



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 July 2019



The Firs

Type of Service: Residential Care Home
Address: 16 Fair Green, Church Street, Ballygawley BT70 2LJ
Tel No: 028 8556 7048
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 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: Pauline Gormley	Registered Manager and date registered: Pauline Gormley 1 April 2005
Person in charge at the time of inspection: Pauline Gormley	Number of registered places: 8 14 places for day service
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: 6 plus 2 day care

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 10.00 to 14.10 hours.

The inspection sought 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 homely atmosphere in the home and how staff interacted with residents in a kind respectful manner. Good practice was also found in relation to the quality of the environment, care records and associated documentation, staff training and the governance arrangements in the home.

One area requiring improvement was identified in relation to risk assessing all free standing wardrobes.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents, people who visit them and staff during 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 Pauline Gormley, registered 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 1 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 1 December 2018. No further actions were required to be taken following the most recent inspection on 1 December 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, 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

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:

- staff duty rota
- staff training schedule and training records
- staff recruitment and induction records
- two residents' records of care
- complaint records
- a sample of governance audits/records
- accident/incident records
- sample of reports of visits by the registered provider/monthly monitoring reports.
- RQIA registration certificate

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 last care inspection dated 1 December 2018

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection. The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed.

Staff advised that there was good team working in the home, regardless of roles. Evidence of this was available from general observations of care practices and how staff interacted and supported each other for the benefit of residents.

Staff recruitment

An inspection of a sample of two staff members' recruitment records confirmed that these were recruited in line with regulations and standards.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. Staff also advised that a programme of supervisions and appraisals was in place and maintained in a regular and up-to-date basis. The schedule of staff supervision and appraisals was inspected and found these to be actively maintained. Staff also spoke positively about this provision.

A sample of a competency and capability assessment of a staff member who has responsibility of being in charge of the home in the absence of the manager was inspected. This was appropriately maintained.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis by the manager.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Advice on safeguarding was provided for residents and displayed on a notice board.

Environment

The home was clean and tidy with a high standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and personalised. Communal areas were and nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired. Seating throughout the home was comfortable and clean. Toilets and bathrooms were clean and hygienic.

An area for improvement was identified to risk assess all free standing wardrobes. These posed as a risk if a resident were to pull on same in the event of a fall.

There was good provision of infection prevention and control aids and equipment throughout the environment. The grounds of the home were well maintained.

Fire safety

The registered manager advised that the home's most recent fire safety risk assessment was reported to of been undertaken the week before this inspection and the report of this assessment had yet to be issued. It was advised that there were no recommendations made as a result of this assessment. Fire safety training and safety drills were maintained on an up-to-date basis for all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and the environment.

Areas for improvement

One area of improvement was identified in relation to risk assessing all free standing wardrobes.

	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.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans. Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, 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.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included in the care records inspected.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility. Residents were dressed well in matching clean attire. Glasses and walking aids were also clean and appeared in good working order.

The environment was unlocked and residents were able to come and go as they wished. Care was person-centred, in that staff had good knowledge and understanding of individual residents' needs and prescribed interventions. Personal belongings were protected with two residents choosing to have keys to their own bedrooms. Staff interactions with residents promoted respect and choice, such as statements such as "would you like to..." or "can I ...". Residents were integrated into the local community through attendance at local events, shopping, and work placements and day-care.

Dining experience

An appetising wholesome dinner time meal was provided for at the time of this inspection. This contained good provision of choice. The dining room was tidy with tables nicely set. There was a nice ambience in place for residents to enjoy their meal and throughout this inspection residents gave positive feedback on this provision.

The catering facility was tidy, clean and organised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

No areas of improvement identified in relation to this domain during this 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.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. Residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "Pauline (registered manager) and Joan (assistant manager) are very good to me as are all the staff. I really like it here"
- "Everything is lovely. It is very good here"
- "I am very happy"
- "The staff are brilliant"
- "I have no worries here. Everything is very good"
- "The dinners are lovely. I can get what I like".

Residents were facilitated with good information displayed on the notice boards. This information included safeguarding information and contact details, activities, falls prevention and church services information.

Relative's views

Discussions with the family of one resident at the time of this inspection was all complimentary about the provision of care and the kindness and support received from staff. One of the comments included;

- "Everything is 100%".

Social care

Good evidence was available throughout to confirm that residents' social needs were being facilitated. Some residents were engaged with staff in a planned word search activity which they found to be enjoyable.

The programme of activities was well displayed and there were nice displays of previous activities and events. There were good provisions of activity aids and equipment. The seating throughout the home blended itself to residents being able as per choice to enjoy the company of one another.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, visiting relatives and general observations of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified in respect of this domain 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.

On arrival to the home the responsible person/registered manager who was on duty was very welcoming in orientation to the home and making available requested documentation. Throughout this inspection staff praised the managerial arrangements and support.

Staff views

Staff spoke positively about their roles, duties, training, support, teamwork and morale. Comments received from staff included the following statements;

- "The care is excellent"
- "It is lovely leaving a shift and knowing you helped care for the residents in a lovely way and you are not exhausted"
- "I would have no difficulty with a member of my family living here".

Added to this, it was observed that staff members worked well together as a team. There was found to be good communication between one and another in a polite, friendly manner with relaxed cohesiveness between team members.

Staff training

An inspection of staff training records confirmed that staff training requirements and needs were being maintained on a regular and up-to-date basis. A good programme of training was in place to meet residents' needs and relevant standards and guidance. Throughout this inspection staff spoke positively on this provision.

Complaints

An inspection of the records of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. There was also found to be a good culture in the home to facilitate such expressions, including day to day contact with management, resident meetings, complaints information and care reviews.

Accident reports

An inspection of these reports from the previous inspection was undertaken. These were found to be managed well and reported to the relevant persons.

Monitoring visits

The last three months 'reports (16 July 2019, 6 June 2019 and 8 May 2019) of the visits by the responsible individual were inspected. These reports were detailed, informative with good evidence of appropriate governance.

Added to this there was quality of service reports completed on a monthly basis by the assistant manager or the registered manager. These audits were undertaken on an unannounced out of hour's basis. The audits examined the initial impression of the home, comments from residents, care plans, activities, environment, catering records, staff presentation and care practices adherence to policies and procedures. The reports of these visits were detailed, informative with added evidence of appropriate governance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from staff and general observations of care practise pertaining to teamwork.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one areas of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Pauline Gormley, registered 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 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 28.1</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: we looked at the potential risk of injury and had all the wardrobes secured to the walls on 03/08/19</p>



The **Regulation** and
Quality Improvement
Authority

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](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care