



The Regulation and
Quality Improvement
Authority

The Firs
RQIA ID: 1511
16 Fair Green
Ballygawley
BT70 2LJ

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**Unannounced Care Inspection
of
The Firs**

1 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 1 October 2015 from 10.30 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: The Firs Services (Ireland) Limited	Registered Manager: Mrs Pauline Gormley
Person in charge of the home at the time of inspection: Pauline Gormley	Date manager registered: 1/4/2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 8
Number of residents accommodated on day of inspection: 8	Weekly tariff at time of inspection: £470.00 - £528.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

4. Methods/Process

Prior to inspection we analysed the following records: the previous inspection report, returned QIP from the last care inspection and notifications of incidents and accidents.

We met with four residents, six day care service users, two care staff, the deputy manager and the registered manager. We inspected the following records: three care records, accident/incident reports, fire safety records, complaints/compliments and policies and procedures available relating to dying and death.

Ten staff questionnaires and eight resident questionnaires were distributed during the inspection.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 17 August 2015. The completed QIP was returned and was approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> • Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. 	Met
	Action taken as confirmed during the inspection: The three care records inspected contained information in regard to the resident's General Practitioner (GP), optometrist and dentist.	
Recommendation 2 Ref: Standard 6.3	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.	Met
	Action taken as confirmed during the inspection: The three care records inspected were appropriately signed.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

The registered manager advised us that the general experience has been that residents had transferred to hospital or nursing care due to complex health problems. This was undertaken with the consent of the resident and their family.

The home had a spiritual ethos. Spiritual emblems were observed within resident's bedrooms. Clergy and lay ministers visited the home throughout the week on a regular, planned basis.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to at a sensitive and convenient time after the death of the resident.

Is Care effective? (Quality of management)

We noted that the home had a written policy in place in regard to dying and death.

The registered manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

We noted that care records contained information regarding resident's preferences in relation to end of life care. Spiritual and cultural wishes were recorded within care records. This practice is to be commended.

Is care compassionate? (Quality of care)

In our discussions with staff and the registered manager they shared their experience of a death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home in helping residents and staff deal with dying and death.

The registered manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Areas for improvement

There were no areas of improvement identified with the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We met with four residents from the home and six service users who attend day care at The Firs. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents spoke positively of the staff. Some comments made were:

- “I am very happy here; I could go to any of the staff about anything”
- “I love coming here, the staff are great”

We saw that the residents and service users were engaged in craft activities during the inspection.

Eight resident questionnaires were issued and eight were returned to RQIA. The returned questionnaires were all very positive about the care provided in the home.

5.4.2 Staff views

We spoke with two staff members individually, in addition to the deputy manager and the registered manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “There are very high standards of care provided here. I would have full confidence in sending a relative of mine to The Firs”
- “I wouldn’t be afraid to place someone in here”

Ten staff questionnaires were distributed during the inspection and four were returned within the required timeframe. The returned questionnaires commented on the high standard of care afforded to residents.

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were observed in resident's bedrooms.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

5.4.5 Accidents/incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 1 July 2015.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 30 January 2015 and 19 June 2015. The registered manager confirmed that a fire drill took place on 25 June 2015. This was also recorded within fire safety records.

The records identified that different fire alarms were tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.4.7 Complaints/compliments records

Following an inspection of complaint records and in our discussion with the registered manager we confirmed that complaints had been managed appropriately.

Areas for improvement

There were no areas of improvement identified within these additional areas inspected.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Pauline Gormley	Date Completed	20/10/15
Registered Person	Pauline Gormley	Date Approved	20/10/15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	21.10.15

Please provide any additional comments or observations you may wish to make below:

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