

# Inspection Report

4 April 2022



## Barnlee

Type of service: Residential Care Home  
Address: 37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD  
Telephone number: 028 6772 3233

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

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> FACT  <b>Registered Person:</b> Ms. Una Lindsay	<b>Registered Manager:</b> Ms. Geraldine O'Neill  <b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Ms. Geraldine O'Neill	<b>Number of registered places:</b> 23
<b>Categories of care:</b> Residential Care (RC): 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 residents accommodated in the residential care home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 23 residents. The home is divided in two units over a ground floor level. The main unit is known as Barnlee and adjacent to it is a smaller independent type unit known as Lee Cottage. Both these facilities fall under the one registration and are managed and staff by the same team of staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 April 2022, from 10am to 2.25pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

No areas requiring improvement were identified during this inspection.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Barnlee was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms. Geraldine O'Neill, Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

During this inspection 17 residents were met with. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and support.

One visiting relative spoke in positive terms about the provision of care, the kindness and support received from staff and the general atmosphere and ambience in the home.

Feedback from three returned questionnaires were all positive and complimentary.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Barnlee was undertaken on 05 July 2021 by a pharmacy inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. Samples of two staff members' recruitment records were reviewed. From this there was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis, as appropriate. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example with the provision of person centre activities and social care needs.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice including those residents who needed specialist diets. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. There was good evidence of an on-going programme of redecoration and upgrade with new paintwork to the corridors and new catering equipment to the kitchens. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for residents to avail of.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. These included regular and up-to-date fire safety checks in the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was on 30 April 2021 and 9 March 2021. Email confirmation was received from the manager on 5 April 2022 to confirm that the six recommendations made from this assessment have been addressed.

There was evidence that there were systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

### 5.2.4 Quality of Life for Residents

It was observed that residents were able to choose how they spent their day. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were engage in person centre pastimes of choice during this inspection. Some residents talked about a recent trip to Enniskillen which they enjoyed. Other residents were relaxing, engaged in one to one activity with staff or enjoying the company of staff and one another.

The genre of music and television played was appropriate to the age group and tastes of residents.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make

phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms. Geraldine O'Neil has been the manager in this home since 01 April 2005. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager explained that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Geraldine O'Neill, Manager, as part of the inspection process and can be found in the main body of the report.



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