



The Regulation and
Quality Improvement
Authority

Unannounced Enforcement Care Inspection Report 15 July 2019



Barnlee

Type of Service: Residential Care Home
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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 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(s): 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

4.0 Inspection summary

An unannounced inspection took place on 15 July 2019 from 10.30 to 14.30.

This inspection was underpinned by 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 (FTC000031E) and the health and welfare of the residents (FTC000032E). The date of compliance with the notices was 15 July 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000031E issued on 15 April 2019

FTC ref: FTC000032E issued on 15 April 2019.

Evidence was available to validate compliance with the Failure to Comply Notices.

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

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result 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 11 residents, seven staff, two relatives, the responsible individual and the registered manager.

The following records were examined during the inspection:

- a suite of governance audits
- records of staff training and completion of audit and governance checks
- home improvement action plan
- records of daily spot check audits
- Regulation 29 reports completed by the responsible individual.
- staff duty roster
- records of staff meetings
- records of 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 13 June 2019

The most recent inspection of the home was an unannounced care inspection. This QIP was reviewed below.

6.2 Review of areas for improvement from the last care inspection dated 14 June 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: Second 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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff confirmed that new working files were in place for all residents. A number of these files were fully completed. The remaining files have been decluttered and are nearing completion.	

6.3 Inspection findings

FTC Ref: FTC000031E

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 with 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 available to validate compliance with the Failure to Comply Notice.

On arrival to the home we spoke to the manager regarding the implementation of robust quality monitoring and governance systems. We were provided with a new file containing a suite of quality monitoring and governance system audits. The manager told us advised that this new file is reviewed during the completion of the Regulation 29 visits by the responsible individual.

This file included a schedule for the completion of these audits for the period of 2019 -2020 and a policy on Quality and Governance audits. Examples of such governance audits included: a matrix for staff induction; audits of accidents and incidents; complaints; care records; staff training; and restrictive practices. Where there were deficits identified an action plan was in place. Advice was given to the manager to include in this file the system for monitoring staff registration with the Northern Ireland Social Care Council (NISCC).

We reviewed the records of the Regulation 29 reports completed by the responsible individual. These records were completed fortnightly and provided detailed and robust information in relation to the conduct of the home. These records included an overview of care records; the environment; complaints; accidents and incidents; and adult safeguarding in the home. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

We noted that care staffing levels were increased from six staff in the mornings to seven staff. Discussion with the staff on duty confirmed that the new staffing levels were being maintained. The staff reported that the staffing situation was much improved and that staff morale was better. The staff commented on the relaxed atmosphere in the home and the positive attitude of staff in embracing any changes. Such comments included:

- “There have been a lot of changes for the better. The staffing levels are ok.”
- “The home is much improved. There is a more positive attitude from staff and the home is more relaxed. Staff are much happier at their work and with the increase in staff things are not rushed.”
- “The staffing levels are good; everything is flowing together and much better organised.”

The manager confirmed that she was in the process of arranging a meeting with the WHSCT to formally review the staffing arrangements in the home.

We found that the duty rota accurately reflected the staff on duty in the home and the grades of staff were recorded.

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 the event of an incident including the need to inform the manager. The staff further advised that overall, the communication had improved in the home. The manager had introduced ‘safety huddles’ for staff to come together at intervals during the day. The introduction of safety huddles is to be commended; these should improve resident care, safety and wellbeing. Positive comments from staff included:

- “The huddle meetings are great, staff are able to voice openly any issues and there is good input from staff.”
- “There is much better teamwork and the safety huddles have helped this.”
- “The communication is much improved among the staff. The huddles have made this better; you can voice your opinion and it’s listened to. There is a better atmosphere.”
- “The safety huddles have really made a difference, things are much more cohesive and there is better teamwork.”

The manager told us that the reporting arrangements were agreed at a recent staff meeting and review of staff meeting minutes confirmed this. A communication book has also been introduced and staff reported this is good for ensuring that they are kept informed at the start of each shift.

Adult safeguarding training was completed by all staff in the home and this was confirmed by the WHSCT. The manager had completed checks with staff to ensure the training was embedded into practice; this was reviewed at the inspection. The manager also advised that adult safeguarding forms part of the safety huddle discussion where different scenarios are discussed.

We reviewed the records of staff induction. These records were improved to ensure that a basic awareness of adult safeguarding is provided to new staff within the first week. The whole induction process for agency staff was reviewed and extended. Inductions for agency staff will be reviewed after the first month and the third month of work in the home.

FTC Ref: FTC000032E

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 available to validate compliance with the Failure to Comply Notice.

During the inspection the home was found to be clean and no malodours were identified.

An action plan was provided which outlined improvement work within the environment. A number of areas were repainted and further work is planned. The sensory room was completed and was much improved and included the installation of new lighting and a new music system. During the inspection we observed a resident in the sensory room. This resident was totally relaxed and enjoying the activity they were involved in.

The manager told us she had increased the hours for the ancillary staff this was confirm in the duty rota. An additional 14 hours were allocated to the domestic and laundry provision in the home. There were daily schedules in place in regards to the laundry and domestic arrangements. Daily spot checks were completed by staff to ensure that an adequate standard of cleaning was maintained.

The rota also recorded the daily designated areas of work delegated to the ancillary staff.

All staff had completed infection prevention and control (IPC) training. The manager now maintains a record of random checks to demonstrate how this training is embedded into practice. Staff were observed wearing the appropriate Personal Protective Equipment (PPE) during the inspection.

We saw that in the laundry area 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.

During the inspection we observed two washing machines working in the home.

Records were available to confirm that robust audit and governance systems were in place in regards to IPC practice throughout the home. Such records included: daily spot checks completed by staff to ensure that an adequate standard of environmental cleaning was maintained; hand hygiene audits; and weekly audits of IPC within the home. Where deficits were identified, action plans were devised to address any issues within defined timeframes. IPC practices are also raised as part of the safety huddle; this is regarded as good practice.

The inappropriate storage was removed from the identified residents' toilet.

Areas for improvement

No areas for improvement were identified during the inspection.

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

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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