

Inspection Report

11 December 2022



Annahilt

Type of service: Residential Care Home
Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP
Telephone number: 028 9263 8399

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited	Registered Manager: Ms Naomi Graham
Responsible Individual: Mrs Ruth Burrows	Date registered: 17 February 2010
Person in charge at the time of inspection: Mrs Sharon Reid, Team Leader	Number of registered places: 36 A maximum of 9 persons in RC-DE category of care and a maximum of 6 persons in RC-A category of care.
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia A – past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 36 residents. The home operates over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2022, from 9.50am to 2.20pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The previous area of improvement was found to be met.

The home was clean, tidy with a good standard of décor and furnishings being maintained.

There was safe, effective and compassionate care delivered in the home.

Staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner.

Residents said that living in the home was a good experience.

Two areas requiring improvement were identified. These were in relation to staff training in dysphagia and the need to review the availability of regulatory documentation.

RQIA will be assured that the delivery of care and service provided in Annahilt will be safe, effective, and compassionate and that the home will be well led, when addressing these areas for improvement.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Sharon Reid at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the provision of care, the kindness and support received from staff, the environment and the provision of meals. One resident said; "I couldn't be happier here. All is very good and I am very comfortable here. I'd hate to leave this place."

Staff said they felt a good standard of care was provided for and were satisfied with the staffing levels, training and support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 May 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The responsible person shall ensure that care plans are fully and accurately maintained and updated with particular reference to: <ul style="list-style-type: none"> the management of medicines prescribed on a “when required” basis for distressed reactions the management of pain. 	Met
	Action taken as confirmed during the inspection: Review of a care record pertaining to these needs found these to be appropriately recorded.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff said that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said; “I couldn’t be treated any better. The staff are all lovely.”

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management. Assurance was received from staff that staffing levels are kept under review.

A matrix of mandatory training provided to staff was in place. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. One resident said; "It's very good here. I haven't anything to complain about. The food is very good. Plenty of it."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Staff reported that there were no residents on prescribed specialist diets.

An area of improvement was identified for all staff to receive training in dysphagia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 20 June 2022. There was corresponding evidence in place of the actions taken in response to the seven recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents made the following comments about the home; "They (the staff) are very good to me. All very kind." and "Everything is very good. I am being well looked after."

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Ms. Naomi Graham.

The team leader in charge of the home at the time of this inspection acted with competence and knowledge of their roles and duties and the needs of residents.

A range of regulatory documentation was not readily available for review at the time of this inspection. This has been identified as an area of improvement. The Manager submitted requested regulatory documentation after this inspection to RQIA, for subsequent review.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Eileen Dunlop, Regional Manager, was identified as the appointed safeguarding champion for

the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to resident's next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained. One resident said; "I am sure you will find everything is fine here. They (the staff) look after us all well here and I cannot possibly think of anything to complaint about."

There was a system of audits and quality assurance in place. These audits included; falls, infection prevention and control and the dining experience.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Reid, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (I) Stated: First time To be completed by: 11 January 2023	<p>The registered person must ensure all staff receive up-to-date training in dysphagia.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff have received up to date training in Dysphagia via e-learning platform - face to face training sessions are planned for February 2023. Compliance will be monitored through the completion of the monthly Regulation 29 Report</p>
Area for improvement 2 Ref: Regulation 19 (2) Stated: First time To be completed by: 11 January 2023	<p>The registered person shall review how regulatory documentation is stored so that these are available for inspection at all times.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The senior person in charge of the Care Home when the Manager is not on duty will be able to access the regulatory documentation so that it is available for inspection at all times This will be monitored through the completion of the monthly Regulation 29 Report</p>

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