

Unannounced Care Inspection Report

30 June 2020



Barnlee

Type of Service: Residential Care Home (RCH)

**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.

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 care home registered to provide residential care for up to 23 residents within the categories of care detailed in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: FACT Responsible Individual(s): Una Lindsay (registration pending)	Registered Manager and date registered: Geraldine O'Neill – 1 April 2005
Person in charge at the time of inspection: Melissa Mallaby - senior care assistant	Number of registered places: 23
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 residents accommodated in the residential home on the day of this inspection: 19

4.0 Inspection summary

An unannounced inspection took place on 30 June 2020 from 10.15 to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- Staffing
- The environment
- Infection prevention and control (IPC)
- Safeguarding
- Care practices / care records
- Fire safety
- Governance and management arrangements

Feedback from residents in accordance with their capabilities, throughout this inspection was positive and complimentary in regards to their life in the home, their relationship with staff and the provision of meals.

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	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed via telephone with Geraldine O'Neill, 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.

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 previous care inspection report.

The following records were examined during the inspection:

- Staff duty rotas (weeks commencing 22 June 2020, 29 June 2020 and 3 July 2020)
- Infection prevention and control audits
- Staff training records
- Safeguarding policy and procedure
- Two residents' care records
- Fire safety records
- A monitoring visit report by the responsible individual
- Complaints records
- Accident and incident report and audits.

"Tell Us" cards were provided to give residents and their relatives the opportunity to contact us after the inspection and share their views of the home. A poster was also provided for staff detailing how they could complete an electronic questionnaire with their views. No responses were received within the relevant timescales.

The findings of the inspection were provided to the manager 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 7 January 2020.

There were no areas for improvement identified as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing

A review of the duty rotas confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The senior care assistant in charge confirmed that they had a competency and capability assessment undertaken to fulfil the responsibilities of this role.

The senior care assistant explained that the staffing levels were safe and appropriate to meet the number and dependency levels of residents and that staffing numbers would be adjusted when needed. Care staffing levels on day duty have increased by one member since the COVID-19 pandemic to facilitate enhanced cleaning duties and activities. This is commended.

Feedback from care staff on duty confirmed that they felt happy with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt a good standard of care was being provided for residents and that residents were treated with respect and dignity. Feedback from staff was shared with the manager after this inspection.

Four residents stated that they felt safe and that there was always staff present to help them if they needed it, both day and night.

6.2.2 Environment

The home was clean and tidy while the décor and furnishings were well maintained. Residents' bedrooms were comfortable and personalised through choice. Bathrooms and toilet facilities were clean and hygienic.

Many areas of the home had been redecorated with good effect before the current pandemic. These areas included corridors, bedrooms, bathrooms, toilets and sensory room. Ongoing redecoration work has now been put on hold due to restrictions arising from the COVID-19 pandemic.

The grounds of the home were well maintained.

6.2.3 Infection prevention and control

Observation of care practices, discussions with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels at appropriate times.

Signage was in place which provided advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were also available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed. A review of staff training records confirmed that all staff were in receipt of up-to-date training in IPC. Staff also confirmed that they received information and guidance on COVID-19 on a regular basis with daily staff meetings. This is good practice.

The senior care assistant confirmed that systems were in place for enhanced cleaning, which included touch points such as door handles, hand rails and light switches. Care staff demonstrated a good knowledge of their role and responsibility in this area when domestic staff are not on duty.

Due to COVID-19, staff were given the option to either wear their uniform or personal clothing while on duty. The manager was advised to seek guidance from the Public Health Agency (PHA) on this issue, and then take any appropriate action. This has been identified as an area of improvement.

Discussions with residents in relation to the enhanced IPC measures, confirmed that they had a good understanding of the need for these and expressed an acceptance of these measures being in place.

6.2.4 Safeguarding

The home has a policy and procedure which is in keeping with current regional adult safeguarding guidance.

The senior care assistant demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.5 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. Residents were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home, with residents enjoying activities and chat with staff. Residents looked well cared for, they were wearing clean clothes and attention had been paid to hair and nail care.

The serving of the lunch time meal was observed. Staff took time to assist residents with their meal. The number of residents sitting together had been reduced in order to facilitate social distancing measures. Residents were offered a choice of main meal and hot or cold drinks. The meal looked and smelled appetizing, and residents spoke positively about this.

Discussions with residents in accordance with their capabilities were all positive in respect of the provision of care and their relationship with staff. Some of the comments made included statements such as:

- “The staff are wonderful and kind.”
- “I like it here very much.”
- “There’s no problems. It couldn’t be better.”
- “I love the staff. They are all very good.”
- “My room is lovely.”
- “The food is very good. I can get what I like.”

Staff confirmed that given the current pandemic, there are currently no visits into the home by residents’ relatives/friends. Staff who were spoken with demonstrated a good understanding of how this may adversely affect the mental and emotional health of residents. Staff told us that in order to mitigate such an impact, they assist residents’ communication with their loved ones by methods such as video telephony or hosting family visits outside residents’ bedroom windows. One such visit was facilitated this way during this inspection. This visiting relative expressed praise and gratitude for the provision of care and the kindness and support received from staff.

6.2.6 Care records

A review of two residents’ care records was undertaken. Care records were effectively written and up-to-date. Care planning was person centred and reflective of residents’ needs.

A review of record keeping regarding the dietary management of residents’ nutritional needs including dietary recommendations made by the speech and language therapist (SALT) was done. It was found that that risk assessments and care plans fully reflected the SALT recommendations in place. Food and fluid intake records reviewed were also up to date. Residents’ weights had been monitored and a record of these was maintained.

6.2.7 Fire safety

A review of fire safety records confirmed that fire safety training, fire safety drills and safety checks were being maintained on a regular and up-to-date basis. Fire safety drills were accurately recorded and evidenced any relevant learning outcomes achieved.

6.2.8 Governance and management arrangements

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager who was on a day off made herself available by telephone for discussions and support during this inspection, and feedback following this inspection.

The monitoring report by the responsible individual dated 22 June 2020 was reviewed. This report was detailed with an action plan put in place to address findings. Corresponding evidence was recorded by the manager in response to the action plan and steps taken. In addition, the

manager reported that the responsible individual is in weekly contact with her in order to assist with ongoing governance and support.

A selection of audits was reviewed in respect to accidents and incidents, hand hygiene and IPC. These were completed on a regular and up-to-date basis and any areas of improvement were identified and addressed.

A review of complaints records found that any expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident reports from 7 March 2020 was undertaken. These reports evidenced that accidents and incidents during this period had been effectively managed and reported to the relevant persons.

Staff training records were well maintained and a review of the training matrix demonstrated that mandatory and additional training needs were met. Also, additional training was provided for senior staff, which included: appraisal and supervision; medication; human resources; adult safeguarding champion; deprivation of liberty and Mental Capacity Act (Northern Ireland) 2016; and rights and restrictive practices.

Areas of good practice

Areas of good practice were found in relation to teamwork, staff support including training, feedback from residents and the resident centred atmosphere. Areas of good practice were also found in relation to staffing levels, upkeep of the environment and care documentation.

Areas for improvement

There was one area of improvement identified during the inspection. This was in relation to seeking advice on the usage and non-usage of staff uniforms.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful and kind manner. The environment was clean and tidy while staff demonstrated a good understanding of infection prevention and control measures in place. Feedback from residents concerning their care was positive. One area of improvement was identified in relation to seeking guidance on the use of staff uniforms.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Geraldine O'Neill, 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 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

<p>Area for improvement 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2020</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The PHA was contacted and have advised that from an infection prevention and control perspective as long as staff are bare below the elbows to allow effective hand hygiene and they are wearing their PPE appropriately this is acceptable.</p> <p>The home will supply staff with work scrubs if there is suspected or confirmed Covid-19 case in the home.</p> <p>Barnlee has always been a non-uniform home as a lot of the resident's activity can be out in the community with staff support and the regular changing of clothes for staff would not be practical.</p> <p>The homes uniform policy will be updated to reflect the provision and wearing of scrubs if and when required in Barnlee. All staff will be made aware of this update/change.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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