

Unannounced Care Inspection Report 27 July 2017



Barnlee

Type of Service: Residential Care Home
Address: 37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD
Tel No: 028 6772 3233
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 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 for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: FACT Responsible Individual(s): Ruth Hill	Registered Manager: Pam Weir (acting)
Person in charge at the time of inspection: Pam Weir	Date manager registered: Acting
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 care inspection took place on 27 July 2017 from 10.30 to 17.30.

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 assessed progress with any areas for improvement identified during and since the last care inspection and 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 staff training, care records, the culture and ethos of the home and the management of incidents.

Areas requiring improvement were identified in regards to recruitment practices, the Statement of Purpose and the management of complaints.

One resident said:

- “I help in the kitchen every day. I am getting on well in here. I am going out to the hairdressers today to get my hair done.”

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 Pam Weir, acting manager, 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 23 February 2017.

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 and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 12 residents, seven staff of various grades and the acting manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule/records
- Three staff recruitment files
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings

- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 5 June 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

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 20 (1) (a) Stated: First time	The registered provider must ensure that adequate staff are working in the home in such numbers as to meet the assessed needs of the residents.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and staff identified that adequate staffing levels are maintained in the home. A review of the duty rota confirmed this.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The registered provider must ensure that the practice of early morning wakening for one identified resident is reviewed and addressed to ensure this is in the resident's well-being. A requirement was made to ensure that an appropriate person centred care plan is devised in regard to the management of this area of need.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the acting manager confirmed this practice was reviewed. A review of this resident's care records confirmed that a person centred care plan was in place in regard to practice of early morning waking.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person should ensure that the malodour in one identified area of the home is addressed.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager identified that a deep clean of this area was completed by a cleaning company. In addition extra daily cleaning by staff is also undertaken in this area of the home. The acting manager advised that the plan is for the flooring in this area to be replaced.</p>	Met
<p>Area for improvement 2 Ref: Standard 25.6 Stated: First time</p>	<p>The registered provider should ensure that the capacity in which staff work should be accurately entered on the duty rota.</p> <p>Action taken as confirmed during the inspection: A review of the duty rota identified that the capacity in which staff work was accurately recorded on the duty rota.</p>	
<p>Area for improvement 3 Ref: Standard 6.2 Stated: First time</p>	<p>The registered provider should ensure that in regard to the hourly night checks, a risk based, person centred approach is employed to consider issues of consent and an appropriate care plan devised to support this</p> <p>Action taken as confirmed during the inspection: A review of three care records confirmed that person centred care plans were in place in regard to the need for hourly night checks.</p>	Met

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 acting manager 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the acting 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 were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The acting 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. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the acting 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. However the Enhanced AccessNI disclosure information was retained within the staff recruitment files. This was identified as an area for improvement to ensure that all documentation relating to the recruitment process is stored in compliance with Access NI's Code of Practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising

concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, 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.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The acting manager confirmed there were restrictive practices employed within the home, locked doors, keypad entry systems, locked kitchen and dining areas and the use of pressure alarm mats. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide noted that such restrictions were not adequately described. This was identified as an area for improvement to ensure that the statement of purpose references the restrictive practices used in the home.

The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

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. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

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

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was 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. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 23 March 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed in April and May 2017. Records were 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 and monthly and were regularly maintained.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regards to recruitment information and the statement of purpose.

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

A review of three care records confirmed that these 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 a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, where appropriate) 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. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced during discussion with staff in regard to the needs of the residents.

Records were stored safely and securely in line with data protection.

The acting manager confirmed 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. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review 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.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied and the two respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the 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.

The acting manager confirmed 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.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Residents are supported to attend their place of worship if they wish. Discussion with staff and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. There were easy read care plans in place with picture prompts.

The acting manager and the residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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. This was evidenced during the inspection when a resident became distressed and anxious; this situation was managed calmly and promptly.

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, care management reviews and resident questionnaires.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the residents were asked to go on a bus outing. Some of the residents declined and their decision was respected by the staff.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members are welcome to visit the home at any time.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied and the two respondents described their level of satisfaction with this aspect of care as satisfied.

There were 12 residents spoken with during the inspection. The residents presented as content and relaxed within their environment and there were positive interactions observed with the staff.

A comment made by one resident during the inspection was:

- "I help in the kitchen every day. I am getting on well in here. I am going out to the hairdressers today to get my hair done."

Comments made by staff members during the inspection were:

- "The staffing levels are satisfactory, I have no concerns."
- "The care provided here is brilliant. If I had any concerns I would go to any of the seniors as they are very approachable."
- "This is a good staff team and we all work well together to help each other out. There is good communication."

- “There is good support provided by all staff in the home. We all work well together and everyone gets on well. The care provided is all about the residents and everyone is catered for individually.
- “The staffing levels are good.”

One comment made on a returned questionnaire was:

- “The compassionate care is very consistent and passed on to newly joined staff.”

Areas of good practice

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 taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the 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 acting manager outlined the management arrangements and governance systems in place within the home. 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 was in place to guide and inform staff. The acting manager confirmed that policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of a pictorial complaints procedure in place.

Review 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. It was noted that the most recent complaints did not contain information relating to the outcome of the complaint and the complainant’s level of satisfaction. This was identified as an area for improvement to ensure this is recorded.

A review of accidents/incidents/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 audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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 to read.

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.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The acting 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.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied, one respondent described their level of satisfaction as satisfied and one respondent described their level of satisfaction with this aspect of care as dissatisfied.

One comment made on a returned questionnaire was:

- "The service is noticeably well led on a day to day basis."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regards to management of complaints.

	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 Pam Weir, acting manager, 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.3 Stated: First time To be completed by: 27 August 2017	<p>The registered person shall ensure that all documentation relating to the recruitment process is stored in compliance with Access NI's Code of Practice.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: Copies of Enhanced AccessNI disclosures checks which were retained within some of the staff files have been removed and are now fully compliant with AccessNI' code of practice.</p>
Area for improvement 2 Ref: Standard 10.7 Stated: First time To be completed by: 27 August 2017	<p>The registered person shall ensure that the statement of purpose references the restrictive practices used in the home.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: The Statement of Purpose has been reviewed and revised to reference restrictive practices used within the home. Restrictive practices used with the home are used in agreement with the multi disciplinary team and reflected in individual residents care plans and risk assessments.</p>
Area for improvement 3 Ref: Standard 17.10 Stated: First time To be completed by: 27 August 2017	<p>The registered person shall ensure that the system for the recording of complaints includes the outcome of the complaint and the complainant's level of satisfaction.</p> <p>Ref: section 6.7</p> <p>Response by registered person detailing the actions taken: Management strive to ensure the outcome of complaints and the complainants level of satisfaction is recorded, this is evidenced in all but 2 complaints, where the complainant declined to answer the letters of response to their complaints.</p>

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