

Unannounced Care Inspection Report 26 November 2020



The Firs

Type of Service: Residential Care Home (RCH)
Address: 16 Fair Green, Church Street, Ballygawley, BT79 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 residential care home registered to provide care for up to 8 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
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 09.30 to 13.40 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 following areas were examined during the inspection:

- Staffing
- Safeguarding
- The environment
- Infection Prevention and Control (IPC)
- Care delivery
- Care records
- Fire safety
- Governance and management.

Feedback from residents throughout this inspection was all positive and complimentary.

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 Pauline Gormley, manager, as part of the inspection process and can be found in the main body of the report.

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 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 seven residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided '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. No responses were received in time for inclusion to this report.

The following records were examined during the inspection:

- duty rota
- competency and capability assessments
- record of professional registrations
- recruitment records
- Infection Prevention and Control (IPC) records and audits
- residents' care records
- fire safety risk assessment
- fire safety records
- quality assurance audits
- accident and incident reports
- staff training records
- maintenance reports

The findings of the inspection were provided to Pauline Gormley, 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 medicines management inspection undertaken on 4 August 2020. There were no areas of improvement made as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who has the responsibility of being in charge of the home in the absence of the manager. Inspection of two of these assessments found these to be appropriately maintained and reviewed on an annual basis.

Inspection of the professional registration register for staff confirmed that all staff employed in the home had up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager was registered with the Nursing & Midwifery Council (NMC).

A sample of two staff members' recruitment records was inspected and this was found to be in accordance with legislation.

Staff spoke positively about their roles and duties, training, managerial support and teamwork. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members.

6.2.2 Safeguarding residents from harm

The manager 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.

Staff training records confirmed that training in safeguarding was in place for all staff on an up-to-date basis.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable, personalised and tastefully furnished. Communal areas were comfortable and furnished in a homely manner. Bathrooms and toilets were clean and hygienic. The kitchen was clean, tidy and well organised.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic. This documentation was updated on a regular basis and disseminated to staff.

Observation of care practices, discussion 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. Staff were observed to wash their hands and use alcohol gels at appropriate times. Staff were also observed to encourage and assist residents with good handwashing.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Social distancing of residents was promoted with residents through by choice and guidance. Two residents talked about this and the visiting arrangements which they understood and acknowledged as necessary.

6.2.5 Care delivery

The atmosphere in the home was calm, relaxed and friendly. Residents were comfortable and content in their environment and interactions with staff. Staff attended to residents' needs in a kind, caring manner and their interactions with residents was warm and supportive. Residents were engaged with one another and their environment.

Staff sought consent with assisting with mobility or personal care through statements such as "Would you like to..."

Residents spoke with praise and gratitude about the provision of care, the kindness and support received from staff, the provision of meals and the overall atmosphere in the home. Some of the comments made included statements such as;

- "I love it here. Everything is very good. We are all one family here."
- "It's a lovely home. The staff are brilliant."
- "We all get on great here. I love my friends here and Pauline (the manager) and the staff are super good."

The dinner time meal appeared appetising, wholesome and nicely presented. The dining room was facilitated well and there was a nice atmosphere in place for residents to enjoy their meal.

6.2.6 Care records

An inspection of two residents' care records was undertaken on this occasion. These records were maintained in a secure, organised manner.

A holistic assessment of needs was in place, supported with assessment tools pertaining to dietary management, falls and moving and handling. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

Evidence was in place to confirm that the resident or their representative was including in the care planning process.

Progress records were well written and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home's most recent fire safety risk assessment was dated 24 August 2020. There were no recommendations made as a result.

Fire safety checks were maintained on a regular and up-to-date basis. Fire safety training and safety drills were also maintained on a regular and up-to-date basis.

6.2.8 Governance and management

The manager was knowledgeable about her role and the care needs of residents. The manager was also closely involved in the day to day management of the home.

Quality assurance audits pertaining to Northern Ireland Social Care (NISCC) registrations, the environment, IPC, staff training, and accidents and incidents were inspected and found to be appropriately in place.

Accident and incident reports were found to be recorded in good detail with evidence that these were duly reported to the relevant stakeholders.

Inspection of staff training records confirmed that staff mandatory training and additional areas of training were being maintained on a regular and up-to-date basis, with good oversight of same to ensure compliance with training needs.

Maintenance certificates and service reports were also found to be managed appropriately with a schedule dates of when last done and when due for renewal. These were found to be managed on an up-to-date basis.

Areas of good practice

Areas of good practice were found in relation to the staff teamwork, upkeep of the environment, care records, quality assurance and the nice atmosphere and ambience in the home.

Areas for improvement

There were no areas for improvements were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents appeared well cared for, relaxed, and at ease in their environment and during interactions with staff. There was a relaxed ambience and care was delivered in a person centred manner. The staff on duty and manager had a good knowledge and understanding of residents’ needs. Regulatory documentation was well maintained and there good record keeping in terms of resident care.

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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