



Unannounced Enforcement Care Inspection Report 13 June 2019



Barnlee

Type of Service: Residential Care Home
**Address: 37 Lisnaskea Road, Barnhill, Lisnaskea,
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Inspector: Laura O'Hanlon

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 23 beds registered to provide care and accommodation to persons under the categories of care cited on the home's certificate of registration and detailed within section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: FACT Responsible Individual: Ruth Hill	Registered Manager: Geraldine O'Neill
Person in charge at the time of inspection: Geraldine O'Neill	Date manager registered: 1 April 2005
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	Number of registered places: 23 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

4.0 Inspection summary

An unannounced inspection took place on 13 June 2019 from 10.15 to 16.00.

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.

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to the management and governance arrangements (FTC000031) and the health and welfare of the residents (FTC000032). The date of compliance with the notices was 13 June 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000031 issued on 15 April 2019

FTC ref: FTC000032 issued on 15 April 2019

Evidence was not available to validate compliance with the Failure to Comply Notices.

There was evidence of improvement and progress made to address the required actions within the notice relating to the health and welfare of residents; FTC000032. Following the inspection, RQIA senior management held a meeting on 17 June 2019 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 July 2019.

However regarding the notice relating to the management and governance arrangements; FTC000031; there was very limited progress made. Given the lack of action taken, the responsible individual was invited to a meeting with RQIA in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting the responsible individual presented a robust action plan outlining the action taken or to be taken, to ensure compliance with the FTC notice. Therefore a decision was made not to serve the notice of proposal and to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 July 2019.

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	*1	0

*The total number of areas for improvement include one area which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine O'Neill, registered manager and Yorgen Hooverboard, FACT board member, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- two failure to comply notices.

During the inspection the inspector met with 12 residents, eight staff, a director from the FACT trust board and the registered manager.

The following records were examined during the inspection:

- home improvement action plan
- records of daily spot check audits
- Regulation 29 reports completed by the responsible individual
- staff duty roster
- record of a senior staff meeting
- records of agency staff induction

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 April 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to RQIA on 29 May 2019.

6.2 Review of areas for improvement from the last care inspection dated 8 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that new working files are devised. These should include up to date care plans which accurately reflect the needs of the residents. These records should be appropriately signed and dated.	Partially met
	Action taken as confirmed during the inspection: In conjunction with the WHSCT; new working files were devised. Some of these records include; a current assessment of needs; care plans; risk assessments; report of care management review and daily recorded entries. These records are clear, person centred and appropriately signed and dated. However only five of these new resident files are in place. This regulation is partially met and will be stated for the second time.	

6.3 Inspection findings

FTC Ref: FTC000031

Notice of failure to comply with Regulation 10 of The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—(1) *The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.*

In relation to this notice the following seven actions were required to comply with this regulation.

- The responsible individual must ensure that the registered manager establishes, implements and sustains robust quality monitoring and governance systems.
- The responsible individual must ensure that the monthly monitoring reports, in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005, provide an accurate overview/audit of all areas of the home. This includes, but is not limited to: the hygiene and repair of the general environment; care records; complaints; and accident and incidents. These reports should contain clear action plans, detailing all areas of improvement required.
- The responsible individual must undertake a comprehensive review of the staffing arrangements in the home. This should be undertaken in accordance with resident dependency levels and in conjunction with the adult safeguarding protection plan issued by the Western Health and Social Care Trust (WHSCT).
- The responsible individual must ensure that the staff duty rota accurately reflects the hours worked by staff and the capacity in which they are working.
- The responsible individual must ensure that staff working in the home are knowledgeable in regard to the reporting arrangements in the absence of the manager. Clear lines of communication must be established.
- The responsible individual must ensure that adult safeguarding training is delivered to all staff working in the home, and a governance check must ensure that the learning is fully embedded into practice.
- The responsible individual must ensure that all newly recruited staff have a basic awareness of adult safeguarding within the first week of induction.

Evidence was not available to validate compliance with the Failure to Comply Notice.

On arrival to the home discussion took place with the manager regarding the implementation of robust quality monitoring and governance systems. We were informed that there were no new quality monitoring and governance systems developed.

We reviewed the records of the Regulation 29 reports completed by the responsible individual. These records were completed monthly and they detailed the hygiene and repair of the general environment and the management of accidents and incidents. However they did not provide an adequate overview of all areas of the home. There was no reference to care records and the detail in regards to complaints was limited. The action plans contained in these reports for 15 April; 21 May and 27 May 2019 was not robust and lacked clarity.

The primary focus of these reports was on the improvement work within the environment and there was no reference to the actions outlined within this notice. There remains no process for consultation with relatives and there was no oversight of the ongoing adult safeguarding investigations within the home. These records continue to provide insufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home.

We discussed the staffing arrangements with the registered manager. We were informed that the care staffing levels were increased from six staff in the mornings to seven staff. Discussion with the staff on duty confirmed that the staffing levels were maintained. However staff expressed concern that there is significant use of bank and agency staff in order to maintain adequate staffing arrangements. There was no evidence of consultation with the WHSCT adult safeguarding protection plan to inform this review.

The duty rota accurately reflected the staff on duty in the home. However it did not fully detail the names and grades of all staff working in the home.

We discussed the reporting arrangements in the absence of the manager with the staff on duty. The staff were able to describe the appropriate action to be taken in response to incidents. However they required prompting in relation to the need to inform the manager of these incidents. In addition a resident raised a concern to the inspector. This was brought to the attention of the manager who was unaware of this incident despite this incident having been managed by a member of the senior care staff. Therefore the reporting arrangements were still not sufficiently robust.

Adult safeguarding training was completed by all staff in the home and this was confirmed by the WHSCT. However there was no evidence of a governance check completed to ensure that the learning was fully embedded.

We discussed recruitment with the manager and we were informed that there was no new staff recruited to the home. We reviewed the records of agency staff induction and noted that there was no record of adult safeguarding training being provided to new staff.

Given the lack of action taken to comply with this notice, the responsible individual was invited to a meeting with RQIA in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting the responsible individual presented a robust action plan outlining the action taken or to be taken, to ensure compliance with the FTC notice. Therefore a decision was made not to serve the notice of proposal and to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 July 2019.

FTC Ref: FTC000032

Notice of failure to comply with Regulation 13 of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13.–(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff.

In relation to this notice the following nine actions were required to comply with this regulation.

- The responsible individual must ensure that a deep clean of the environment is completed as a matter of urgency.
- The responsible individual must ensure that a thorough environmental audit is undertaken. This should identify all areas for improvement in the home and an action plan devised with strict timeframes in regard to the management of this.
- The responsible individual must ensure that the ancillary staffing arrangements are reviewed to ensure the standard of environmental cleaning throughout the home is improved and maintained.
- The responsible individual must ensure that the staff duty rota should clearly identify the working hours and areas of work for ancillary staff.
- The responsible individual must ensure that infection prevention and control training is undertaken and fully embedded into practice with all staff.

- The responsible individual must ensure that a system is devised in accordance with best practice guidance to ensure effective laundering of linen and clothing.
- The responsible individual must ensure that the second washing machine is repaired.
- The responsible individual must ensure sufficiently robust audit and governance systems are in place to quality assure the management of infection prevention and control practice throughout the home.
- The responsible individual must ensure that the inappropriate storage is removed from the designated residents' toilet.

Evidence was not available to validate compliance with the Failure to Comply Notice.

On arrival to the home the manager confirmed that a deep clean of the environment was undertaken. Observations during the inspection validated this. The home was fresh smelling and clean. A number of new items of equipment were in place within the home for example; new pedal operated bins, shower chairs and raised toilet seats.

The manager provided an environmental audit which outlined areas for improvement and an action plan. A significant amount of work was already completed to address areas within this action plan including painting and the provision of new flooring in certain areas. In addition plans are in place to replace the kitchens in Lee Cottage and Barnlee and the en suite bathrooms.

Discussion with the manager and review of the staff duty rota confirmed that the ancillary staffing arrangements were reviewed and increased. The manager advised that an additional 14 hours were allocated to the domestic and laundry provision in the home. There were daily schedules in place in regards to ensure that the standard of environmental cleaning was maintained.

Review of the staff duty rota confirmed that the hours worked by the ancillary staff was clearly recorded on the duty rota. The rota also recorded the daily designated areas of work by the ancillary staff.

Discussion with the manager identified that infection prevention and control (IPC) training had not yet been completed but was scheduled for 17 June 2019.

Review of the laundry area confirmed that there was a system in place to ensure there was effective laundering of linen and clothing. There was no evidence of cross contamination of soiled laundry with clean laundry. The manager advised that a plan is in place to improve and increase the laundry area within the home.

We were informed by the staff member working in the laundry area that there was only one washing machine working in the home on the day of the inspection. This was brought to the attention of the manager during the inspection who was unaware of this situation.

Review of records and discussion with staff confirmed that daily audits were being completed by the senior care staff in relation to IPC practices. However these audits were not effective and did not consistently identify areas which required attention.

The inappropriate storage was removed for the designated resident's toilet.

During the inspection it was noted that some progress was made in relation to this notice. Improved arrangements in regards to the management of IPC were in place on the day of the inspection and were evidenced within the environment. However it was concerning regarding the delay in accessing IPC training and that there was only one washing machine working in the home.

RQIA continue to liaise with the Western Health and Social Care Trust (WHSCT) as the host trust. The relevant health and social care trust continue to offer frequent support to the home each week and are closely monitoring the situation for their individual residents. Given this assurance and the evidence of progress toward compliance, a decision was made by RQIA to extend the compliance date in respect of this notice. Compliance with this notice must therefore be achieved by 15 July 2019.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 17 June 2019 regarding the sustained non-compliance. A decision was made to extend the failure to comply notice (FTC000032) with compliance to be achieved by 15 July 2019.

In addition, a meeting was held in RQIA on 25 June 2019 with the responsible individual and the home manager in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting, those present acknowledged the inspection findings and agreed that the improvements being made were not yet fully embedded into practice and that further improvements were required.

The responsible individual presented a robust action plan outlining the action taken or to be taken, to ensure compliance with the FTC notice. Therefore a decision was made not to serve the notice of proposal and to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 July 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine O'Neill, registered manager and Yorgen Hooverboard, FACT board member, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that new working files are devised. These should include up to date care plans which accurately reflect the needs of the residents. These records should be appropriately signed and dated.</p> <hr/> <p>Response by registered person detailing the actions taken: All Residents care files have been reviewed and up dated to accurately reflect the assessed needs of the residents. All records are signed and dated.</p>
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Please ensure this document is completed in full and returned via Web Portal



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