

Unannounced Care Inspection Report 26 April 2017



The Firs

Type of service: Residential care home
Address: 16 Fair Green, Ballygawley, BT70 2LJ
Tel No: 028 8556 7048
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of The Firs took place on 26 April 2017 from 10.30 to 16.40.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to the Access NI checks.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pauline Gormley, registered manager and Joan Feeney, deputy 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.

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 on 27 October 2016.

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: Pauline Gormley	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

3.0 Methods/processes

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

During the inspection the inspector met with two residents, four day care users, two care staff, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records

- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the required timeframe.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the home was an unannounced care inspection. There was no QIP issued at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 October 2016

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

4.3 Is care safe?

The registered 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 identified the person in charge during each shift and the on call support arrangements for staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home on the day of the inspection. However on the copy of the duty rota provided to the inspector the staff member who worked the night shift on 22 April 2017 was not recorded. A review of care records, night checks and cleaning rotas confirmed this night shift was covered by a designated staff member.

During discussion with the registered manager she advised that this was an oversight on this copy and another copy of the duty rota was provided which identified the staff member working the night shift on 22 April 2017. The registered manager was advised to ensure that the duty rota accurately reflects the staff working in the home at all times.

Review of two induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. In addition to mandatory training staff had also completed additional training. Examples of this included communication, record keeping and epilepsy management training.

The registered 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. One completed staff competency and capability assessment was reviewed and found to be satisfactory. Discussion with the registered manager identified that this assessment is reviewed annually.

There was recruitment and selection policy and procedure in place dated April 2016. Discussion with the registered manager and review of two 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.

The registered manager confirmed that Enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment. However written records were unable to verify this. A recommendation was made to ensure that the date which the AccessNI disclosure was viewed by the registered manager, is recorded.

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

The adult safeguarding policy and procedure in place was consistent with the current regional and operational 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. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Updated training was scheduled for 28 April 2017 for all staff.

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

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment, records of individual aids supplied and cleaning records all validated that they were well maintained.

There was an infection prevention and control (IPC) policy and procedure in place reviewed May 2016. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed in the bathroom areas.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with staff and review of records confirmed that daily work schedules were in place.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 1 August 2016. There were no recommendations made in this assessment.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were last completed on 27 March 2017. 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 and were regularly maintained.

Areas for improvement

One recommendation was made in regard to the Access NI checks.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed at least monthly 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered 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. A review of the training records confirmed that staff had received training in communication. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents and review of the daily notes confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents and staff and review of the daily notes confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. Within one residents bedroom picture prompts were in place to ensure the resident was aware of their daily routine.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Care plans were in place to support consent and empowerment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents' meetings, monthly monitoring visits and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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. An activity programme was in place. During the inspection two residents had left the home to complete their fitness programme. Those remaining in the home had undertaken armchair exercises. In the afternoon the residents were baking. One resident was also engaged in reflexology.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff advised that family are welcome to visit the home at any time. One resident was away on a short break with their family.

One comment made by a resident during the inspection was:

- "The staff are all really kind, I am very happy in here. The food is lovely."

One comment made by a staff member during the inspection was:

- "The team are a fantastic, supportive and helpful staff team. There are great workers here. The management are very supportive and they are 24 hours on call. The management are very approachable and I am not afraid to ask anything if I am unsure. There is a fantastic standard of care provided and it is a very welcoming place. The residents who receive respite always look forward to coming back. The home is clean and there is always a choice of food offered."

One comment made on a returned representative questionnaire was:

- “Every member of staff is totally dedicated to all the needs of the residents, the care is excellent. They are all one big happy family and you always hear what is going on. It has the highest standard of care. We have not seen (resident) as happy in many years.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

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

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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 to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement. Reflective practice exercises are completed by staff members following an incident or a difficult day at work. This is to allow staff time to reflect on a situation and learn from it.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. Discussion with the registered provider/manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager is also the registered provider and she works her shifts in the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered 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 in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pauline Gormley, registered manager and Joan Feeney, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 19.3

Stated: First time

To be completed by:
28 April 2017

The registered provider should ensure that the date which the AccessNI disclosure was viewed by the registered manager, is recorded.

Response by registered provider detailing the actions taken:

On the day of the inspection we updated our AccessNI disclosure record form to include date viewed.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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