



Unannounced Inspection Report 6 January 2020



The Firs

Type of Service: Residential Care Home
**Address: 16 Fair Green, Church Street, Ballygawley,
BT70 2LJ,**
Tel No: 028 85567048
Inspector: Paul Nixon

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, 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 registered residential care home which provides care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: The Firs Services (Ireland) Limited Responsible Individual: Mrs Pauline Gormley	Registered Manager and date registered: Mrs Pauline Gormley 1 April 2005
Person in charge at the time of inspection: Ms Joan Feeney (Assistant Manager)	Number of registered places: 8 - The home is also approved to provide care on a day basis only to 14 persons
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 6 January 2020 from 10.15 hours to 13.10 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 the management of medicines, the environment and the dining experience.

An area requiring improvement was identified in relation to medicine records.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

Details of the Quality Improvement Plan (QIP) were discussed with Ms Joan Feeney, Assistant 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 inspection dated 18 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection. Enforcement action did not result from the findings of this inspection

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection we met with three residents, the assistant manager and two members of care staff.

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- medicine records
- RQIA registration certificate

Areas for improvement 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 care and medicines management inspections

Areas for improvement from the most recent care inspection dated 18 July 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: All freestanding wardrobes had been attached to the wall.	

There were no areas for improvement from the most recent medicines management inspection dated 10 July 2017.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 10.15 hours and were greeted by the assistant manager and staff who were helpful and attentive. Residents were seated in dining room enjoying some mid-morning beverages and snacks. Following this, the residents moved into the lounge to enjoy a planned weekly sing-along activity that lasted until lunchtime.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of five residents' personal medication records and medicine administration records were reviewed.

The medicine administration records had been maintained in a satisfactory manner. However, three of the five personal medication records examined had not been maintained up-to-date; an area for improvement was identified.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the administration of medicines.

Areas for improvement

Personal medication records should be accurately maintained.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Residents dined at the main dining area. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Residents who required to have their meals modified were also afforded a choice of meal. Food was served when residents were ready to eat their meal. The food was served warm and appeared to be nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the availability of medicines, communication between residents and staff and the assistance provided by staff to ensure that residents enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with the residents, in a group setting, confirmed that living in the home was a positive experience.

Of the questionnaires that were issued, eight were returned from residents or relatives. The responses indicated that they were very satisfied with all aspects of the care. Comments included:

- "The staff provide excellent care."
- "The home is so clean and looked after. Dinner is always home cooked – smells lovely."
- "It's like being in your own home. Staff treat you so well and help me with my day."
- "Staff are so good and I have lovely friends here."

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with 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, dignity and privacy and listening to and valuing residents.

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 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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that, if they had any concerns, they could raise these with management. All staff spoken to stated that they enjoyed working in the home.

We also sought staff opinion on staffing via the online survey. There were five responses received within the allocated time provided. All respondents stated that they were very satisfied with all aspects of care.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the person-in-charge advised that all staff had received Level 2 training and that senior staff had attended Level 3 and Level 4 training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Joan Feeney, Assistant 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 via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 5 February 2020	<p>The registered person shall ensure that personal medication records are accurately maintained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: We will ensure that each resident's personal medication prescription record within the cardex is updated promptly with any changes made to medication on the day the change is made as well as holding the actual prescription within each resident's file. These are currently up to date.</p>

Please ensure this document is completed in full and returned via the Web Portal



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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care