



The Regulation and
Quality Improvement
Authority

Barnlee
RQIA ID: 1135
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Barnhill
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BT92 0HD

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**Unannounced Care Inspection
of
Barnlee**

17 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 17 September 2015 from 10.15 to 17.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Mairead Phair, senior care assistant and Pam Weir, deputy manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: FACT, Ruth Hill	Registered Manager: Geraldine O'Neill
Person in charge of the home at the time of inspection: Pam Weir	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E), RC-PH, RC-PH(E)	Number of registered places: 23
Number of residents accommodated on day of inspection: 23	Weekly tariff at time of inspection: £470.00 - £2782.08

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection and notifications of incidents and accidents.

We met with 15 residents, two visiting professionals; three care staff, one member of the ancillary staff and the deputy manager. We inspected the following records: five care records, accident/incident reports, fire safety records, complaints/compliments, registered provider visits and policies and procedures available relating to dying and death and continence management.

Ten staff questionnaires were distributed during the inspection. Four staff questionnaires were returned within the required timeframe.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 9 April 2015.

5.2 Review of requirements and recommendations from the last care inspection on 9 October 2014

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (6)	<u>Restraint</u> In accordance with Regulation 14 (5) details of any form of restraint should be reported to RQIA as soon as practicable.	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that there were no instances of restraint used since the last inspection. There are restrictive practices in place which are agreed by the family and the multi-disciplinary team.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.7	<u>Staff training</u> It is recommended that refresher training in restraint is provided for all care staff.	Met
	Action taken as confirmed during the inspection: Refresher training on restraint was completed on 21 January 2015 by 17 staff members.	
Recommendation 2 Ref: Standard 21.1	<u>Competency/Capability assessment format</u> It is recommended that the template is further reviewed to include additional duties which would be signed off when the staff member has achieved competency.	Met
	Action taken as confirmed during the inspection: The competency and capability assessment was reviewed. Senior care staff are now in the process of being trained in additional duties and this will be signed off, when competence is achieved.	
Recommendation 3 Ref: Standard 17.15	<u>Complaints Register</u> One recommendation made to further enhance the minimum standard related to the establishment of a central register of complaints which would provide ease of access to information for monitoring purposes, including trends/patterns and associated governance arrangements	Met
	Action taken as confirmed during the inspection: A central register of complaints was operational in the home.	

Recommendation 4 Ref: Standard 29.1	<u>Fire risk assessment.</u> It is recommended that the registered manager ensures that the recommended remedial actions taken are recorded within the fire risk assessment.	Met
	Action taken as confirmed during the inspection: The fire risk assessment was reviewed during the inspection. The recommended remedial actions taken were recorded within the fire risk assessment.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The deputy manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. The registered manager and staff shared their experiences of death in the home.

The home had a spiritual ethos. Clergy and lay ministers visited the home throughout the week on a regular, planned basis. Spiritual emblems were noted within a significant number of resident's bedrooms.

In our discussions with the deputy manager and staff they confirmed to us that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to at a sensitive and convenient time after the death of the resident.

Is care effective? (Quality of management)

We noted that the home had a written policy in place on dealing with dying and death.

The deputy manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The deputy manager confirmed that palliative care training was completed by 10 staff on 9 July 2015. Further staff training in this area is scheduled for care staff in October 2015.

We noted that resident care records contained end of life wishes. This document outlined the wishes of the resident or representative following their death. Spiritual and cultural wishes

were recorded within this record. This document was signed by the resident and/or their representative. This practice is to be commended.

Is care compassionate? (Quality of care)

In our discussions with staff and the deputy manager they shared their experience of a death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

The deputy manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

Areas for improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We reviewed five care records. We found that a current needs assessment was completed and that care plans were in place. Assessments and care plans reflected the changing needs of the resident. Care plans were signed appropriately. A specific care plan was in place for those with continence needs. The daily progress notes recorded that continence aids were reviewed on a regular basis to ensure effectiveness of planned care.

We spoke with staff members. They were able to describe the system of referral to continence services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also gloves, aprons and hand washing dispensers were available.

Is care effective? (Quality of management)

We found that the home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is care compassionate? (Quality of care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be met.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents views

We met with 14 residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff.

Six resident questionnaires were returned within the required timeframe. No areas of concern were noted.

5.5.2 Staff views

We spoke with four staff members individually, in addition to the deputy manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “There are always plenty of staff on duty. The management are very approachable”
- “I had a good induction programme when I started”
- “The residents are not rushed, they can lie on if they wish”

Ten staff questionnaires were distributed during the inspection. Four staff questionnaires were returned within the required timeframe. No concerns were raised in these questionnaires.

5.5.3 Views of visiting professionals

We spoke with two visiting professionals. They praised the person centred care delivered within Barnlee. They stated that decisions were made in conjunction with the resident and their family. They also advised that there were good levels of communication with the home and staff were proactive in addressing areas of concern.

5.5.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Spiritual emblems were observed within resident's bedrooms. Décor and furnishings were found to be of a good standard.

5.5.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed. We noted caring duties were carried out in an unhurried manner. Residents were able to rest in bed in the mornings if they wished.

5.5.5 Accident / incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.5.6 Visits by registered provider

We found that the registered provider visits were undertaken monthly and are unannounced. A record of these visits was available in the home.

5.5.7 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 24 April 2015. The deputy manager confirmed that all recommendations have been actioned.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 1 July 2015 and 7 July 2015. The deputy manager confirmed that a fire drill took place on 4 September 2015. This was also recorded within fire safety records.

The records identified that different fire alarms were tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.5.8 Complaints/compliments records

Following an inspection of complaint records and in our discussion with the deputy manager we confirmed that complaints were managed appropriately.

5.5.9 Care records

We reviewed resident care records. We noted that an incident which was reported to RQIA, was not recorded within the daily progress notes. This incident was appropriately managed and reported. A requirement was made to ensure that detailed progress notes are maintained for each resident within the home.

Areas for improvement

One requirement was made to ensure that detailed progress notes are maintained of events within the home.

Number of requirements:	1	Number of recommendations:	0
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6. Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mairead Phair, senior care assistant and Pam Weir, deputy manager. The timescales commence from the date of inspection.

The registered person 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 person 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection</p>	<p>The registered person must ensure that a contemporaneous record is maintained of all care and treatment provided to each resident.</p> <p>Response by Registered Person(s) detailing the actions taken: It has been reinforced with senior staff that all care and treatment provided to each resident is recorded within the Residents Daily Record in addition to the Form (1a) Statutory Notification of Events (Adults Services). This has been actioned with immediate effect.</p>
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Registered Manager Completing QIP	Geraldine O'Neill	Date Completed	08 th Oct 2015
Registered Person Approving QIP	Ruth Hill	Date Approved	16-10-15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	19.10.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.