



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 September 2018



Barnlee

Type of Service: Residential Care Home

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

Tel No: 028 6772 3233

Inspector: 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 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 registered to provide care and accommodation for 23 persons in the categories of care cited on the home's certificate of registration and detailed in 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: Emma McCaffrey, 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 in total with 18 in the main house and five in Lee cottage. Up to three day care placements per day.

4.0 Inspection summary

An unannounced care inspection took place on 16 September 2018 from 10.30 to 15.30 hours.

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 assessed progress with any areas for improvement identified during and 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 induction, supervision and risk management, governance and management of complaints and incidents. Good practice was also found in relation to care records, reviews, communication between residents, staff and other interested and quality improvement.

Three areas requiring improvement were identified during this inspection. These were in relation to ensuring a review of the staffing levels is undertaken, repair/replace an identified chair and the recording of monthly monitoring visit reports.

Feedback from residents in accordance with their capabilities was positive in regard to their life in the home and their relationships with staff.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine O'Neill, registered manager, after this inspection, 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.

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 6 February 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 inspector met with the 20 residents, six staff and the senior care assistant in charge.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records

- Minutes of recent residents' meetings
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Input from independent advocacy services
- Programme of activities
- Policies and procedures

Areas for improvements 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 6 February 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 6 February 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 35.1 Stated: First time	The registered person shall repair the following issues: <ul style="list-style-type: none"> • Address the areas of rust on shower seats • Address the staining on one identified shower chair 	Met
	Action taken as confirmed during the inspection: These areas have been addressed.	

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the cleaning arrangements of the home are reviewed.	Met
	Action taken as confirmed during the inspection: The cleaning arrangements have been reviewed with satisfactory cover in place.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are current, reflective of the needs of the residents and provide clear direction to staff.	Met
	Action taken as confirmed during the inspection: Inspection of a sample of care records confirmed these were up-to-date and reflective of assessed needs.	
Area for improvement 4 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a quarterly basis.	Met
	Action taken as confirmed during the inspection: This has been actioned.	

6.3 Inspection findings

6.4 Is care safe?

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

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 senior care assistant 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.

One member of staff expressed concerns about the staffing levels in that they felt that the levels did not meet the assessed needs of residents; that some residents needed closer supervision and that care and social needs could not be properly met within existing levels. Discussions with five other members of staff confirmed that they felt the staffing levels were satisfactory and in accordance with residents' assessed needs and that these needs were met. No obvious deficits in staffing levels were observed with care practices at the time of this inspection. In lieu of this information it has been identified that a comprehensive review of staffing levels should be undertaken.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of three completed induction records and discussion with the senior care assistant 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 annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the senior care assistant 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. A sample of two staff competency and capability assessments were inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the senior care assistant and a recently appointed staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staff recruitment files were not inspected on this occasion as this information was not available due to the inspection being undertaken out of hours. These records will be inspected at the next inspection.

The senior care assistant advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy 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. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager following the inspection, inspection 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.

The senior care assistant stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior care assistant advised there were restrictive practices within the home, notably the use of keypad entry systems, pressure alarm mats, wheelchair lap belts and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents' Guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The senior care assistant was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, were available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits of hand hygiene and the environment were undertaken and action plans developed to address any deficits noted.

It was reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The senior care assistant reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends with an action plan developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of décor and furnishings being maintained. An area of improvement was identified in relation to a chair in a kitchen area that was badly torn and needed replacing/repaired.

Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The catering and laundry facilities were tidy and well organised. 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.

A questionnaire was left for the registered manager to submit to RQIA details of when the last Legionella risk assessment was and if recommendations had been actioned.

It was established that one resident in the home smoked. An inspection of these care records identified that a risk assessment and corresponding care plan(s) was completed in relation to smoking. This took account of contributing factors pertaining to the risk such as medical condition(s) and had subsequent prescribed interventions.

A questionnaire was left for the registered manager to submit to RQIA; confirmation that there is a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action when necessary; details of when the last Lifting Operations and Lifting Equipment Regulations (LOLER) examination of lifting equipment was and when the last fire safety risk assessment was undertaken and had all the recommendations been actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, supervision and risk management.

Areas for improvement

Two areas of improvement were identified in respect of this domain during this inspection. These were in relation to undertake a comprehensive review of staffing levels and replacing/repair an identified chair.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents' care records was undertaken. These samples confirmed that care records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as nutrition, falls and manual handling were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

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. For example staff were able to detail how approaches and responses to specific residents in accordance with their care plans had a positive impact on their well-being.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented. Supervision and assistance with residents during the meal was organised and in accordance with assessed needs. Residents commented positively on their provision of meals. 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.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The senior care assistant advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift

handovers. Minutes of staff meetings and resident and/or their representative meetings were inspected during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior care assistant advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior care assistant advised that consent was sought in relation to care and treatment. 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. For example, staff were vigilant in regard to communicating sensitive information about residents and spoke with residents in a kind, caring manner.

Discussion with the senior care assistant confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate. 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 plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, there was good availability of crafts, games, music systems and televisions for residents to avail of. At the time of this inspection residents were relaxing, engaged in pastimes of choice such as crafts or listening to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example one resident described how she was going out later to enjoy her birthday with her family.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The senior care assistant outlined the management arrangements and governance systems in place within the home and stated that the 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 with RQIA.

A range of policies and procedures were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home. Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events 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 senior care assistant advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The senior care assistant advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the senior care assistant confirmed that information in regard to current best practice guidelines was made available to staff. Examples of this included staff training in specific prescribed behavioural plans. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An area of improvement in accordance with standards was identified to record the times of the visit and confirmation whether the visit was announced or unannounced.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Staff advised that staff could also access line management to raise concerns and that they felt this would be dealt with appropriately. Discussions with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. One member of staff express dissatisfaction with the managerial support and did not feel that management were responsive to issues of concern. This matter was conveyed to the registered manager after this inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

Areas for improvement

One area of improvement was identified in respect of this domain during this inspection. This was in relation to the recording of monthly monitoring visit reports.

	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 Geraldine O'Neill, registered manager, after this inspection, 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: First time To be completed by: 16 October 2018	<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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Review of staffing levels is ongoing to meet the changing needs of the residents and discussion with the relevant commissioning trust. This is reflected in the weekly rotas.</p>
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 23 September 2018	<p>The registered person shall repair/replace the identified torn chair.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This chair was taken out of use on 16-09-18.</p>
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 16 October 2018	<p>The registered person shall record in the monthly monitoring reports the times of the visit and confirmation whether the visit was announced or unannounced.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The directors were informed at their meeting on 17-09-18. These visits are always unannounced.</p>



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