

Announced Premises Inspection Report 7 December 2017



Drumary House

Type of service: Residential Care Home
Address: Knockmore Road, Derrygonnelly, BT93 6GA
Tel No: 028 6864 1736
Inspector: Raymond Sayers

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a detached two storey residential care home, care is provided for 17 residents having a learning disability care classification.

3.0 Service details

Organisation/Registered Provider: Potensial Ltd Responsible Individual: Miss Nicky Stadames	Registered Manager: Ms Rachel Jones
Person in charge at the time of inspection: Rachel Jones	Date manager registered:
Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 17

4.0 Inspection summary

An announced inspection took place on 07 December 2017 from 10.20 to 12.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection, determining if the service was well led, and delivering safe, effective and compassionate care.

Areas requiring improvement were identified, and included providing verification of building engineering maintenance inspections.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Rachel Jones, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent Medicines Management inspection

No further actions were required to be taken following the most recent inspection on 21 September 2017, there were no QIP requirements or recommendations listed for attention.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- building services maintenance service records and building user inspection log books relating to the maintenance of the building and engineering services,
- legionellae risk assessment,
- fire risk assessment.

During the inspection we met with Ms Rachel Jones, Registered Manager.

Areas for improvements identified at the last premises inspection were reviewed and the 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 most recent premises inspection dated 12 June 2014

The most recent inspection of the service was an announced inspection completed on 12 June 2014. The listed QIP improvement issues have been addressed.

6.2 Review of areas for improvement from the last premises inspection dated 12 June 2014

Areas for improvement from the last premises inspection		
Standard 27 – Premises and grounds The following requirements and recommendations should be noted for action in relation to Standard 27 – Premises and grounds		Validation of compliance
Area for improvement 1 Ref: Standard 27.1	Complete a redecoration of dining room wall finishes as per planned works schedule Reference: Report paragraph 9.2.2	Met
	Action taken as confirmed during the inspection: Redecoration works completed	
Area for improvement 2 Ref: Standard 27.1	Complete a condition survey of all floor finishes and arrange cleaning/replacement as per planned works schedule. Reference: Report paragraph 9.2.3	Met
	Action taken as confirmed during the inspection: Remedial works completed	
Area for improvement 3 Ref: Standard 27.1	Replace damaged wall finishes in ground floor shower room; replacement finishes should be robust and not easily damaged by impact with wheelchairs etc. Reference: Report paragraph 9.2.4	Met
	Action taken as confirmed during the inspection: Works implemented	
Area for improvement 4 Ref: Regulations 14 (2) (a) (b) & (c)	Lifting devices (hoist & stair-lift) should be subjected to Lifting Operations and Lifting Equipment Regulations (LOLER) through examinations in compliance with LOLER Reg. 9 Reference: Report paragraph 9.3.2	Met
	Action taken as confirmed during the inspection: Verification submitted.	

Area for improvement 5 Ref: Regulations 27 (4) (b) (d) (iv) & (v)	The fire detection and alarm system should be inspected and tested by a competent person at intervals compliant with BS5839. Reference: Report paragraph 9.4.2	Met
	Action taken as confirmed during the inspection: Verification submitted.	
Area for improvement 6 Ref: Regulations 27 (4) (b) (d) (iv) & (v)	User control checks of fire-lighting equipment and fire safety precautions should be recorded at intervals in compliance with good practice. Reference: Report paragraph 9.4.3	Met
	Action taken as confirmed during the inspection: Records verified	
Area for improvement 7 Ref: Regulation 27 (4) (a)	A fire risk assessment should be completed and any recommended control measures prioritized and implemented. Reference: Report paragraph 9.4.4	Met
	Action taken as confirmed during the inspection: Recommended actions implemented	
Area for improvement 8 Ref: Standard 29.1	It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein.	Met
	Action taken as confirmed during the inspection: Fire risk assessment completed & assessor accredited.	

6.3 Inspection findings

6.4 Is care safe?

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

A range of documents related to the maintenance and inspection of the establishment were presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and associated risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies, and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

Planned preventative maintenance inspections, and service visits by competent engineers/contractors are implemented.

Areas for improvement

1. The BS7671 periodic inspection report for the electrical installation listed four code C3 and two code C2 remedial works actions to be assessed and actioned by the registered person/manager.
2. It is noted that corridor entry door into Bedroom 1 is warped, this may permit the passage of "cold smoke" in fire situations.
3. Bedroom 9 window opening casement is not restricted to a maximum opening distance of 100mm. Bedroom 7 window opening casement restrictor could potentially be opened by a service user. Rachel Jones, Registered Manager stated that all residents are subjected to robust and continual risk assessment evaluation in terms of building safety issues.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

There are arrangements in place for planned preventative maintenance works, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions relating to interior refurbishment of the establishment.

This supports the delivery of effective care.

Areas of good practice

Interior finishes are maintained to a good standard.

Areas for improvement

There are no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated and with adequate lighting levels. Service users are consulted regarding decisions around decoration and interior finishes in their private accommodation, where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

All surface finishes were clean & in good condition.

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Premises related policies and documents are retained in a manner which is accessible to responsible persons.

Arrangements are in place for managing premises related incidents/notifiable events, plus Medical Device, and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Areas of good practice

Maintenance issues are evaluated and resolved by facility manager.

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Rachel Jones, Registered Manager, 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 nursing 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (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 the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).	
Area for improvement 1 Ref: Standards 27 & 28 Stated: First time To be completed by: 1 February 2018	The registered person shall confirm that the BS7671 periodic inspection report for the electrical installation has been assessed and any necessary control measures implemented. Ref: 6.4.1 Response by registered person detailing the actions taken: The BS7671 periodic inspection report that was viewed was from 2013 and all works identified had been actioned immediately in 2013.
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: 1 February 2018	The registered person shall have an assessment of all fire doors completed, and implement any repairs to ensure doors are compliant with FD30S fire resistance specification. Ref: 6.4.2 Response by registered person detailing the actions taken: All Fire doors have been inspected and assessed as per Fire Risk Assessment. Repair has been made on doors, including room 1 as identified, that have been highlighted to ensure compliance.
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall confirm that a risk assessment has been completed to ensure the health, safety and welfare of residents is considered. Access to window opening casements and specification of casement opening restriction device installed must be considered in the evaluation. Ref: 6.4.3

To be completed by: 1 February 2018	Response by registered person detailing the actions taken: Window restrictors are installed on all windows that require these measures. Robust risk assessments are in place for rooms without window restrictors detailing the level and likelihood of risk.
---	---



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care