.</p> <p>As a precautionary measure, the contractor had agreed with Estates Dept to replace all the drainage traps and this was completed in the first week of January 2022.</p> <p>The contractor found an issue with water access via a perforated pipe below the damp course level. This has now been repaired, replaced and resolved. (Jan 13 2022)</p>

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



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