The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Drumary House**

**Provider:** **Potensial Limited**

**Date of Inspection:** **20 August 2026**

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

## 1.0 Service information

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| **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 that 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 20 August 2026 from 9.35am to 3.30pm, 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 23 March 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents. Residents said that living in the home was a good experience and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, all three areas for improvement have been met. Three new areas for improvement were identified; details 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "I am very happy here", "The staff are all great here", "I have everything I need", "I couldn't say a bad word about them (staff)" and "I feel safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "Great support from Nicola (manager)", "I love it here", "Staff morale is good here", "Staffing levels are very good" and "This is a great place to work".

## 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 that the manager had systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said that staff were very attentive. 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

Staff interactions with residents were polite, warm and supportive. The atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff respected residents' privacy by their actions such as discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal and discussion with residents, staff and the manager evidenced that there were systems in place to manage residents' nutrition and mealtime experience. A menu was on display offering a choice of two meals.

Residents commented positively about the food provided within the home with comments such as: "The food is very good here", "We get plenty of choices" and "The food is very nice here".

Residents also commented positively about the provision of activities. Comments included: "I enjoy the activities here", "I enjoy going out to day care and shopping" and "The staff are all very good here".

### 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 were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents care records were held confidentially.

### 3.3.4 Quality and Management of Residents' Environment

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings and

woodwork. Details were discussed with the management team who advised that they were in the process of addressing this and provided a schedule of works to be completed over the next few months. Progress with this will be reviewed at a future inspection.

In addition to the above findings, a number of other environmental shortfalls were identified including surface damage to sink plugholes, pedal bins and toilet roll holders; staining to emergency pull cord covers and identified light shades; a toilet cistern lid was missing from one toilet and restrictors were required for identified lounge windows. These and any other environmental findings were discussed in detail with the management team who agreed to have these issues addressed. Following the inspection, written confirmation was received that relevant action had been taken to address these findings. This is discussed further in section 3.3.5.

Some equipment used by patients had not been stored appropriately following use; personal protective equipment (PPE) was observed within communal toilets and information displayed on notice boards had not been laminated. Details were discussed with the management team who took relevant action to address these findings and agreed to monitor going forward.

A staff handbag with personal belongings was identified within an area of the home accessible to residents. The potential risks were discussed with the management team and an area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed in July 2026. The manager confirmed that they were in the process of addressing any of the recommendations that were made.

PPE and hand sanitising gel was available within the home. There was evidence that systems and processes were in place to manage infection prevention and control (IPC). However, three staff were not bare below the elbow, which would inhibit effective hand hygiene. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Nicola Kerr has been the acting manager in this home since 4 September 2025 and discussed plans to submit an application with RQIA to register as the manager.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A system was in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA.

As mentioned above in section 3.3.4, a number of shortfalls were observed within the environment; review of a sample of environmental audits and discussion with the management team evidenced that these issues had not been identified through the home's audit process. An area for improvement was identified.

The home was visited each month by a representative of the registered person 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 and available within 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 |
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| **Total number of Areas for Improvement** | 1 | 2 |

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

## Quality Improvement Plan

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| **Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 August 2026 | The registered person shall ensure that staff handbags and personal belongings are securely stored.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>This has now been addressed by providing designated areas in the staff sleep-in room for staff to safely store their handbags and personal belongings. Staff have been informed of these areas and reminded of the importance of keeping their belongings stored away to reduce any risks to residents and keep the home safe and clutter-free. Regular spot checks will be carried out to make sure this is being followed, and any concerns will be addressed with staff straight away. These checks will be recorded and reviewed alongside previous audits, incidents and any feedback to help identify any repeated issues.<br>Any shortfalls found will be added to an action plan with a clear timescale for completion. Where possible, another manager will also carry out checks to provide a fresh pair of eyes. Evidence such as photographs of the storage areas, staff meeting records and completed checks will be kept to show that improvements have been made and are being maintained. |
| **Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 August 2026 | The registered person shall ensure that staff are bare below the elbow in accordance with IPC best practice guidance.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>This has been discussed with all staff during a team meeting, where everyone was reminded of the importance of being bare below the elbows and following IPC guidance to reduce the risk of spreading infection. Reminder posters have been put up around the home, staff have completed an IPC quiz, and the IPC policy has been shared with everyone. IPC has also been included in shift handovers and planners to help keep staff aware of their responsibilities. Regular spot checks will be carried out to make sure staff are following the guidance, and any concerns will be addressed straight away. Findings will be recorded and checked against previous audits, infection records and staff feedback to identify any repeated issues.<br>Any shortfalls will be added to an action plan with clear timescales, and further guidance or training will be given where |

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| | needed. Where possible, another manager will also carry out checks to provide an independent view. Evidence such as meeting minutes, completed quizzes, photographs of posters and spot-check records will be kept to show that improvements are being maintained. |
| **Area for improvement 2**<br><br>**Ref:** Standard 20<br><br>**Stated:** First time<br><br>**To be completed by:**<br>20 September 2026 | The registered person shall ensure that environmental audits are robust at identifying any shortfalls and that an action plan with timeframes for completion is implemented.<br><br>Ref: 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>As a result of my reflection, I have identified a number of things that I need to change:<br>• Complete actions as I identify them. If I find an issue during an audit, I need to deal with it there and then where possible instead of leaving it for later and risking it being forgotten.<br>• Plan my time better. Every Friday I will plan the following week's tasks and priorities, including audits, to make sure I have enough time set aside to complete them properly.<br>• Make better use of office time. Drumary House can be a busy place and there are often interruptions from staff and residents needing support. While I want to remain available, I need to set aside dedicated time in the office to complete audits and other important tasks without distractions.<br>• Delegate more. I know I have a tendency to try and do everything myself. With the support of the Senior Support Worker and Administrator, I need to be more confident in delegating appropriate tasks so I can focus on my management responsibilities.<br>• Share learning with the team. I will discuss the learning from the inspection and my reflections at the next team meeting to make sure everyone understands the importance of maintaining environmental standards and addressing issues promptly.<br>Overall, this has been a valuable learning experience. It has helped me recognise areas where I need to improve, particularly around time management, prioritising tasks and following up on audit findings. By making these changes, I am confident that audits will be more effective and that issues will be identified and addressed more quickly in the future. |

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