



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Barnlee (1135)
Date of Inspection: 9 October 2014
Inspector's Name: Priscilla Clayton
Inspection No: IN016731

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Barnlee
Address:	2 Derrylin Road, Lisnaskea, Co Fermanagh, BT92 0HD
Telephone Number:	(028) 6772 3233
E mail Address:	barnlee@btinternet.com
Registered Organisation/ Registered Provider:	Friendship and Caring Trust (F.A.C.T) Mr Thomas Joseph Gunn
Registered Manager:	Ms Geraldine O'Neill
Person in Charge of the home at the time of Inspection:	Ms Geraldine O'Neill
Categories of Care:	RC – LD RC – LD (E) RC – PH RC – PH (E)
Number of Registered Places:	23 residents (18 residents in the main house – Barnlee - and five residents in Lee Cottage). The home is also approved to provide care on a day basis only to three persons.
Number of Residents Accommodated on Days of Inspection:	23
Scale of Charges (per week):	£450.00 - £2661.12.
Date and type of previous inspection:	7 May 2014 and 9 May 2014 Secondary Unannounced Inspection
Date and time of inspection:	9 October 2014 10:00 – 17:00
Name of Inspector:	Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager (acting) and the locality manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with service users individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8 individually and others in group format
Staff	4 plus manager and deputy manager
Relatives	2 visitors
Visiting Professionals	No visits

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	5

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Barnlee and Lee Cottage are registered to accommodate a total 23 residents with RQIA. Eighteen residents can be accommodated in Barnlee, the main home, and five residents in a detached bungalow in the grounds of the main home.

The home, which is a purpose built single story facility, is situated in the town of Lisnaskea and is close to all community facilities. There are landscaped gardens to the front and rear of the facility. Car parking space is provided to the front of the home. The facility, which is a leased property, is operated by the registered organisation, Friendship and Caring Trust (F.A.C.T).

The home is registered to provide care under the following categories:

RC - LD	Learning Disability
RC - LD (E)	Learning Disability - over 65 years
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment - over 65 years

The home is also approved to provide care on a day basis to three persons only.

Facilities include single bedrooms, bathrooms/toilets, two lounges, dining rooms, staff offices and a number of private seated areas. A large garden and seated patio area is available to the rear of the home.

The home also provides for catering and laundry services.

Many of the residents accommodated in the home attend day care in local centres while others attend college at Enniskillen.

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of three residents.

8.0 Summary of Inspection

This primary announced care inspection of Barnlee was undertaken by Priscilla Clayton on 9 October 2014 between the hours of 10:00 and 17:00. The registered manager, Geraldine O'Neill, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that action had been taken by the registered manager to address all areas identified for improvement. The detail of the actions taken by the registered manager can be viewed in the section 9 of the report.

Prior to the inspection the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home internal environment.

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only ever used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Training in restraint is recommended. Staff was aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the commissioning trust multi-disciplinary team.

Staff responses to residents were observed to be appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. Review of a sample of records evidenced that residents and/or their representatives had been included in decisions affecting their care. The evidence gathered through the inspection process concluded that Barnlee was compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities as reflected in records retained. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who was not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Barnlee is compliant with this standard.

Resident, representatives and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident

representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned staff questionnaires and discussions indicated that staff were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Therapeutic activities were provided for the nine residents who did not attend day care on the day of inspection. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The home has been redecorated recently which has made a significant improvement throughout. Coordinating accessories, chosen by the residents, has greatly enhanced the ambience of the home. Furnishings observed were in good state of repair.

A number of additional areas were also considered during the inspection. These included returns regarding care reviews, the management of complaints and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the report.

One requirement and three recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7&9 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his/her absence.</p> <p>Ref: Section 8.5</p>	<p>This requirement was verified through examination of a random sample of three staff competency/ capability assessments undertaken by the manager. Records of assessments undertaken were discussed with the manager, and in order to further enhance the records the manager agreed to review the assessment template and include additional areas which would be signed off when the staff member has achieved competency. One recommendation was made in regard to further improvement.</p>	Compliant
2	Regulation 27 (4)(d)(i)	<p>The registered person shall make adequate arrangements for detecting, containing and extinguishing fires.</p> <p>Ref: Section 8.7</p>	<p>This requirement was verified through discussion with the manager and examination of a selection of Personal emergency evacuation procedure (PEEPS) records.</p> <p>Residents confirmed that bedroom doors were closed at night.</p>	Compliant
3	Regulation 13 (4)	<p>The registered manager must ensure that all staff who manage and administer medicines have been trained and deemed competent to do so. Records of training and competency assessments must be available to evidence this.</p> <p>Ref: Section 8.6</p>	<p>Examination of staff training records evidenced that staff who are required to undertake administration of medications had received update training on one of the following dates 13, 19 and 28 May 2014. Competency and capability assessment in medicine administration had been signed.</p>	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
4	Regulation 19 (2) Schedule 4 (13)	<p>The registered person shall maintain in the home records of the food provided for residents in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual residents.</p> <p>Ref: Section 8.8</p>	<p>This requirement was verified through discussion with the manager, staff and examination of associated records retained. Records of food provided were detailed showing each resident's intake at meal times including those on special diets. Menus, which are rotated on a four weekly basis, were considered to be varied, appeared nutritious and choice afforded. A record of fluid intake was recorded. Dietary needs were reflected within care plans examined.</p>	Compliant
5	Regulation 20 (1)(c)(i)	<p>It is required that staff as appropriate are trained / updated in the safeguarding vulnerable adults.</p> <p>Ref: Section 8.10</p>	<p>Examination of staff training records evidenced that all staff had received training in safeguarding of vulnerable adults.</p>	Compliant
6	Regulation 20 (1)(c)(i)	<p>(Carried forward for review at the next inspection.)</p> <p>It is required that all staff are trained / updated in behaviours that challenge.</p> <p>Ref: Section 7.0</p>	<p>Discussion with the manager and examination of staff training attendance records evidenced that all permanent had received training. Four bank staff had not undertaken training. Dates of staff training included 9 October 2014, 19 May 2014 and 28 April 2014. The manager confirmed that the bank staff who did not attend would not be rostered to work until this training was undertaken.</p>	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
7	Regulation 27 (2)(b)(d)	<p>(Carried forward for review at the next inspection).</p> <p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally and all parts of the home are kept clean and reasonably decorated.</p> <p>The following maintenance issue must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified doors, architraves and skirting boards (paint chipped). <p>Ref: Section 7.0</p>	<p>Discussion with the manager regarding the redecoration programme and inspection of the home evidenced that extensive work had been undertaken throughout Barnlee and Lee Cottage.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	8.5	<p>It is recommended one central record of care delivered to residents be maintained. All records must be legible, accurate, up-to-date, signed and dated by the person making the entry.</p> <p>Ref: Section 8.9</p>	<p>Examination of a random sample of three care records evidenced that a central record was maintained. Records were legible, current, dated and signed as recommended.</p>	Compliant
2	6.2	<p>It is recommended that residents' night time routines be reviewed to ensure current practice is reflective of the residents' preferences and assessed needs.</p> <p>Ref: Section 8.11</p>	<p>Examination of a random sample of three care records evidenced that night time routines, including sleep patterns, were reflected within care plans.</p>	Compliant
3	6.2	<p>It is recommended that a copy of residents' continence assessments be available in the residents' care records.</p> <p>Ref: Section 8.9</p>	<p>Discussion with the manager and examination of one care records evidenced that annual continence assessments were undertaken by the community learning disability nurse. The identified need and intervention was reflected within the care plan.</p>	Compliant
4	12.4	<p>It is recommended that the pictorial menu accurately reflects the meal provided.</p> <p>Ref: Section 8.8</p>	<p>The pictorial menu displayed on the day of inspection was an accurate reflection of the meal provided.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
5	12.6	<p>It is recommended that the registered manager reviews the practice of locking fridges and food stores to ensure accessibility of food provisions during night time hours.</p> <p>Ref: Section 8.8</p>	<p>Discussion with the staff and manager confirmed that the key to the kitchen, supply cupboards, fridges and freezers were held by the senior care staff member on night duty.</p>	Compliant
6	12.3	<p>It is recommended that the menu planner be reviewed and updated to include the breakfast menu, choice of snacks offered mid-morning, afternoon and at suppertime.</p> <p>Ref: Section 8.8</p>	<p>The four weekly menu planners was observed to reflect choice at breakfast and snacks including suppertime.</p>	Compliant
7	25.1	<p>It is recommended that that the practice of carrying out cleaning duties during night time hours be reviewed to ensure this practice does not deplete care hours.</p> <p>Ref: Section 8.12</p>	<p>The manager explained that the duties undertaken would include mopping of any spillages/stains on the floor for safety reasons, and that other household duties would not be expected.</p>	Compliant
8	24.1	<p>(Carried forward for review at the next inspection.)</p> <p>It is recommended staff as appropriate is provided with update training in staff supervision and performance appraisal.</p> <p>Ref: Section 7.0</p>	<p>Records examined evidenced that this training was provided during May 2014. Training provided was confirmed by the manager and staff who spoke with the inspector.</p>	Compliant

10.0 Inspection Findings

Standard 10 - Responding to Residents' Behaviour Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff read all residents care plans and risk assessments, and are verbally informed (by senior staff) of each residents usual behaviours and means of communication. This is documented within the care plans. Staff are provided with training annually in managing behaviours that challenge and with how to promote positive outcomes for the residents. This is also discussed at staff meetings.	Compliant
Inspection Findings:	
The home had a policy/procedure on challenging behaviour which was dated 8 October 2014. cursory review of the policy and procedure identified that it reflected the DHSSPS Guidance on the subject and necessity to notify the commissioning trust. A policy on Restraint, dated September 2014, was also in place. One requirement made related to the necessity to notify RQIA when any form of restraint is used. Observation of staff interactions with residents identified that this was undertaken in a safe, unobtrusive, respectful manner.	Compliant
A review of staff training records identified that all care staff had received training in challenging behaviours. The manager confirmed this training included a human rights approach.	
A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed and updated as required.	

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received mandatory training in managing challenging behaviour.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Staff monitor and record any uncharacteristic changes in behaviour which are a cause for concern, this may be due to changes in the environment, their programme of care, changes in staff, medical condition etc. Staff may record on an ABC chart where required, which can be useful in identifying triggers for the behaviour, staff report their concerns regarding changes in behaviour to the person in charge, the residents G.P is informed and the residents physical health is checked to eliminate physical causes, the community key worker is informed and a referral is made to the Behaviour support team where required. The residents representative is also informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined within the criterion. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge and subsequent referral to the commissioning trust care manager and RQIA if behaviour resulted in any form of risk to the resident or others. The resident’s representative would also be informed.</p> <p>Four care records were reviewed contained the relevant information and management regarding the residents identified uncharacteristic behaviour. There was good evidence of multi-professional collaboration in planned care.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>The required response from staff; to ensure consistency for the resident (where required) is documented in the residents care plan. The care plan is agreed and signed by the resident where possible, their representative and the Registered Manager. (if the resident declines or is unable to sign, this is documented)</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>When a resident has a specific behaviour management programme an appropriately trained professional (i.e. from the behaviour support team) carries out an assessment of the residents behaviour and provides a behaviour support plan which is included in the residents care plan</p>	Compliant

Inspection Findings:	
<p>A review of the challenging behaviour policy and procedure dated October 2014 identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan, as necessary.</p> <p>A review of one behaviour management programme identified approval by an appropriately trained professional. The behaviour management programme formed a part of the resident’s care plan and there was evidence that it was kept under review.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider’s Self-Assessment	
Barnlee provide staff training annually in the management of behaviours which challenge	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in behavioural management. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and discussion at staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place. Staff refresher training in restraint is recommended.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	
Provider’s Self-Assessment	
<p>If any incident was managed outside of the scope of a residents care plan; staff would record and report to all of the relevant people i.e the residents representative, the G.P, community key worker, behaviour support therapist. A multi disciplinary meeting would be organised as soon as possible to review the residents care plan</p>	Compliant

Inspection Findings:	
<p>A review of a random sample of the accident and incident records and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Care plans were signed and dated.</p> <p>The manager and staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded, and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Restraint is used only as a last resort when other less restrictive strategies have been unsuccessful . Records of all instances when restraint is used are maintained</p>	Compliant
Inspection Findings:	
<p>Discussions with the manager and staff confirmed that physical restraint would only ever be used as a last resort. Examination of staff training records evidenced that restraint training was last provided during 2012. One recommendation was made in regard to refresher training.</p> <p>The use of a visual aid monitor which is used in one room at at night was discussed with staff who confirmed that use of the aid was necessary for monitoring observational purposes due to an identified medical reason and the possible life threatening side effects. The circumstances and nature of the restraint were recorded on the resident’s care plan. Trust personnel and the resident’s representative were consulted/notified when restraint regarding the technological form in use.</p> <p>One requirement made related to ensuring RQIA is notified of any form of restraint used in the home as soon as practicable in accordance with Regulation 14 (6).</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Standard 13 - Programme of Activities and Events The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Barnlee programme of activities and events is based on the residents interests and their identified needs. The activities provide positive outcomes for each resident. Records of all activities and the positive outcomes is maintained	Compliant
Inspection Findings:	
The home has a policy on activities which was dated September 2014. Review of four care records evidenced that individual social interests and activities were included in the needs assessment and reflected within the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. On the afternoon on the day of inspection residents were observed to greatly enjoy and participate in an organised musical activity in which instruments were used by residents to keep in time with the music. This is to be commended. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Barnlee offers a wide range of activities and events. The programme includes various activities such as:- chair exercises, walks, bus outings, going out for meals, to concerts and dances, birthday parties, attending the residents chosen place of worship, visiting their families and friends, going on holidays, barbeques, going to the cinema, to the fermanagh volunteer club, take part in, in-house arts and crafts, cooking, shopping, daily living skills, knitting, crochet, board games.</p> <p>Some residents are able to travel independently with Ulsterbus, Rural lift etc</p> <p>Some attend college, some go to statutory day care, some to Fresh Focus, some volunteer within the community, are involved in church activities i.e choir, faith and light, faith and friendship, Gateway club, Barnlee contract some activities in e.g. yoga, computer classes, arts and crafts and movement to music.</p> <p>This is a sample of the type of activities and events which residents in Barnlee are encouraged to participate in; The activities and events programme is responsive to residents changing needs and promotes social inclusion in the community in which they live and in the wider community.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that activities are provided on a daily basis. The programme included activities which were considered to be age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>We have a focus group of residents and staff who meet regularly to discuss the activity programme, activities are also discussed at residents meetings which are held monthly. All residents are encouraged to be involved in the development of the programme, including those who generally prefer to remain in their own room.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Information as illustrated by the manager was verified through discussion with residents and staff. Where necessary residents representatives provide staff with information in regard to the preferred activity provision.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>The calendar of upcoming events is on display in the activity room in Barnlee and in the dining room in Lee Cottage. It is in both written and pictorial format</p>	Compliant
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the large lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in written and pictorial format to meet the residents’ needs.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Residents are enabled to participate in the activity programme through support from staff, the provision of equipment and appropriate aids to meet their individual needs one resident who has hearing impairment has had a loop system installed to enable her to fully participate in organised activities</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated in the managers self -assessment was verified through observation and discussion with staff and residents.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The duration of the activity is tailored to take into account the different needs of the residents and their ability to participate in the activity. A record of who participates and for how long is maintained</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The manager, staff and residents who spoke with the inspector confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Where a person is contracted in to provide activities, the registered manager obtains evidence from that person or from their employer (i.e. South West College) that the person has the necessary skills to do so. Where written evidence is not available, the person is supervised and the activity monitored by staff at all times.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Information as illustrated in the manager's self- assessment was verified through discussion with the manager and staff. The manager confirmed that there were monitoring processes in place to ensure that any person commissioned to provide activity had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff inform the person providing the activity of any changes to a residents needs prior to the commencement of the activity. The person taking the activity gives feedback to staff at the end of each activity. A record of the residents participation and any difficulties experienced is maintained</p>	Compliant
<p>Inspection Findings:</p>	
<p>The manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A record is maintained of each activity which includes the name of the person leading the activity, the names of the residents participating in the activity, the duration of the activity and when a resident leaves early or joins late.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme is reviewed at least twice a year and at residents meeting which are held monthly and at focus groups.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review and discussion with staff on the programme of activities identified that it had been reviewed during September 2014. The records also identified that the programme had been reviewed on a regular basis.</p> <p>The registered manager confirmed that planned activities were changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with eight residents individually and with others in groups. Residents were observed socialising in the communal lounge area whilst others moved freely around the home. In accordance with their capabilities all residents indicated/expressed that they were very happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- “plenty of things which I like to do I’m looking forward to the music today”
- “I go to bed when I choose and like to watch TV”
- “I can have food at night if I was hungry I just ask the staff and they get me a snack”
- “ I love the music we are having today, called “Jingle Jangles”, can’t wait until they come today, we play the instruments and sing, it’s great”
- “We have snacks when we want, I love the home’s cakes and buns”
- “I get up each day and like to meet my friends in day care. I choose when to go bed each night ”

11.2 Relatives/Representative Consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative. Relatives stated they could choose when to visit and that staff kept them fully informed about care provided. Relatives complemented the manager and staff. No concerns were expressed or indicated.

11.3 Staff Consultation/Questionnaires

The inspector spoke with four staff of different grades and analysed five staff questionnaires which were completed and returned to RQIA within the time scale. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is provided.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals' Consultation

No professional staff visited during the inspection.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance, and spoke freely with staff and the inspector.

Discussion took place with the manager in regard to continence assessment, where this is required. The manager reported that annual assessment is undertaken by the community nurse and recently the quality of incontinence garments issued had been raised with the commissioning trust who agreed to follow this up with the manufacturer and feed back to the home.

Evidence of the trust community nurse assessment was contained within one care record examined with the identified need reflected within the care plan. A good supply of incontinence garments were in stock.

11.6 Care Reviews

Prior to the inspection a residents' care management review questionnaire was forwarded to the home for completion by the manager. The information provided in this questionnaire indicated that all the residents, with the exception of one had a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. The manager explained that the review did take place, although not within the yearly time span. The manager confirmed that she retains a tracker/log of when care management reviews are due and would telephone the commissioning trust in this regard.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

One recommendation made related to the establishment of a central register of complaints for ease of referral to information including trends/patterns and associated governance arrangements.

11.8 Environment

The inspector undertook an inspection of the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. A lot of work has taken place to improve the standard of décor within the home. All areas of the home, including Lee Cottage have been redecorated with new co-ordinating accessories purchased. The registered providers are to be commended in their commitment to ensure residents are provided with a homely environment which has a good standard of furnishing and décor.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned audit was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated February 2014. Recommendations included remedial work to three areas which were not recorded as being addressed.

The registered manager must ensure that the action taken to address recommended remedial fire actions taken are recorded within the fire risk assessment. One recommendation made in this regard. Information regarding remedial action recommended was passed to RQIA estates inspector for review/follow up.

A review of the fire safety records evidenced that fire drill and fire safety awareness training had been provided. All fire exits were unobstructed and fire doors were closed. Staff and residents confirmed bedroom doors were closed at night.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the manager who confirmed that all staff employed at the home had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Geraldine O'Neill registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Barnlee

9 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, Geraldine O'Neill during and at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 14 (6)	<p><u>Restraint</u></p> <p>In accordance with Regulation 14 (5) details of any form of restraint should be reported to RQIA as soon as practicable.</p>	One	<p>Prior to any form of restraint being used ie. monitors, enhanced supervision etc. this is agreed by the relevant professionals and the resident or their representative in the interests of the residents' well being and safety.</p> <p>In accordance with regulation 14(5) RQIA will be notified of all details of agreed restraint measures as soon as practicable</p>	30 October 2014

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.7	<p><u>Staff training</u></p> <p>It is recommended that refresher training in restraint is provided for all care staff.</p>	One	this training is being sourced and will be held within the time frame recommended	31 January 2015
2	Standard 21.1	<p><u>Competency / Capability assessment format</u></p> <p>It is recommended that the template is further reviewed to include additional duties which would be signed off when the staff member has achieved competency.</p> <p>(Section 9.0)</p>	One	The competency/ capability assessment form has been revised as recommended and is in place	31 December 2014
3	Standard 17.15	<p><u>Complaints Register</u></p> <p>One recommendation made to further enhance the minimum standard related to the establishment of a central register of complaints which would provide ease of access to information for monitoring purposes, including trends / patterns and associated governance arrangements</p> <p>(Ref 11 .7)</p>	One	The complaints register in place on the day of the inspection was reviewed and amendments made to further enhance the document as recommended by the Inspector.	31 December 2014

4	Standard 29.1	<p><u>Fire risk assessment.</u></p> <p>It is recommended that the registered manager ensures that the recommended remedial actions taken are recorded within the fire risk assessment.</p> <p>(Ref 11.10)</p>	One	<p>This recommendation has been actioned.</p> <p>Some work remains outstanding and Oaklee/Trinity are aware of this and have been in discussion with RQIA regarding their works plan to complete within their financial year</p>	30 October 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Geraldine O'neill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Thomas Gunn

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	19 November 2014
Further information requested from provider			