

Unannounced Care Inspection Report 14 July 2016



Barnlee

Type of Service: Residential Care Home

Address: 37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD

Tel No: 028 6772 3233

Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Barnlee took place on 14 July 2016 from 10.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure that it references the current regional guidance.

There were examples of good practice found throughout the inspection in relation to staff induction, training, infection prevention and control, risk management and the home's environment.

Is care effective?

One area for improvement was identified. A requirement was made to ensure that an individualised care plan and risk assessment is completed for one resident.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and good working relationships.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Geraldine O'Neill, registered manager, Sharon Mitten senior care assistant and Finola Mellarkey, acting senior care assistant, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

| | |
|--|---|
| Registered organisation/registered provider: FACT Ruth Hill | Registered manager: Geraldine O'Neill |
| Person in charge of the home at the time of inspection: Geraldine O'Neill | Date manager registered: 1 April 2005 |
| Categories of care: 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 |

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with 20 residents, one member of the domestic staff, one member of the catering staff, the laundress, four care assistants, one acting senior care assistant, one senior care assistant and the registered manager.

Five resident views, five representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 11 July 2016
- Supervision and appraisal records
- Record of a sample induction programme
- Mandatory training records
- One staff recruitment file
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

| Last care inspection recommendations | | Validation of compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 26 January 2016 | The registered person should ensure that the malodour in one identified area of the home is addressed. Action taken as confirmed during the inspection: An inspection of the environment confirmed that the malodour in the identified area was addressed. | Met |

4.3 Is care safe?

The registered manager and senior care staff confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

- one domestic
- one cook
- one laundress
- six care assistants
- one acting senior care assistant
- one senior care assistant
- the registered manager

Review of a sample induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of three staff files found that appraisals were completed in December 2015 and April 2016. Staff supervision was completed twice annually.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessments found this to be satisfactory and completed on an annual basis.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place dated September 2014 included the definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure that it references the current regional guidance.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff and was completed on an annual basis.

Discussion with the registered manager and senior care staff, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager and senior care staff confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems and pressure alarm mats.

Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Comprehensive individualised care plans were in place to support the restrictive practice in place. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

A general inspection of the home was undertaken to examine residents' bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures, spiritual emblems and personal items. The home was fresh smelling, clean and appropriately heated.

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, including those with sensory impairments. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 24 March 2016, identified that any recommendations arising had been addressed appropriately.

Review of staff training records confirmed that staff completed fire safety training twice annually. The deputy manager confirmed that a schedule is in place to ensure that fire safety training is completed on a six monthly basis up to February 2017. Fire drills were completed on 3 May 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure that it references the current regional guidance.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. A third care record was reviewed for a recent admission to the home. Comprehensive multi-disciplinary assessments were in place. However it did not contain a care plan or risk assessment. A requirement was made to ensure that an individualised care plan and risk assessment is completed for this resident.

Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

The care records reflected multi-professional input into the service users' health and social care needs. This was recorded on a document named record of medical professional.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

One area for improvement was identified. A requirement was made to ensure that an individualised care plan and risk assessment is completed for one resident.

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| Number of requirements | 1 | Number of recommendations: | 0 |
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Residents reported that they attend church on a daily and weekly basis and local clergy visit the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Residents and their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained activity assessments. During the inspection some residents were going out for lunch, whilst others were playing outside. In the afternoon residents were involved in musical activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Care records contained pictorial care plans. This is to be commended.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents meetings and care management reviews.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Comprehensive records of complaints were maintained and included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Geraldine O'Neill, registered manager, Sharon Mitten senior care assistant and Finola Mellarkey, acting senior care assistant, 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review 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 | |
| Requirement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 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> <hr/> <p>Response by registered provider detailing the actions taken: A comprehensive care plan and risk assessment has been completed for the new resident, it gives clear guidance for all staff who are working with and supporting him</p> |
| Recommendations | |
| Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 14 October 2016 | <p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.</p> <hr/> <p>Response by registered provider detailing the actions taken: This policy has been reviewed and reflects the current regional guidance</p> |

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