

Inspection Report

12 December 2021



Barrhall

Type of service: Residential
Address: 15a Barrhall Road, Portaferry, BT22 1RQ
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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

<p>Organisation/Registered Provider: Barrhall</p> <p>Registered Persons: Mr. Bryan David Muskett Mrs. Sheena Anne Muskett</p>	<p>Registered Manager: Ms. Kerry Muskett</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Ms. Julie McNeill, senior care assistant then joined by the manager from 11.15am .</p>	<p>Number of registered places: 27</p> <p>A maximum of 21 persons in category RC-DE (dementia). A maximum of 1 person in RC-LD category of care and a maximum of 3 persons in RC-PH category of care. The home is also approved to provide care on a day basis only to 2 persons (Monday to Sunday).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the home on the day of this inspection: 23</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides care for up to 27 residents.</p>	

2.0 Inspection summary

This unannounced inspection was conducted on 12 December 2021, from 10.10 to 1.40pm by a care inspector.

The inspection assessed progress with all areas for 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.

All areas of improvement from the previous inspection were found to be met.

The home was warm, clean and well maintained. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents, in accordance with their capabilities, confirmed that they were satisfied with the care and service provided in Barrhall.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Barrhall and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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.

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 Ms. Kerry Muskett, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Residents described staff as being "kind" and "caring". One resident made the following comment; "All's lovely here. The staff are very good".

Two visiting relatives spoke with praise and gratitude for the provision of care and the kindness and support received from staff.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the management team were very approachable and that they felt well supported in their role.

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 18 February 2021		
Action required to ensure compliance with The Residential Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (8) (a) Stated: First time	The registered person shall ensure that CCTV cameras which cover internal areas of the home are removed or permanently disabled, in line with RQIA current guidance.	Met
	Action taken as confirmed during the inspection: These CCTV cameras have been removed.	
Area for Improvement 2 Ref: Regulation 30 (1) Stated: First time	The registered person shall ensure that accidents and incidents which occur in the home are reported to RQIA in line with current guidance.	Met
	Action taken as confirmed during the inspection: An review of accidents and incidents found that there was appropriate reporting to RQIA in line with current guidance.	
Area for Improvement 3 Ref: Regulation 29 (4) (a) Stated: First time	The registered person shall ensure that the visits by the registered provider include consultation with residents and their representatives about the standard of care provided in the home.	Met
	Action taken as confirmed during the inspection: A review of these monitoring reports confirmed these included consultation with residents and their representatives about the standard of care provided in the home.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28.5 Stated: Second time	The registered person shall ensure that the monthly falls audit is developed in such a way as to identify the resident, time and place of fall, injuries sustained and precipitating factors. This will enable the auditor to identify patterns and trends to help reduce or prevent further falls.	Met
	Action taken as confirmed during the inspection: The monthly falls audits included identify the resident, time and place of fall, injuries sustained and precipitating factors.	
Area for Improvement 2 Ref: Standard 24.2 & 24.5 Stated: First time	The registered person shall ensure that a robust system of managerial oversight is put in place for the regular supervision and annual appraisal of staff.	Met
	Action taken as confirmed during the inspection: A matrix of staff supervision and appraisal has been put in place.	
Area for improvement 3 Ref: Standard 8.2 Stated: First time	The registered person shall ensure that descriptions of behaviours which challenge include specific detail of any triggers, the nature of the behaviours, the duration of the behaviours and any outcomes for the resident.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that the descriptions of behaviours which challenge included specific detail of any triggers, the nature of the behaviours, the duration of the behaviours and any outcomes for the resident.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including safe moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents described staff as kind and caring. Two residents made the following comments; "Things are very good here. I have no bother at all here." and "I am very happy here and I fell lovely and safe".

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care and to knock on resident's bedroom doors to seek permission of entry.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The main dinner time meal is provided for in the evening time.

Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. One resident made the following comment about the meals; "The food is delicious".

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the residents, their next of kin and their aligned named worker to direct staff on how to meet residents' needs.

Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans.

Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

In accordance with their capabilities, residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean and tidy. Residents' bedrooms were personalised with items that were important to them such as family photographs and memorabilia. Communal lounges and the dining room were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 13 July 2021. Corresponding evidence was recorded to confirm that the four recommendations made from this assessment had been addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff were seen to be attentive to residents needs including their social well-being.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Ms. Kerry Muskett is the manager of Barrhall. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about residents care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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.

The home was visited each month by 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.

6.0 Conclusion

Residents looked well cared for and spoke positively about life in the home. Staff were seen to treat residents with kindness and respect and to offer them choices about their care needs and how they would like to spend their day.

The home was clean and tidy. The environment was pleasant and welcoming for residents, staff and visitors. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Kerry Muskett, Manager, as part of the inspection process and can be found in the main body of the report.



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