The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Drumary House**

Provider: **Potensial Limited**

Date of Inspection: **23 March 2026**

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:	Miss Nicki Stadames
Registered Manager:	Miss Nicola Kerr – not registered
Service Profile This home is a registered residential care home which provides health and social care for up to 17 persons who are living with a learning disability. All of the residents are accommodated in single bedrooms and they have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 23 March 2026 from 9.35am to 2.40pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents commented that they were happy and that the staff in the home were good to them. Residents who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff reported that there was person centred care provided in the home and choices were always offered to residents. Staff confirmed that there was always enough staff on duty to meet the needs of the residents.

As a result of this inspection one area for improvement from the last inspection will be stated for the second time. All of the other areas for improvement were assessed as having been addressed by the provider. Full details, including two 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 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 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 spoken with commented positively on the care provided in Drumary House. Such comments included: "I am happy enough; it is all good. I have a lovely room and they are very good to me, in here." "They are all lovely and very good to me."

Residents were observed to be well presented and able to move around freely. Residents were able to request hot and cold drinks at their discretion throughout the day.

Staff reported that the residents were all safe and well cared for in this home. Staff confirmed that there was a good staff team in place who worked well together. Staff stated that there was a good atmosphere in the home.

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 systems in place to manage staffing.

Review of staff recruitment files identified that the AccessNI certificate was retained on the staff file which is not in keeping with good practice. This was identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff spoke positively about each other and confirmed that there were enough staff employed in order to meet the needs of the residents.

Competency and capability assessments are required to be completed for any person in charge of the home in the absence of the manager. Review of these records evidenced that these were not completed for all staff who were left in charge. This area for improvement will be stated for the second time.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. Choices were offered to residents regarding meal choices and drinks were readily available.

Residents were able to choose how to spend their day. One resident stated that they were looking forward to their birthday party in the home. A second resident was supported by staff to do some personal shopping while other residents were content to relax in their bedrooms. All residents were able to move around freely and request beverages of their own choice.

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.

Care records reflected the residents' needs, were well maintained, regularly reviewed and updated. Care staff recorded regular meaningful evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Bedrooms were very personalised and communal areas were well decorated, suitably furnished, warm and comfortable.

There were some minor areas within the environment, which required attention. Confirmation was provided by the manager following the inspection that these were actioned.

A concern was identified in regard to the management of risks to residents. It was noted that residents had access to harmful cleaning chemicals and detergents. These items are potential risks to residents if accidentally ingested. This was discussed with the manager for action and identified as an area for improvement.

Corridors were clear and fire doors were observed to be fully closing. The fire safety risk assessment in place, had been reviewed on 22 October 2025.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Nicola Kerr is the manager of the home.

Discussion with the manager confirmed that their senior manager supported them in their role. Furthermore the manager reported that they had sufficient hours to undertake their day to day operational management of the home.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of 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 in 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	2*	1

* The total number of areas for improvement includes one area which has been stated for a second time.

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

Area for improvement 1 **Ref:** Regulation 20 (3) **Stated:** Second time **To be completed by:** As from the date of this inspection (24 March 2026)	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. Ref: 3.3.1
	Response by registered person detailing the actions taken: The leadership competency framework currently in place for the Manager and Team Leaders, which the inspector was satisfied with, will be amended for all staff who are deemed to be shift leaders, and they will undergo this competency framework to ensure they have the competency requirements to be able to be in charge of the home in the absence of the manager, (removing the elements they are not responsible for, such as staff supervision and development for example),
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 24 March 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in specific reference to access to detergents and cleaning products. Ref: 3.3.4
	Response by registered person detailing the actions taken: On 25/03/26, the locks on the COSHH cupboard doors in the laundry room were replaced to ensure washing powder and fabric conditioner are stored safely and to reduce the risk of unauthorised access. There are ongoing measures, including daily Leadership Walkabouts and monthly Health & Safety Audits, to ensure repair reports and follow-ups are handled promptly and effectively.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 19.3 **Stated:** First time **To be completed by:** As from the date of this inspection (24 March 2026)	The registered person shall ensure that the AccessNI certificate is not retained on staff files in accordance with best practice. Ref: 3.3.1
	Response by registered person detailing the actions taken: As part of our Safer Recruitment Pack, which is collated by our Internal Recruitment Team, the AccessNI Certificate had inadvertently been included in the final pack, rather than deleted once the manager had signed off on the pre-employment checklist. This matter had been raised with the Recruitment Manager, and the Recruitment Team have been instructed to remove the certificate from the final screening report, once all management sign offs have been completed. We immediately removed the AccessNI Certificate from the file reviewed and have checked all other staff files to ensure compliance in this regard.

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

The Regulation and Quality Improvement Authority

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