

Inspection Report

Name of Service: Drumary House
Provider: Potensial Limited
Date of Inspection: 8 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Potensial Limited
Responsible Individual:	Ms Nicki Stadames
Registered Manager:	Ms Nicola Kerr – not registered
Service Profile	
This home is a registered residential care home which provides health and social care for up to 17 residents who are living with a learning disability. Accommodation is provided over two floors and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2025, from 10.05 am to 3.30 pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

In addition, RQIA had received information which raised concerns in regards to the hours worked by the manager and the staff in the home. This was reviewed as part of the inspection. These concerns were substantiated and details are contained within this report.

It was evident that staff promoted the well-being of residents and understood the needs of the residents in order to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner, improvements were required in relation to the staffing arrangements and the support systems to assist the, recently appointed manager in their role.

The inspection findings were shared with the manager during feedback and with the RI after the inspection. The findings were further discussed with the RI during the meeting with RQIA on 15 September 2025. Assurances were provided of the actions planned to address the inspection findings.

Full details, including eight new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents commented positively on their experience of living in the home. Such comments included; "they are all very good and they look after me well. This is a great place."

Residents who were unable to voice their opinions were observed to be at ease within their environment and their interactions with staff. This was particularly evident when the residents were returning from day care and staff were welcoming in their approach.

Residents told us that the staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents praised the activity provision in the home and some of the work that they had completed was on display in the home.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staff training and induction.

While there was evidence that a system was in place to oversee recruitment; there were no records in place to confirm that all gaps in employment was fully explored. This was identified as an area for improvement.

Concerns were raised prior to the inspection in relation to the number of hours senior staff were required to work to ensure there were appropriate levels of senior staff on duty; these concerns were substantiated. Discussion with staff and review of the staff duty rota identified that staff were working in significant excessive of their contracted hours; this has the potential to impact on staff well being. The manager reported that there have been ongoing recruitment events to recruit new staff to address this issue. This was identified as an area for improvement.

There was a system in place to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The person in charge of the home in the absence of the manager is required to have a competency and capability assessment completed. These records were unable to be provided during the inspection. This was identified as an area for improvement.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Expressions of consent were observed during interactions with staff and residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was managed and appropriate action was taken in the event of a fall. However the post falls documentation was not fully completed following a fall. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was relaxed and unhurried. The food was nicely presented and included a choice of meal. It was observed that residents were enjoying their meal. There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good in the home.

The importance of engaging with residents was well understood by the manager and staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading or watching television. There was evidence of activities completed displayed throughout the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially. Following review of one care record it was noted that there was no care plan in place in relation to their personal care needs and there was no evidence that the care plan was reviewed following a fall. This was identified as an area for improvement.

Review of the daily evaluation notes found these to be repetitive in nature and did not provide meaningful detail as to how the residents spend their day. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was observed that minor repairs were required to be undertaken in the home. This included repairs to a damaged door, repainting and plastering to fix a hole in the wall. Confirmation was provided that these matters were addressed.

Systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

The home's most recent fire safety risk assessment was completed on 28 March 2024. Any recommendations made as a result of this assessment were signed off as actioned. However, there were no arrangements in place to review this assessment. This was identified as an area for improvement.

Furthermore it was noted that there were fire doors which were not fully closing. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Nicola Kerr is the manager of this home.

Staff on duty commented positively about the manager and described them as supportive, approachable and able to provide guidance. Review of the staff duty rota evidenced that the manager continued to be rostered to undertake senior care assistant duties; they had no designated management hours to undertake the management role. This was identified as an area for improvement.

Records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4	4

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that there are adequate numbers of senior care staff employed to minimise the need for senior care staff to work excessive hours.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: We have taken positive steps to increase staffing at the service through the allocation of regular agency staff and pro-active recruitment is underway and ongoing.</p> <p>We have our vacant positions listed on Indeed.com / NI Jobs boards / NI Job Centre Plus, local college websites and Health Board job pages.</p> <p>We have met with NI Job Centre Plus Job Coaches to share all Potens Vacancies in NI and provide details of the terms and conditions of the posts on offer.</p> <p>We have signed up to the NI Apprenticeship Scheme, and we hope this may provide a pipeline of applicants in the coming months.</p> <p>We recently attended a Jobs Fair at South-West College, which was very well attended, and this resulted in four applications.</p> <p>We have successfully recruited 3 x support workers, and this along with the agency staffing has reduced the increased hours that the senior staff and manager had previously been working.</p> <p>Rotas are reviewed regularly to ensure compliance with working hours</p> <p>We are also regularly checking in and seeking feedback from staff and the leadership team about the working hours, and I am happy to report a much-improved position.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that competency and capability assessments are completed for all staff who are in charge of the home, in the absence of the manager.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Senior Support Worker has recently been promoted to Team Leader and an formal induction and competency framework has been implemented to ensure they are at a standard to meet the requirements in the absence of the service manager.</p> <p>This is being facilitated by one of our Quality & Practice leads.</p> <p>The Team Leader has also enrolled on the Potens Management Foundation Programme which provides training and mentoring in all aspects of the service management role.</p> <p>Multiple assessment methods, such as performance reviews against defined competencies for the role; knowledge tests/professional discussions; practice observations; self-assessments/reflective statements, are in place and these will be reviewed by the Quality and Practice Lead.</p> <p>In addition, reflective practice diaries have been issued to the leadership team for them to record and evidence feedback, reflections, reviews etc, and bring to supervision sessions, where we can review and discuss what worked well and why and what didn't, and how we can best support best practice.</p> <p>Robust handovers are incorporated into each shift changeover, so staff are kept appraised of any changes and up to date details of the supported individuals on a shift-by-shift basis. Prior to any annual leave taken by the manager, or in the event of unplanned absence, we have a system in place whereby Team Leaders are briefed on key issues and their responsibilities and who they should report into for matters of escalation, support and guidance.</p> <p>The shift planner identifies the shift leader and lists the key tasks and responsibilities to be completed per shift; this gives clarity to all staff and is able to be monitored throughout the shift for compliance.</p> <p>In the absence of the manager, we have a line management support structure for the Team Leaders and Staff to access outside of the service, this is via the Regional Manager and / or Locality Manger if the regional manager is off, plus peer support colleagues and central support functions such as Admin, Quality, Finance, Estates, PBS, Safeguarding, HR and Recruitment Departments for example</p>
---	---

	<p>Wellbeing supports are also an important and vital element of the supports offering to all staff, we have a variety of offerings such as peer support, central functions, wellbeing platforms and guidance.</p> <p>In the absence of the manager the Regional or Locality Manger would schedule daily check-ins with the teams for support, wellbeing, and general advice, guidance, instruction and direction</p> <p>This we believe will provide the necessary line management support to the service in the absence of the manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that all fire doors are fully closing.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Whilst daily walk arounds and weekly fire door checks are in place to review and test the fire doors, we identified some issues.</p> <p>a) A lack of airflow in corridors and stairwells, creating a vacuum effect, thus not enabling the doors to always close fully.</p> <p>We installed window vents on 21/10/25 to eliminate the vacuum factor in these spaces, and this has resolved the issue in these spaces.</p> <p>b) Porch / Hallway door not fully closing. This door has a strong magnetic holder at the top corner that keeps the door open, with a radiator next to the open door, it has warped over time and thus the door didn't fully sit within the frame when closed.</p> <p>The door and frame have been altered to allow the door to fully fit within the fame without compromising the integrity of the door, the frame, intumescent seals or fire safety.</p> <p>c) Fire Door in landing not fully closing.</p> <p>This has been repaired by removing the aluminium latch, thus allowing the door to fully close into the frame without loss of integrity or safety.</p> <p>The doors identified as not fully closing during the inspection have been fully repaired (between 10/09/25 & 21/10/25), to ensure compliance.</p> <p>We have also appointed an in-house maintenance operative (10 hrs pw), which will provide additional repairs and maintenance support to the service on a weekly basis.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall review the manager’s working arrangements to ensure they have sufficient hours to undertake the day to day operational management of the home.</p> <p>The capacity in which the manager is working should be recorded on the staff duty rota.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: A review has taken place, and the manager now has 100% off rota time to be able to undertake to day-to-day operational management duties at the home.</p> <p>The manager will typically work Mon - Fri 09:00 - 17:30 in the day-to-day management role and complete spot checks and monitoring on an adhoc basis in the evenings and weekends to ensure quality and compliance.</p> <p>Each staff member, including the management team sign up to the European Working Time Directive (1997) by confirming they will work a max of 48 hrs pw or 60 hr pw.</p> <p>Whilst we do not insist or expect staff to work additional hours to their contracted hours, there may be times or situations and choice for the need to work more than the contracted hours.</p> <p>We monitor this closely and our Payroll Departments issue monthly reports (retrospectively) to show what staff are working excessive hours. This will then be addressed by managers to avoid this becoming normal working practice</p> <p>The working pattern is identified on the rota, and this is displayed on the staff board in the kitchen, and the Regional Manager has access to the same rota on the electronic records system (Care Cloud & CareSys) to be able to review and monitor, to ensure compliance.</p> <p>Regular welfare check-ins and support, advice and guidance sessions take place throughout the week with the manager. In-Person when the Regional Manager or other designate senior managers are on site, and by telephone and TEAMS at other times.</p> <p>Peer supports are also available to the manager, from colleagues and central support functions and are accessed via email, telephone and TEAMS as required.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that all gaps in employment are fully explored before making an offer of employment.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: On the date of the inspection, we reviewed the gaps in the employment history identified by the inspector and completed a full update of the employment history and any gaps in employment with the identified person.</p> <p>This was verified by the manager and Recruitment Team, and the updated checks added to their staff file.</p> <p>We informed the RQIA Inspector on 15/10/25 during the concerns and feedback meeting of the steps we had taken to ensure this staff members employment history was not accurate.</p> <p>Going forward, the manager and Recruitment Team will robustly check gaps in employment, and this will not be signed off until the manager and recruitment team as fully satisfied it is 100% accurate.</p> <p>We are also making representations to the Recruitment Process to see if this hand written form can be updated to an electronic checklist that would be automated to highlight any gaps.</p> <p>New starter packs will also be reviewed as part of the QA Auditing process by the Regional Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that care records accurately reflect the needs of the residents.</p> <p>This relates specifically to the provision of personal care needs and ensuring that all documentation is fully completed following a fall.</p> <p>Ref: 3.3.2 & 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The individual, identified during the inspection, had recently transferred from the neighbouring supported living service to Drumary House</p> <p>Their care needs and plans have been fully reviewed to ensure all care needs have been identified and documented so staff are fully aware.</p>

	<p>Staff are asked to read and sign as understood each person's support plans and associated documents and updated plans are discussed with the team at handovers, team meetings and keyworker meetings.</p> <p>Any falls will be fully documented and reviewed as part of the plans and any onward medical support or advice or OT referrals made in a timely manner.</p> <p>As part of our review of this element of the QIP, 8 staff members including the leadership team attended falls Training facilitated by WHSCT on 24/10/25 and the remainder of the staff will be booked onto the next available session.</p> <p>The Falls pathway has also been re-issued to all staff and the falls Management policy re-issued and all staff asked to read and sign.</p> <p>In relation to the supported individual identified during the inspection as having falls that were not documented ; these have been assessed as behavioural incidents rather than true falls and we have sought follow up with medical professionals to be able to best support. The falls pathway and procedures will be adhered to at all times going forward</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 September 2025)</p>	<p>The registered person shall ensure that the daily progress notes completed by staff, are improved to provide meaningful detail as to how residents spend their day.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken:</p> <p>We are undertaking a full review of daily records to ensure they are more meaningful in their details to include more specific details about the activities people are engaging in, choice, community participation and linked to personal goals and achievements.</p> <p>A "how to" session was held at the Team Meeting on 21/10/25</p> <p>We have issued a poster to all staff and displayed in the staff office with prompts for good quality records.</p> <p>Each staff member has been re-set their Documentation and record keeping e-Learning to ensure they are up to date with the latest training module</p>

<p>Area for improvement 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2025</p>	<p>The registered person shall ensure that there are arrangements in place to review the current Risk Assessment and Fire Management Plan.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The service annual fire risk assessment has been reviewed and updated to ensure it meets the statutory and regulatory requirements</p> <p>This will be kept live and checked as part of the service quarterly fire checks and updated as and when required throughout the year if any changes are identified or required.</p> <p>At least annually, the assessment will be fully reviewed by the manager in accordance with the schedule and regulations to ensure compliance.</p> <p>Support is also available from Regional Manager and centrally from our Estates Department.</p>
--	--

Please ensure this document is completed in full and returned via the 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



Web: www.rqia.org.uk



Twitter: @RQIANews