



Unannounced Follow Up Care Inspection Report 15 December 2018



Barnlee

Type of Service: Residential Care Home

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

Tel No: 028 6772 3233

Inspectors: Laura O'Hanlon and John McAuley

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 that provides care for residents living with a learning disability and or a physical disability.

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: Sharon Mitten, senior care assistant	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 15 December 2018 from 10.50 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 was undertaken following information received by RQIA in relation to adult safeguarding concerns.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- environment
- safeguarding
- meals and mealtimes

Resident feedback throughout this inspection was all positive in respect of their life in the home and their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as:

“I am very happy in here, the staff are all good to me.”
 “I like it here, I feel very safe in here.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Mitten, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection. Feedback was also provided to Geraldine O'Neill, registered manager, following the inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 September 2018.

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 previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with 20 residents and six staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Policy and procedure on adult safeguarding
- Whistleblowing policy

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 16 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: First time	The registered person shall undertake a comprehensive review of staffing levels to ensure that the assessed needs and subsequent care of residents are being met.	Partially met
	Action taken as confirmed during the inspection: Discussion with the person in charge confirmed that the staffing levels were reviewed. However it was noted during this inspection that there were deficits in the duty rota overnight. This is further discussed later in the report. This area for improvement was stated for the second time.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall repair/replace the identified torn chair.	Met
	Action taken as confirmed during the inspection: On the day of the inspection there were no torn chairs observed.	

Area for improvement 3 Ref: Standard 20.11 Stated: First time	The registered person shall record in the monthly monitoring reports the times of the visit and confirmation whether the visit was announced or unannounced.	Met
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports identified that the times of the visit and confirmation whether the visit was announced or unannounced were recorded.	

6.3 Inspection findings

Staffing

The senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The person in charge stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. However it was noted that the planned staffing levels were not maintained overnight due to unexpected staff absences within the last week. This was discussed with the registered manager following the inspection.

Temporary/agency staff was sought but they were unable to provide cover. The registered manager advised that contingency arrangements were put in place and relevant risk assessments were undertaken. This area for improvement was stated for the second time to ensure a review of the staffing levels was undertaken.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Environment

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was clean and appropriately heated. The environment was appropriately decorated for the festive period.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

The use of the 'at ease' room was reviewed as part of the inspection. Residents were observed walking freely in and out of this room. The door to this room was always open. When in this room residents were found to be relaxed and calm. Review of the care records confirmed that records were maintained for the times when residents were in this room. One resident was observed to be relaxing in this room of their own choice while listening to music.

Safeguarding

The adult safeguarding policy in place dated May 2018, was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. It was noted that this policy was signed by staff members as read and understood.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, review of accident and incidents notifications, care records and complaints records 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. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. One event had not been reported to RQIA. This was subsequently discussed with the registered manager who submitted the notification the following day.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. It was noted on the record of the staff meetings, that the whistleblowing procedure was a standing item on the agenda. Updated training was provided at the last staff meeting, on the recording and reporting arrangements for the home and the need for staff to review and sign off on this policy. The registered manager also advised that staff could also access line management to raise concerns and that staff would be offered support.

Meals and Mealtimes

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining experience was observed to be calm and organised. The residents who required support with this area of need were provided with the necessary assistance.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Residents' Views

Residents were noted to be relaxed within their environment and positive interactions were observed between staff and the residents. Some of the residents were assisting in the kitchen with meal preparation and had good fulfilment from this. Other residents were out on the bus to the shops.

Comments made by residents during the inspection were:

- “I am very happy, the staff are very good to us. We were all out at the restaurant for our lunch.”
- “The staff are all good to me. I am well looked after.”
- “It’s a great place, the staff are all good. I know the manager. I could go to any of the staff if I had a problem.”
- “It’s lovely, I am happy and safe in here.”

Staff Views

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Overall, discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. One staff member raised concerns regarding the recruitment and induction of care staff, the need for training in autism and their lack of faith in the management structure in the home. These matters were referred to the registered manager following the inspection.

Confirmation was provided that all staff in the home were recruited in accordance with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager advised that autism training was already scheduled for January 2019.

Comments made by staff during the inspection were:

- “Geraldine (manager) is totally supportive to her staff, she is a fantastic manager. If a situation arises, she is always available at the end of the phone. At the last staff meeting, each staff member received a present. The families of the residents are very content with all the care provided. The directors of the board came to the last staff meeting and they are very supportive of the staff.”
- “There is a nice atmosphere in this home and there is good care provided to the residents.”
- “The care provided here is very good, I am very happy with everything.”
- “The care provided here is satisfactory. There should be more attention given to the threshold for entry in to providing care in this environment. After two weeks working in the home, some staff are told to work with those residents who require one to one care. I can’t say anything constructive to the manager, you are provided with no response or resolution.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, communication between the staff and the residents, care records and management of complaints.

Areas for improvement

One area for improvement was stated for the second time to ensure the staffing levels are reviewed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Mitten, senior care assistant, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.1 Stated: Second time To be completed by: 15 January 2019	<p>The registered person shall undertake a comprehensive review of staffing levels to ensure that the assessed needs and subsequent care of residents are being met.</p> <p>Response by registered person detailing the actions taken: This was a unique situation. Prior to this inspection the duty rota had been covered with the required number of staff for that week. Due to unexpected absences we were unable to achieve cover through our internal bank pool or temporary agency staff, however in this instance a contingency plan was put in place to ensure the assessed needs and subsequent care of the residents was being met. Staff recruitment is on going and an overview of staffing levels is kept under review to meet the changing needs of the residents.</p>

Please ensure this document is completed in full and returned via Web Portal



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