

# Unannounced Care Inspection Report

## 29 April 2021



## Barnlee

**Type of Service: Residential Care Home (RCH)**

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

**Tel No: 028 6772 3233**

**Inspector: John McAuley**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 23 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> FACT  <b>Responsible Individual:</b> Una Lindsay	<b>Registered Manager and date registered:</b> Geraldine O'Neill – 1 April 2005
<b>Person in charge at the time of inspection:</b> Nicola Lynch, senior care assistant	<b>Number of registered places:</b> 23
<b>Categories of care:</b> 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.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 09.30 to 14.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- adult safeguarding
- the home's environment
- infection prevention and control (IPC)
- care delivery
- care records
- fire safety
- governance and management

Residents appeared happy and content with their interactions with staff and they stated that staff were kind and caring.

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

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nicola Lynch, senior care assistant, as part of the inspection process and can be found in the main body of the report. The findings of this inspection were also reported back to Geraldine O'Neill, manager, via telephone on 4 May 2021.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with all the residents, with a visiting care partner and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota
- professional registration details of staff
- staff training records
- IPC records and audits
- compliments records
- residents' care records
- fire safety risk assessment
- fire safety records
- regulation 29 monthly quality monitoring reports
- complaints records
- a selection of quality assurance audits
- complaints and compliments records

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Nicola Lynch, senior care assistant, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 June 2020.

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	The registered person shall seek advice from the Public Health Agency (PHA) on the use of staff uniforms and personal clothing in the home, with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This action has been taken.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Staffing levels were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles, duties and workload, the provision of care, training and managerial support.

An inspection of the duty rota confirmed that it accurately reflected the names of staff and grades on duty.

The senior care assistant in charge reported that any member of staff in charge of the home in her absence of the manager has been assessed as competent and capable of doing so.

An inspection of the record of professional registrations of staff found there was a good system of assurance to check the status of staffs' professional registration, the Northern Ireland Social Care Council (NISCC). The manager is registered with the NMC.

### 6.2.2 Adult safeguarding

Staff shared their knowledge and understanding of the safeguarding and whistleblowing policies. They also stated that they would have no hesitation raising any issue of concern and felt manager would be supportive to them in doing so.

Inspection of the record of staff training confirmed training in adult safeguarding was maintained on an up-to-date basis.

### **6.2.3 The home's environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable, tastefully furnished and nicely personalised. Communal areas were comfortable and suitably maintained. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for residents to avail of.

### **6.2.4 Infection prevention and control**

There were appropriate protocols to accommodate visiting residents' relatives and representatives including any attending professionals in line with current guidelines. It was reported that there were care partner arrangements in place and that these were working well.

There was good documentation pertaining to information and guidance for the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and review of IPC audits confirmed that there were effective IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with handwashing and use of Personal Protective Equipment (PPE).

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

### **6.2.5 Care delivery**

Residents were comfortable, content and at ease in their environment and interactions with staff. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were observed to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff were seen to seek residents' consent with delivering personal care with statements such as; "Would you like to...or can I help you with..."

In accordance with their capabilities, residents voiced praise and gratitude for the provision of care in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as:

- "We all get on great here. Like a family."
- "I love my room and how I can choose the decoration."
- "This is a great place. All my friends are here."
- "The staff are very good, specially through COVID. I can't thank them enough."

Recent compliments received from relatives contained the following statements:

- “We wish to thank everyone who has helped in any way to enhance his (resident) life experiences.”
- “I cannot think of any adequate way to acknowledge the commitment, love and devotion to those staff caring for...”
- “Thank you and all the staff at Barnlee, for the kindness, care and professionalism.”
- “You and your staff go far beyond the call of duty in the daily provision of care to the residents.”

A visiting care partner spoke with praise and gratitude for the standard of care provided for and the kindness and support received from staff. This relative described how her loved one’s health and well-being needs improved significantly with the care provided for and how she was overwhelmed by the attentiveness of staff.

Care duties and tasks were effectively organised and carried out in an unhurried manner. A designated activities person was on duty and delivered social activity to both residents on an individual and small group basis. The lunchtime meal was nicely presented and looked appetising.

#### **6.2.6 Care records**

A sample of four residents’ care records were inspected on this occasion. These records were maintained in informative details with up-to-date assessments and review of care intervention and patients’ progress and well-being. Care plans were person centred and based on residents’ holistic needs.

Progress records of residents’ well-being were informative and contained statements of care / treatment given in respect of issues of assessed needs and effects of such interventions.

#### **6.2.7 Fire safety**

The home’s fire safety risk assessment was scheduled for 30 April 2021. There were no recommendations made as a result of the previous assessment in March 2020.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

#### **6.2.8 Governance and management**

The home has a defined management structure. Staff spoken with commented positively about the manager and described her as supportive and approachable.

Inspection of the last two months’ (18 February 2021 and 25 March 2021) monthly monitoring reports on behalf of the responsible individual was inspected. These reports were recorded in good detail which included an action plan for any issues identified and corresponding evidence recorded of subsequent actions taken.

An inspection of staff training records confirmed that mandatory training and additional training for staff were maintained on an up-to-date basis, with good managerial oversight of same.

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environmental cleaning and care records. Where there were areas for improvement identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Inspection of the records from 30 June 2020 to the date of this inspection showed that these were effectively documented and reported to other relevant organisations as necessary.

### Areas of good practice

Areas of good practices were found in relation to the friendly, supportive and caring interactions by staff towards residents and feedback throughout this inspection gave assurance that there was compassionate care delivered in the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.3 Conclusion

Residents were seen to be cared for in a kind, caring manner with staff being attentive to their needs and wishes. Care duties and tasks were organised in an unhurried manner and there was a nice friendly, relaxed atmosphere in the home.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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