



Unannounced Care Inspection Report 7 January 2020



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.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 23 residents.

3.0 Service details

<p>Organisation/Registered Provider: FACT</p> <p>Responsible Individual: Una Lindsay – awaiting application</p>	<p>Registered Manager and date registered: Geraldine O’Neill - 1 April 2005</p>
<p>Person in charge at the time of inspection: Geraldine O’Neill</p>	<p>Number of registered places: 23</p> <p>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</p>
<p>Categories of care: 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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 21</p>

4.0 Inspection summary

An unannounced inspection took place on 7 January 2020 from 09.50 to 15.15.

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

Evidence of good practice was found in relation to staff communication and teamwork in the home, audits, care records and the management of accidents and incidents in the home.

There were no areas for improvement identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent inspection dated 15 July 2019

No further actions were required to be taken following the most recent inspection on 15 July 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Six questionnaires were returned from residents which indicated that living in the home was a positive experience.

During the inspection a sample of records were examined which included:

- staff duty rotas
- staff training schedules
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records

- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The atmosphere in the home was warm and calm with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

Staffing and recruitment

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

During discussion with the manager and staff it was reported that the staffing arrangements in the home had stabilised. The staff stated that there was a successful recruitment and currently a good group of core staff were in place. Staff advised that where agency use was required this was undertaken by the same staff members. One staff member commented:

- "There have been great improvements in the home. We have a new team of senior care staff and they have made a huge difference."

The manager confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. Two assessments were reviewed and found to be satisfactory.

Two staff recruitment records were reviewed. This confirmed that the required pre-employment checks including Access NI and references were completed for all new staff prior to commencement of employment in the home. Staff spoken with and review of records confirmed also that staff completed an induction relevant to their roles and responsibilities.

Staff supervision, appraisal and training

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. Where there were gaps identified in staff training there were further dates arranged. The manager advised that additional training was also provided for staff if required. The manager has a system in place to track compliance with staff training on a monthly basis.

Safeguarding residents from harm

Staff training in adult safeguarding was included within mandatory training records. Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

There was evidence within records of audits where checks were completed by the manager to ensure that staff knowledge was embedded into practice. This is to be commended.

Environment

An inspection of the home was undertaken. On arrival it was evident that redecoration had taken place within the home. Corridors were repainted and this created a brighter atmosphere. One resident took great pride in showing me their bedroom. This bedroom had been redecorated with wallpaper which the resident advised they picked themselves. We observed new furniture in other bedrooms. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed.

All areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home. Corridors and communal areas contained displays which were meaningful to the residents.

The manager advised that they are awaiting further redecoration in regards to the residents' bathrooms and the kitchen areas. It is anticipated this work will commence soon.

Infection prevention and control (IPC)

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in IPC. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection and the importance of handwashing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. We could see that there was significant work completed in regards to care records. New resident files were in place which were easy to navigate.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example care plans referred to the updated dysphagia guidance.

Care records were person centred and provided specific details to ensure staff were informed resident's needs, likes and dislikes. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agrees the delegated duties for the provision of care for each resident. The manager and staff advised that they continue to use daily huddles to ensure the smooth sharing of information across the team. The staff commented positively in relation to this as they felt valued and listened to. Staff comments included:

- “The huddle meetings work really well. There is constant communication and the sharing of information isn’t delayed.”
- “This is a good staff team who all work well together.”

Effectiveness of care

Residents were well dressed in clean attire. Glasses and resident equipment appeared in good working order. Staff were able to describe the individual needs of residents and how these would be met in the home.

We observed the provision of mid-morning snacks. Assistance and support was provided to residents where this was required. We could see that choices were offered and there was a variety of drinks available. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

Discussion with the cook confirmed they were knowledgeable in relation to the specific dietary requirements of each resident. They confirmed that choices were always available and additional meals would be provided when requested. The cook also was very familiar with the individual preferences of each resident and their likes and dislikes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring and compassionate manner.

On the day of the inspection a number of the residents were out a day care. Some of the residents have their own duties within the home. For example a resident was assisting staff to organise the table for lunch. It was evident that this task was meaningful and important for this resident. Some of the residents were going out for coffee while others were having their nails done and playing games.

Some comments made by residents included:

- “Christmas dinner was great, the best I have ever had. The food is good in here.
- “The staff are very kind. They look after us well. I feel very safe in here and well cared for.”
- “I think it’s great, the staff are very good.”
- “The staff are all very good.”

Staff comments were:

- “Staff morale is much improved. We are a good staff team.”
- “There is good care provided here. The care is safe. The residents get lots of choices and opportunities in terms of meals, outings and activities.”
- “This home from home. I have great help from the staff team around me and a good atmosphere in the home. This is a clean, relaxed and homely environment. All the staff are approachable. New staff have integrated really well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident. One staff comment was:

- “I feel very supported by the manager, she is very approachable and very good.”
- “The manager is always a visible presence on the floor and spends time chatting to the residents.”

Management and governance arrangements

The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around and listens to staff handovers and huddles to ensure she is aware of what is going on in the home.

A system of audits was in place in the home. Examples of such audits included; care files, laundry, housekeeping, falls, mealtimes, accidents/incidents and the environment. In addition the manager completes a monthly self-audit which provides further oversight of training and development and staff induction within the home. Where there were areas for improvement identified, actions plans were in place with timeframes.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 16 December 2019, 22 November 2019 and 18 October 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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