

# Unannounced Care Inspection Report 23 February 2017



## Barnlee

**Type of Service: Residential Care Home**  
**Address: 37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD**  
**Tel No: 028 6772 3233**  
**Inspector: Laura O'Hanlon**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Barnlee took place on 23 February 2017 from 10:15 to 17:00.

The inspection was undertaken in response to whistle blowing concerns raised anonymously with RQIA by telephone on 22 February 2017 relating to the staffing arrangements during the night.

Barnlee and Lee Cottage are both single storied dwellings which are registered to accommodate a total 23 residents. Eighteen residents can be accommodated in Barnlee, the main home, and five residents in Lee Cottage, a detached bungalow in the grounds of the main home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pam Weir, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 July 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> FACT/Ruth Hill	<b>Registered manager:</b> Geraldine O'Neill
<b>Person in charge of the home at the time of inspection:</b> Pam Weir, deputy manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> LD - Learning Disability 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	<b>Number of registered places:</b> 23

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report and QIP and notifications of accidents/incidents.

During the inspection the inspector met with fifteen residents, the laundress, one member of the domestic staff, one member of the kitchen staff, five members of the care staff and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- One staff competency and capability assessment
- Elements of six residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy on adult safeguarding
- Monthly monitoring report

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 14 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 14 July 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time <b>To be completed by:</b> 21 July 2016	<p>The registered provider must ensure that a comprehensive care plan and risk assessment is devised which provide clear guidance for staff for one identified resident.</p> <p><b>Action taken as confirmed during the inspection:</b>            A review of this resident's care records confirmed that a comprehensive care plan and risk assessment was in place.</p>	<b>Met</b>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 14 October 2016	The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.  <b>Action taken as confirmed during the inspection:</b> A review of the policy on adult safeguarding confirmed that it reflected the current regional guidance.	<b>Met</b>

### 4.3 Inspection findings

Concern was raised by a staff member who worked in the home regarding the reduced staffing levels overnight. The staff member reported that the staffing levels were recently reduced from four staff to three, meaning there was no sleepover staff member in Lee Cottage. The staff member was concerned for the welfare of the residents as the staff were expected to check on the residents in Lee Cottage hourly in addition to their duties in Barnlee.

#### Staffing arrangements

On the day of the inspection the following staff members were on duty:

- 1x deputy manager
- 1 x team leader
- 5 x care staff
- 2 x domestic staff
- 1 x kitchen staff
- 1x administrator

Discussion with the deputy manager identified that three care staff were scheduled to be on duty overnight. The deputy manager confirmed this arrangement commenced on 13 February 2017. Prior to this date the planned staffing arrangements overnight were three members of care staff on wakened night duty in Barnlee with a fourth staff member on sleepover in Lee Cottage.

A review of the minutes of staff meetings confirmed that this had been discussed at a staff meeting on 13 February 2017 and staff were advised to report to the manager if they had any concerns or issues with the new arrangement.

Discussion with two of the residents from Lee Cottage confirmed that they were aware of the reduced staffing in Lee Cottage and they were satisfied with this arrangement. It was recorded and signed in their care plans that the residents were in agreement with this.

Information provided by staff and review of the care records identified that there were residents who required enhanced levels of support. Due to the enhanced level of support provided overnight this meant that there were two staff members for 20 residents.

In addition one staff member is expected to complete hourly security checks to Lee Cottage from 9pm to 8am. The residents in Barnlee are checked by staff hourly during the night and four of these residents are checked half hourly.

Discussion with the deputy manager and team leader confirmed that there were five residents who had epilepsy. Sound monitors were used for two of these residents to assist in the management of their epilepsy. These monitors remained in the day room in Barnlee overnight where staff on duty could be alerted to any seizure activity. This was documented in care plans.

It was recorded on one resident's epilepsy risk management plan that two staff members were required during administration of medication and that most of this resident's seizure activity occurred at night. A review of this resident's daily notes identified that in a one month period, four episodes of seizure activity had occurred between the hours of 7:15pm and 11:40pm. Given this resident's high level of need this may impact on staffing levels available for other areas of the home.

A review of care records in Barnlee confirmed that some residents had a pattern of irregular early waking. One care plan indicated that there was a recognised pattern where a resident got up early. Records indicated that this ranged from 01:30 to 05:40.

Review of a second care record identified that another resident got up anytime between 00:00 and 06:45. This resident required assistance of two staff due to mobility issues. Given the assessed high level of need of residents, this may impact on staffing levels available for other areas of the home.

The staffing issues were discussed with the deputy manager and team leader and a requirement was made that adequate staff must work in the home in such numbers as to meet the assessed needs of the residents.

During the inspection the duty roster was examined. The duty rota accurately reflected the staff on duty in the home at the time of the inspection. The manager's hours were recorded and team leader was the person in charge in the absence of management.

Discussion with the team leader and a review of the duty rota identified that on 7 February 2017 the housekeeper worked as a member of care staff to provide cover during a period of staff training. This was not separately recorded on the duty rota. The deputy manager confirmed that the housekeeper had completed the required training for the role of care assistant. The deputy manager was advised staff acting in the capacity of care assistant should be provided with a separate job description. The capacity in which staff work should be accurately entered on the duty rota. A recommendation was made in this regard.

Discussion with the team leader confirmed that they were knowledgeable of the needs of the residents. The deputy manager reported that the team leader was the person in charge on the shift in the absence of management and that they had completed a competency and capability assessment. The team leader confirmed that they found the management to be very approachable and would be confident that any concerns raised would be addressed.

## **Environment**

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and appropriately heated. However a malodour was noted within two residents' bedrooms and the adjoining ensuite bathroom area. A recommendation was made to ensure this is addressed.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

## Residents Views

The inspector met with 15 residents during the inspection. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible. Some comments made by residents included:

- “I am happy, the staff are good. The food is lovely and we always get a choice.”
- “I have no concerns. I am not at all worried about the sleepover being gone, I may get up to the toilet during the night but then I go back to bed.”

## Staff Views

The inspector met with eight staff members of various grades in the home. The staff were all praising of the care provided to the residents and demonstrated that they were knowledgeable of the needs of individual residents. Some of the staff reported that they found the management approachable and would be confident that any issues raised would be addressed.

A number of the staff advised that the staffing levels during the day were sufficient. However the staff were concerned that the reduced staffing during the night would make the job increasingly difficult. Comments made by staff included:

- “The staff are good to the residents. The residents always get two choices of meals.”
- “The staff morale is good; there is an open culture in the home.”
- “The residents are well looked after.”
- “We have good carers, there is brilliant care provided, everything is done properly and the residents are supported very well.”
- “The staffing is adequate on day shifts. If I go to the management any issues would be addressed. I have never had to go to them about anything. I haven’t worked in a better home, everything is followed up.”
- “The care provided to residents is excellent. It’s their home and you get attached to the residents. I can approach any of the other staff easily.”
- “All staff work hard to ensure that the residents get the best care.”

## Care Practices

The atmosphere in the home was found to be friendly and welcoming. It was noted that staff interacted with residents in a respectful, polite, warm and supportive manner.

With regard to care practices, the rationale for early morning wakening and rising of residents by staff was not sufficiently recorded in care plans with no reference to the wellbeing and choice for residents. The deputy manager and team leader advised that this practice was deemed necessary as specific medication was to be administered at 07:30. A recording within the daily notes reflected that this resident was wakened and assisted to get up as there were only three staff on duty. A requirement was made that an appropriate person centred care plan is devised in regard to the management of this area of need.

It was established that all the residents in Barnlee received hourly checks by care staff at night and four of these residents were checked half hourly, due to a specific and documented reason. In discussion with the deputy manager it was established that such checks were required in order to maintain safety. It was noted, however, that these checks were not provided on the basis of risk assessments, that care plans were not in place and there were no written consents sought from either residents or their representatives, or Trust care manager. A recommendation was made that individualised risk assessments and care plans are completed and that issues of consent are appropriately considered.

## Complaints

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

## Monthly monitoring reports

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

## Fire safety

The home had a fire risk assessment in place dated 24 March 2016 and all recommendations were noted to be appropriately addressed. This fire risk assessment noted that there were three wakened and one sleepover staff on duty in the home overnight. In conjunction with the requirement outlined above the registered manager must ensure that the staffing levels are reviewed in accordance with the fire safety risk assessment.

## Areas for improvement

Five areas for improvement were identified in relation to staffing arrangements, the duty rota, the environment and care records.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	3
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pam Weir, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 March 2017</p>	<p>The registered provider must ensure that adequate staff are working in the home in such numbers as to meet the assessed needs of the residents.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Following discussion during the inspection, the staffing levels were reviewed. With immediate effect the duty rota reflected that the staffing levels meet the assessed needs of the residents in Barnlee and Lee Cottage.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 March 2017</p>	<p>The registered provider must ensure that the practice of early morning wakening for one identified resident is reviewed and addressed to ensure this is in the resident's well-being. A requirement was made to ensure that an appropriate person centred care plan is devised in regard to the management of this area of need.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The resident's individual care plan has been amended to reflect the circumstances around why the resident may waken early morning and support required at this time by care staff on duty. All care staff made aware that they need to clearly record time awake and support given by them in the resident's night report.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 March 2017</p>	<p>The registered person should ensure that the malodour in one identified area of the home is addressed.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This concern has been reported to CHOICE housing association (joint management partners) as the floor covering in the bathroom (source of malodour) may need to be lifted for investigation and advice. In the interim, we have had a deep clean by a professional company, and a new cleaning product has been sourced and the frequency of cleaning increased.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 February 2017</p>	<p>The registered provider should ensure that the capacity in which staff work should be accurately entered on the duty rota.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> As discussed during inspection, the staff member had received the appropriate training and works in a dual role in the home. This was highlighted on the rota as advised with immediate effect.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that in regard to the hourly night checks, a risk based, person centred approach is employed to consider issues of consent and an appropriate care plan devised to support this.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p>

**To be completed by:**  
23 March 2017

The need for hourly and half hourly checks on some residents throughout the night is addressed through consultation with residents their family and community key workers. Risks to each resident due to their health, behavioural or other issues is considered and consent sought. Individual care plans reflect what frequency of checks are carried out and the reason why. Some residents have chosen not to be checked and this is also reflected in their care plan.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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