



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16738
<b>Establishment ID No:</b>	1135
<b>Name of Establishment:</b>	Barnlee
<b>Date of Inspection:</b>	12 June 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Barnlee
<b>Address:</b>	37 Lisnaskea Road Barnhill Lisnaskea BT92 0HD
<b>Telephone Number:</b>	028 6772 3233
<b>Registered Organisation/Provider:</b>	FACT/Mr Thomas Joseph Gunn
<b>Registered Manager:</b>	Ms Geraldine O'Neill
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Geraldine O'Neill
<b>Other person(s) consulted during inspection:</b>	Mr James Crudden (Senior day care worker) & Mr Damien Tai (Oaklee Housing Association Maintenance Officer)
<b>Type of establishment:</b>	Residential Home
<b>Number of Registered Places:</b>	23; RC-LD ,RC-LD(E) ,RC-PH, RC-PH(E) To accommodate 18 in Main House and 5 in Lee Cottage. The home is also approved to provide care on a day basis only to 3 persons
<b>Date and time of inspection:</b>	12 June 2014 from 11.20 – 13.30hrs
<b>Date of previous estates inspection:</b>	17 January 2012
<b>Name of Inspector:</b>	Raymond Sayers

## **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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. 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 consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, 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;
- Residential Care Homes Minimum Standards (DHSSPS, 2008).

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

## **4.0 METHODS/PROCESS**

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

- Discussion with the Mr James Crudden & Mr Damien Tai;
- Examination of records;
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

## 5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr James Crudden & Mr Damien Tai.

## 6.0 INSPECTION FOCUS

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

### Standards inspected:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

## 7.0 PROFILE OF SERVICE

Barnlee and Lee Cottage are registered to accommodate 23 residents. 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, which is purpose built, is situated in the town of Lisnaskea and is close to 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. Facilities include single bedrooms, bathrooms / toilets, two lounges, dining rooms, staff offices and a number of private seated areas. A secure seated patio area is available to the rear of the home. The home provides residential care and care on a day basis for a maximum of three service users.

## 8.0 SUMMARY

Following the Estates Inspection of Barnlee on 12 June 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds;
- Standard 28 - Safe and healthy working practices;
- Standard 29 - Fire Safety.

This resulted in three requirements and three recommendations, outlined in the quality improvement plan appended to this report.

The facility was generally in a satisfactory decorative condition and building services were maintained in compliance with good practice.

Self-closing devices are not fitted to bedroom fire doors, this matter must be addressed to comply with Northern Ireland Fire & Rescue Service requirements.

The Estates Inspector would like to acknowledge the assistance of Mr James Crudden and Damien Tai during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The remedial issues listed in the report of the previous estates inspection on 17 January 2012 have been addressed.

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activities and procedures; however the following issues are listed as requiring corrective/improvement works to comply with above standard.

Items requiring corrective/improvement action by the registered person are detailed in report paragraphs 9.2.3 - 9.2.6, and in the attached Quality Improvement Plan section titled '**Standard 27 – Premises and grounds**'.

9.2.2 Mr Crudden stated that the communal areas and bathrooms were scheduled to receive redecoration works commencing on Monday 16 June 2014.

9.2.3 The cleaner store decorative wall finish is stained and scratched.  
The prayer room decorative wall finish had sustained wear & tear damage.  
Lee Cottage sitting room decorative wall finish had sustained superficial wear & tear damage.  
(Reference: Quality Improvement Plan Item 2 )

9.2.4 It was noted that the silicone sealant applied to several WC pedestal/floor junctions had deteriorated & degraded.  
(Reference: Quality Improvement Plan Item 1 )

9.2.5 Bedroom 11 en-suite floor finish was stained.  
(Reference: Quality Improvement Plan Item 3 )

9.2.6 Several bedroom en-suite walls had sustained water staining adjacent floor covering up-stand due to defective floor covering up-stand joints.  
(Reference: Quality Improvement Plan Items 2 & 3 )

**9.3** **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home in compliance with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report paragraph 9.3.2, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The BS7671 Periodic Inspection Report for the electrical installation was completed on 28 April 2011; no review date was listed on the certificate.  
(Reference: Quality Improvement Plan Item 4 )

**9.4** **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed on 8 February 2014; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in paragraphs 9.4.2 & 9.4.3 and in items 5 & 6 of the attached quality improvement plan section titled '**Standard 36: Fire safety**'.

9.4.2 The fire risk assessment was completed by Mr Charles Houston on 8 February 2014. It was not established that the fire risk assessor had professional or third party accreditation for the completion of fire risk assessments as recommended by RQIA guidance correspondence dated 31 January 2013.  
(Reference: Quality Improvement Plan Item 6 )

9.4.3 Bedroom doors were FD30S fire resistant specification, but did not have self-closer devices installed in compliance with Northern Ireland Fire & Rescue Service requirements.  
(Reference: Quality Improvement Plan Item 5 )

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mr James Crudden and Mr Damien Tai during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST BT1 3BT**



## Quality Improvement Plan sign off sheet for estates inspectors

<b>Name of Home</b>	Barnlee, RQIA ID:1135
<b>Date of Inspection</b>	12/06/2014
<b>Estates Inspector</b>	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	R.Sayers	08/08/14

Estates Inspection – QIP sign off sheet

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**NOTES:**

The details of the quality improvement plan were discussed with Mr James Crudden & Damien Tai during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

**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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Geraldine O'Neill
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Thomas Gunn

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## Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b)	Inspect all WC pedestals; replace any deteriorated silicone sealant at WC pedestal/floor covering junctions. (Reference: Report paragraph 9.2.4)	12 weeks	This has been reported to Oaklee Housing who are responsible for this maintenance requirement
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2	Standard 27.1	Complete a condition survey of all interior decorated surfaces and continue with the redecoration programme based on the survey report. (Reference: Report paragraphs 9.2.2, 9.2.3 & 9.2.6)	12 weeks	A complete survey of all the interior decorated surfaces has been carried out and is included in our redecoration programme.
3	Standard 27.1	Clean or replace bedroom 11 en-suite stained floor finish, survey and repair defective en-suite floor covering upstands. (Reference: Report paragraphs 9.2.5 & 9.2.6)	16 weeks	room 11 en-suite floor has been cleaned and Oaklee/Trinity is aware of the need to repair the defective floor upstands

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## Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulations 14 (2)(a),(b) &(c)	Verify that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and the electrical installation is compliant with the electricity at work regulations. (Reference: Report paragraph 9.3.2)	8 weeks	Damien Tai (Oaklee/Trinity) who was present throughout the inspection is following this up

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## Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulations 27.(4)(c) & (d)(i)	Develop and implement a works action plan to install self-closing devices on all bedroom doors in compliance with the Northern Ireland Fire and Rescue Service requirements. (Reference: Report paragraph 9.4.3)	Immediate & ongoing	Damien Tai (Oaklee/Trinity) who was present throughout the inspection and is aware that this requirement has already been raised with Oaklee/Trinity and they have assured us that this is on their programme of works. Damien Tai has received a copy of this QIP
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 29.1	It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:  <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a>  (Reference: Report paragraph 9.4.2)	30 weeks	aklee/Trinity employs the fire assessor to carry out the fire risk assessment and Damien Tai (Oaklee/Trinity) who was present throughout the inspection is following this up and has received a copy of this QIP.

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