Unannounced Care Inspection Report
18 April 2016

The Firs

Type of Service: Residential
Address: 16 Fair Green, Ballygawley
Tel No: 028 8556 7048
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of The Firs took place on 18 April 2016 from 10.00 to 16.30.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were no requirements or recommendations made in regard to safe care.

Is care effective?

There were no requirements or recommendations made in regard to effective care.

Is care compassionate?

There were no requirements or recommendations made in regard to compassionate care. There was outstanding delivery of compassionate care as evidenced during the inspection.

Is the service well led?

There were no requirements or recommendations made in regard to the service being well led. There was outstanding delivery of a well led service as evidenced during the inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Joan Feeney, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection as there were no requirements and recommendations made.

2.0 Service details

Registered organisation/registered person: The Firs Services (Ireland) Limited, Pauline Gormley	**Registered manager:** Pauline Gormley
Person in charge of the home at the time of inspection: Joan Feeney, deputy manager	**Date manager registered:** 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 8
Weekly tariffs at time of inspection: £494.00 - £554.00	**Number of residents accommodated at the time of inspection:** 8

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with six residents, six day care users, two care staff, and the deputy manager. The registered manager was present briefly during the inspection.

The following records were examined during the inspection:

- Two care records
- Duty rota for week beginning 18 April 2016
- Supervision and appraisal schedules
- Record of an induction programme
- Mandatory training records
- Recruitment records including a competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Annual quality review report (2015)
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

Eight resident questionnaires, seven staff questionnaires and three relatives'/representatives' questionnaires were issued as part of this inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of The Firs was an unannounced care inspection dated 1 October 2015. No quality improvement plan (QIP) was issued at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 October 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager and deputy 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. Duty rotas clearly identified the person in charge during each shift and the on call support arrangements for staff.

On the day of inspection the following staff were on duty – the deputy manager and two care assistants. The registered manager was present briefly during the inspection.

Review of one completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training and supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The deputy 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 in the home. One staff competency and capability assessment was reviewed during the inspection and was found to be fully completed as required.

In addition to mandatory training staff had also completed additional training. Examples of this included mental health awareness, record keeping and epilepsy management training.

Discussion with the deputy 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.

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

The adult safeguarding policies and procedures in place were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The home had a specific section dedicated to adult safeguarding within the policy manual. Information contained within this section included the new regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015), Trust guidance on safeguarding, the home's procedure, a leaflet on abuse, a copy of the initial safeguarding referral form, Child Protection policy, RQIA guidance on whistleblowing, a policy on whistleblowing and guidance on Public Interest Disclosure.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Updated training was scheduled for 22 April 2016.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with staff confirmed that daily work schedules were in place.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Inspection of 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 IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in the main bathroom.

The deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments e.g. falls risk assessments, were reviewed at least monthly and updated on a regular basis or as changes occurred.

The deputy manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

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, including those with sensory impairments.

The deputy manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 1 July 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 29 January 2016 and 29 March 2016 and 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/monthly and were regularly maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.4 Is care effective?

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

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. This was recorded within a document named resident review. This detailed the contacts with all professionals.

The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents, complaints, activities and participation levels, environment and food hygiene were available for inspection and evidenced that actions identified for improvement were incorporated into practice.

In addition to this, the daily notes were audited weekly by either the deputy manager or the registered manager.

This was an established practice within the home to ensure that recording was maintained in line with the legislation and standards. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The deputy manager advised that communication was identified as an area of learning as a result of audits. Consequently the home has implemented an improved system of weekly reporting to ensure effective communication among the staff team. This system identified areas such as professional input, care or support needs highlighted and activities.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the deputy 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. Training records confirmed that staff had received training in communication in 2015.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/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, including preferences for end of life care, were met within the home. The deputy manager advised that evening prayer takes place on Saturday evening. Individual work was undertaken with one resident around spiritual needs and this resident subsequently requested to get a prayer book. This was recorded within daily records. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner. This was also noted within communication records.

The staff and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. During discussion with the registered manager she offered an example of the importance of maintaining confidentiality within a small community.

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 arrival to the inspection a tutor was present from the local college. This tutor undertakes music therapy with the residents on a weekly basis. The residents were singing, playing the piano on the ipad whilst others were playing the drums and each resident had a musical instrument to shake. Each of the residents had an opportunity to use the ipad if they wished. The residents advised that this tutor also visits on a second day to teach computers. One resident had purchased his own ipad as a result of this activity. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The deputy manager confirmed that 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. Some examples included the advocacy arrangements is available in audio, fire evacuation arrangements and the residents guide are available in Makaton.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. This summary report dated November 2015 was available for inspection. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed under each of the minimum standards and retained in a manner which was easily accessible by staff. The deputy manager advised this was to ensure the staff were knowledgeable of the standards. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. In addition to this a leaflet on how to make a complaint is distributed to residents on admission to the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Referral information in relation to the Ombudsman is available in audio format.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

The deputy manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents and incidents confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

The manager had recently undertaken a leadership course. Following this the staff were issued with a reflective practice exercise to enable them to reflect on how their shift had went (what went well, what could have went better). This was to ensure that staff were knowledgeable of their own roles and responsibilities.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person identified that she had understanding of her role and responsibilities under the legislation. As the registered manager is also the registered provider she was aware and involved regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The deputy manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the deputy manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The deputy 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

No requirements or recommendations resulted from this inspection.

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 service. 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.

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews