

Unannounced Care Inspection Report

5 July 2016



Barrhall

Type of Service: Residential Care Home
Address: 15a Barrhall Road, Portaferry, BT22 1RQ
Tel No: 0284272 8367
Inspector: Patricia Galbraith

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Barrhall took place on 5 July 2016 from 09.00 to 14.30.

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

Is care safe?

One area of improvement was identified. One requirement was made in regard to the delivery of safe care. A requirement was made to ensure all relevant recruitment information is sought before making an offer of employment. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were made in regard to the delivery of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were made in regard to the delivery of a well led service. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eileen Kelly, 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 type e.g. care inspection

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

2.0 Service details

Registered organisation/registered provider: Bryan and Sheena Muskett	Registered manager: Kerry Muskett
Person in charge of the home at the time of inspection: Eileen Kelly, deputy manager	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment	Number of registered places: 23

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the most recent care inspection and notifications of accidents and incidents.

During the inspection the inspector met with nine residents individually and with others in groups, the deputy manager, two care staff, one domestic assistant, two kitchen assistants and the cook. Inspector also spoke with two residents' representatives and one visitor to the home district nurse and student nurse.

Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Seven resident views questionnaires, two resident representative views questionnaire and seven staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided within the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Staff recruitment records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control records
- Accident / incident / notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 November 2015

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 6 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: First time	The registered manager should ensure that policy and procedures specific to Barrhall are developed which relate to the area of continence care.	Met
	Action taken as confirmed during the inspection: The continence care policy was reviewed and had been updated.	

4.3 Is care safe?

The deputy 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, residents' representatives and staff.

On the day of inspection the following staff were on duty

- 1x deputy manager
- 2 x senior care assistant
- 2 x care assistants
- 1 x domestic staff
- 1 x laundry staff
- 1 x cook
- 2 x kitchen assistants
- One senior care assistant and two care assistants were due to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty.

Two senior care assistants were due on for pm shift and one senior carer and two care assistants were to be on night duty.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

Review of the home's recruitment and selection policy and procedure.

Discussion with the deputy manager and review of four staff personnel files confirmed they had photographic ID physical and mental health declarations, employment history and evidence of qualifications. It was noted that a member of staff commenced work before clearance from access NI had been obtained. A previous access NI application had been used. Two files had only one reference. The need to ensure all relevant information is sought before making an offer of employment was discussed with the deputy manager. A requirement was made in this regard.

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

The adult safeguarding policies and procedures in place which were consistent with current regional 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. The registered manager had been established as safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding 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. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints 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 deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems, lap belts, bed rails, pressure alarm mats, etc. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of four care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised

by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the deputy manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The deputy manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. 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 e.g. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of

premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Public Health Agency and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. There had been flooring replaced in some of the homes corridors. In discussion with the registered provider the rest of the corridors were to be replaced soon.

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, including those with sensory impairments. Discussion with the deputy manager confirmed that action plans were in place to reduce the risk where possible.

The deputy manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 21 July 2015 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed, the last fire drill was 26 April 2016, records had been 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 / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified during inspection. A requirement was made to ensure all relevant recruitment information is sought before making an offer of employment.

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

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

A review of four care records confirmed that these were maintained in line with the standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents were encouraged to make choices about activities and meals.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. For example a resident had lost weight and through review of audits they were referred to dietician.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity/who required specialist supports. The deputy manager reported that the community psychiatric nurse regularly visits to ensure continuity of care records reviewed confirmed this.

Areas for improvement

No areas of improvement were identified during inspection.

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

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

On the day of inspection a resident was being cared for at end of life stage. District nurses were attending the resident and in discussion with the inspector reported that staff in the home were very knowledgeable and compassionate. The district nurse confirmed staff in the home were very good at communicating with them to ensure the resident was pain free at all times. The resident's relative also reported positive feedback in this area of care to the inspector.

The deputy manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and/or their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware of the need to speak with professionals in private when reviewing other residents' needs.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. The deputy manager confirmed that they have plans to take residents out on a day trip.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The deputy manager confirmed that 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.

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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

One visiting representative and the visiting professionals were available in the home during the inspection. Comments included:

- "I am kept well informed of any changes, the staff are good, it has been a good experience for him/her."
- "This is a great place, the care is very good. Staff keep you well up to date."

Areas for improvement

No areas of improvement were identified during inspection.

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

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were 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 should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had 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.

A regular audit of accidents and incidents was undertaken and this was available for inspection. 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 questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; last one dated 30/06/16 a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the deputy manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The deputy 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 of improvement were identified during inspection.

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 this QIP were discussed with Eileen Kelly 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA'S office for review 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	
Statutory requirements	
Requirement 1	The registered provider must ensure all relevant information is sought before making an offer of employment.
Ref: Regulation 21.- (4)(b)(i)	Response by registered provider detailing the actions taken:
Stated: First time	This has been implemented
To be completed by: 05 August 2016	

Name of Registered Manager/Person Completing QIP:	K MUSKETT		
Signature of Registered Manager/Person Completing QIP:	<i>K Musket</i>	Date completed:	5/8/16
Name of Registered Provider Approving QIP:	<i>Sybil D. Musket</i> SA Musket		
Registered Provider Approving QIP:	<i>KD MUSKETT</i> SA MUSKETT	Date approved:	16.08.16
RQIA inspector Assessing Response	<i>P. Gallen</i>	Date:	24-8-16



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