



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: The Firs
Establishment ID No: 1511
Date of Inspection: 04 March 2015
Inspector's Name: Laura O'Hanlon
Inspection No: IN016395

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

GENERAL INFORMATION

Name of Home:	The Firs
Address:	16 Fair Green Church Street Ballygawley BT70 2LJ
Telephone Number:	028 8556 7048
E mail Address:	thefirsservices@live.co.uk
Registered Organisation/ Registered Provider:	The Firs Services (Ireland) Limited Mrs Pauline Gormley
Registered Manager:	Mrs Pauline Gormley
Person in Charge of the home at the time of Inspection:	Mrs Pauline Gormley
Categories of Care:	RC-LD, RC-LD(E)
Number of Registered Places:	8
Number of Residents Accommodated on Day of Inspection:	3 plus 6 day care residents
Scale of Charges (per week):	As per Trust contract
Date and type of previous inspection:	27 November 2014 Primary Unannounced
Date and time of inspection:	04 March 2015: 10.00 – 15.30
Name of Inspector:	Laura O'Hanlon

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager/provider
- Examination of records
- Observation of care delivery and care practices
- Discussion with residents and staff
- Inspection of the premises
- Evaluation and feedback.

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

STANDARD 9 - Health and social care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

The Firs Residential Care Home is situated within a housing development in Ballygawley. The Firs was initially registered in October 1997. Mrs Pauline Gormley is the registered provider and the registered manager.

The facility comprises of eight single bedrooms, two sitting rooms, a kitchen/dining room, laundry facilities, toilet/washing facilities and an office. There are well maintained gardens and grounds with car parking facilities to the front of the home.

The Firs is registered to provide care for eight persons with learning disability under 65 years, and over 65 years - Category LD and LD (E). The home is also registered to provide day care for persons with a learning disability. The combined maximum number of residents and day care service users is not to exceed 14 at any given time.

7.0 Summary of inspection

This secondary unannounced care inspection of The Firs was undertaken by Laura O'Hanlon on 04 March 2015 between the hours of 10am and 3.30pm. Mrs Pauline Gormley registered manager/provider was available during the inspection and for verbal feedback at the conclusion of the inspection.

Three recommendations were made as a result of the previous inspection. Review of documentation, observations and discussions demonstrated that the recommendations have been addressed within the required timescales. The details of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9: Health and social care needs of residents are fully addressed.

A review of this standard found that care records were recorded with good account of residents' health and social care needs being met. Residents care records reflected liaison with primary health care professionals and residents were central to this process. Staff who met with the inspector demonstrated knowledge and understanding of individual residents assessed needs and referral pathways to ensure that these needs are met. Care records overall detailed the primary health care professionals involved and there were systems and processes in place to ensure monitoring and provide feedback on follow up care. One recommendation has been made to detail the residents' optometrist and dentist within care records. The evidence gathered through the inspection process concluded that The Firs was compliant with this standard.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The residents' bedrooms and communal areas were clean and comfortably furnished with personal effects adding to the warm nature of the home.

A number of additional areas were also examined including accidents and incidents, fire safety and visits by registered provider. Further details can be found in section 10.0 of the main body of the report.

Two recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
		No requirements were made as a result of this inspection.		

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 10.7	<p><u>Restraint</u></p> <p>It is recommended that the manager has a discussion with the commissioning trust care manager in regard to the necessity for staff training in physical restraint for identified resident.</p>	<p>The registered manager confirmed that a discussion has taken place with the HSC Trust care manager in relation to physical restraint for identified resident. Care manager has liaised with Behaviour Support team and the behaviour support plan has been reviewed. It has been agreed that the current behaviour support plan adequately manages behaviours and the use of physical restraint would not be appropriate.</p>	Compliant
2	Standard 17.10	<p><u>Complaints Template</u></p> <p>It is recommended that a section is added to the complaints template to include a record of any lessons learned from the investigation conducted.</p> <p>Ref:11.7</p>	<p>Examination of the complaints records evidenced that a section has been added to include lessons learned from the investigation.</p>	Compliant
3	Policy development Appendix 2. Minimum Residential Care Standards	<p><u>Policy development</u></p> <p>It is recommended that a policy on trade door sales persons is developed and shared with staff and residents.</p>	<p>A policy has been developed on door callers dated January 2015 and was available in the home on the day of inspection.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
<p>A review of three residents' care records identified that the name and contact details of residents GP was noted; however the details of the optometrist and dentist were not consistently recorded. A recommendation is made that all care records contain details of the residents' optometrist and dentist, as appropriate.</p> <p>Discussion with the registered manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident and/or representative is provided with information on the choice of services in the locality and assisted in the registration process.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
<p>Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' specific needs and interventions required. Staff demonstrated good detail of the action to be taken in the event of an emergency. Care records evidenced comprehensive assessments completed by staff. Staff members confirmed that they are provided with mandatory training including first aid. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect these.</p> <p>Within care records it was noted there was specific information and guidance pertaining to each resident's conditions or illnesses. Staff members are to be commended for this.</p>	Substantially Compliant

<p>A review of three care records evidenced that two out of three care plans were not signed by the resident. A recommendation is made in this regard.</p>	
<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Examination of three care records evidenced that resident wellbeing is continually monitored and recorded. There was evidence of comprehensive assessments undertaken which informed care plans and risk assessments.</p> <p>All areas were considered including the management of continence care. There was free access to bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control.</p> <p>Care records showed evidence of referrals to and regular liaison with primary health care professionals and social services. A document called a resident review was contained within care files which outlines all contacts with a range of health care professionals.</p>	Compliant
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>A review of three care records, discussion with the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records where appropriate. Resident representatives are also kept informed of any follow up care during annual care reviews. The resident review form also reflects that representatives are informed.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three residents' files identified that a record of visiting professionals is maintained within these records in the resident review form. There was also evidence to confirm that referrals are made as necessary to the appropriate services.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed detailed the support needed.	Compliant

ADDITIONAL AREAS EXAMINED

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with three permanent residents and six day care residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Both residents and staff were engaging in craft activities for Easter during the course of the inspection. Residents confirmed that a choice of food is offered and residents were observed eating a nutritious main meal. No concerns were expressed or indicated.

10.2 Relatives/representative consultation

No relatives visited the home during the inspection.

10.3 Staff consultation

The inspector spoke with three staff members, in addition to the registered manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident. No concerns were expressed.

Comments received included:

- "The team treats each of the residents as they would want to be treated themselves, as a family."
- "Always looking to maintain a high standard of care, to promote independence for residents. I have been well supported by management in facilitating my course."
- "Good, helpful and supportive team, high standard of care in all aspects, all staff are involved and care plans are all updated."

10.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

10.5 Environment

The inspector viewed the home accompanied by Mrs Pauline Gormley and alone, inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised with spiritual emblems of resident's choice in place. Décor and furnishings were found to be of a high standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

10.6 Fire Safety

The inspector confirmed that the home's most recent fire safety risk assessment was dated 16 May 2014. The registered manager confirmed that any recommendations raised have been appropriately actioned.

A review of the fire safety records evidenced that fire training had been completed by 12 out of 15 staff on 30 January 2015. This fire safety awareness was undertaken by all staff in January and June 2014.

The registered manager confirmed that different fire alarms are tested weekly and a written record was available on the day of inspection.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. An evacuation had been undertaken on 24 February 2015 by eight residents and three staff.

10.7 Visits by Registered Provider

A review of the visits by the registered provider confirmed that these are completed on a monthly basis. These reports were available on the day of inspection

10.8 Accidents and Incidents

A review of the accidents and incidents from August 2014 to the date of the inspection demonstrated that they were being managed appropriately and that resident representatives, HSC Trust personnel and RQIA were informed accordingly.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Pauline Gormley, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

The Firs

04 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Pauline Gormley, registered manager/provider during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. <p>Ref: Section 9, Criterion 9.1</p>	One	GP details were documented on all residents profiles. The optometrists and dentists details have now been documented on all residents profiles.	31 March 2015
2	6.3	<p>It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: Section 9, Criterion 9.2</p>	One	The staff member and the registered manager had signed the care plans inspected. They had been very recently reviewed and updated and not got residents/representatives signature but this would be normal practice and is now completed	4 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Pauline Gormley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pauline Gormley

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	11.3.15
Further information requested from provider			