



Unannounced Care Inspection Report

28 January 2020



Barrhall

Type of Service: Residential Care Home
Address: 15a Barrhall Road, Portaferry, BT22 1RQ
Tel No: 028 4272 8367
Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents.

3.0 Service details

Organisation/Registered Provider: Barrhall Responsible Individual(s): Bryan David Muskett Sheena Anne Muskett	Registered Manager and date registered: Kerry Muskett 1 April 2005
Person in charge at the time of inspection: Kerry Muskett	Number of registered places: 27 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)
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 08.45 hours to 15.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment. Further examples of good practice were found in relation to record keeping, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives, taking account of the views of residents, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the cleaning of wheelchairs and lifting equipment and further development of the monthly falls audit.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Kerry Muskett, 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.

4.2 Action/enforcement taken following the most recent inspection dated 10 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 20 January to 9 February 2020
- staff training schedule and training records
- one staff recruitment and induction records
- four residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from June 2019
- a sample of reports of visits by the registered provider
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 10 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard N39 Stated: Second time	The registered person shall ensure that pedal operated waste disposal bins are positioned within toilets/bathrooms.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed that new pedal operated waste disposal bins have been positioned within toilets/bathrooms.	
Area for improvement 2 Ref: Standard 20.2 Stated: First time	The registered person shall develop a system for the tracking and monitoring of staff NISCC registrations.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with the manager confirmed that a system for the tracking and monitoring of staff NISCC registrations has been developed.	

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental infection prevention and control risks as cited within section 6.3 of this report are addressed;</p> <ul style="list-style-type: none"> • Ensure clean linen within the linen storage room appropriately stored off the floor. • Ensure the items are removed from the floor and appropriately stored within the hair dressing room. • Ensure unclean mop heads are removed and laundered after use. • Remove cloth hand towels from communal use. • Ensure incontinence garments are appropriately stored. • Undertake regular environmental audits which included action required / taken to address issues arising. <p>Action taken as confirmed during the inspection: Observation of the care environment confirmed that these issues have been addressed and review of documentation evidenced that the environment was subjected to audit on a regular basis.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard</p> <p>Stated: First time</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • The care plan referred to reflects the frequency of the times when rotational turning has to take place to relieve pressure. • Care plans are updated when changes occur (Ref; the healing of one pressure sore). • Ensure that the district nurse provides a care plan detailing the actual and potential nursing needs so that staff are aware of the care to be provided between monitoring visits carried out by the district nurse. 	<p>Met</p>

	Action taken as confirmed during the inspection: Discussion with the manager confirmed that there are no residents with a pressure sore in the home but if this was ever to occur again she would ensure that the district nurse provided a care plan detailing the actual and potential nursing needs so that staff would be aware of the care to be provided between monitoring visits carried out by the district nurse.	
Area for improvement 5 Ref: Standard 25 Stated: First time	The registered person shall ensure that staff meetings are held on a regular basis, at least quarterly, with minutes recorded and retained.	Met
	Action taken as confirmed during the inspection: A review of documentation confirmed that staff meetings were held quarterly.	
Area for improvement 6 Ref: Standard 12.13 Stated: First time	The registered person shall ensure that a minimum of three weekly rotating menus are provided.	Met
	Action taken as confirmed during the inspection: Discussion with the chef and a review of documentation confirmed that a three week menu was in place.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were regularly reviewed to ensure the assessed needs of the residents were met. A review of the duty rota from 13 January to 9 February 2020 confirmed that it accurately reflected the staff working within the home. Staff spoken with did not have concerns about the staffing levels but felt that an extra member of staff in the mornings would be of benefit as the dependency of some residents has increased. This was relayed to the manager at the conclusion of the inspection for consideration.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all new staff.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal were regularly provided.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of a personnel file for one staff member confirmed that staff were recruited safely to protect residents.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Observations confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), such as disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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 throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. Audits had been completed in relation to hand hygiene, PPE, and the environment. However the cleaning of wheelchairs and lifting equipment should be monitored as we saw dust and debris on them. An area for improvement was made.

We saw that residents' bedrooms were individualised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated.

We saw that the home and grounds were kept tidy, safe; and easily accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The manager confirmed that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), and fire safety. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to the cleaning of wheelchairs and lifting equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the manager and observation of care delivery confirmed that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four residents' care records showed that these accurately reflected residents care needs and statements regarding the health and well-being of the residents were recorded twice daily.

Care needs and risk assessments regarding manual handling, nutrition and falls prevention were reviewed and updated on a regular basis or as changes to the resident's circumstances occurred.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned their practice. For example, staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and dietary needs and preferences of the residents. The dining room was well presented, tables had been set and condiments were in place.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within resident's care plans.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Referrals were made to the multi-professional team in a timely manner. The manager confirmed that there were arrangements in place to monitor, and review the effectiveness and quality of care delivered to residents at appropriate intervals. This included a regular programme of auditing and review of systems and processes. For example, we reviewed how the manager monitored and analysed the incidence of falls occurring in the home. We found that these audit records were not clear regarding the details of each incident including the residents' names, time and place of the incident. Details were discussed with the manager and an area for improvement was made

The manager advised 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.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also said that the manager always took the time to speak with them individually.

There were also systems in place to ensure openness and transparency regarding the running of the home, for example, regular visits by registered provider, latest RQIA inspection reports and annual Quality Review Report.

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.

The manager reported that arrangements were in place, to support and advocate for residents.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to further development of the monthly falls audit.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observation and discussion with the 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.

The manager and residents confirmed that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how residents' confidentiality was protected.

Action was taken to manage any pain and discomfort expressed by residents in a timely and appropriate manner. This was further evidenced by the review of care records.

Discussion with staff and residents, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents enjoyed taking part in music, entertainment and crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Eight residents and two relatives returned questionnaires to RQIA all indicating they were very satisfied that the care was safe effective compassionate and well led. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three staff responded to say they too were very satisfied with the care in all domains.

Comments received from residents, relatives and staff during inspection were as follows:

- "I am a nurse myself so I can assure you that the quality of care we receive here is excellent. Whatever you want they will try to get it for you. Also the manager comes around to speak individually with us every day." (resident)

- “It’s a great place. Great views over the lough and all but you cant beat you own home.” (resident)
- “It’s very good now. No doubt about that, but do you know what I’m going to tell you. Even though you have lovely people around you it can still be lonely.” (resident)
- “I enjoy coming to visit here. I think the quality of care is marvellous.” (relative)
- “My mother is very well cared for here.” (relative)
- “Our managers address things immediately and our residents are great.” (staff)
- “I am here for 20 years and really enjoy my work. Everyone gets on very well.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, respect for residents’ dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager outlined the management arrangements and governance systems in place within the home to assure the quality of the delivery of care and other services to residents. The manager also confirmed that 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 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 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. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, for example, thank you letters and cards.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the 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 to enable them to care for the residents.

A visit by the registered provider was undertaken on a monthly basis a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 and Residents Guide.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this.

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kerry Muskett, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35.1 Stated: First time To be completed by: 29 February 2020	The registered person shall ensure that all wheelchairs and lifting equipment are maintained clean and a system implemented to monitor their cleanliness. Ref: 6.3 Response by registered person detailing the actions taken: This has been implemented.
Area for improvement 2 Ref: Standard 28.5 Stated: First time To be completed by: 29 February 2020	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. Ref: 6.4 Response by registered person detailing the actions taken: There is a monthly falls audit in place for auditing.

Please ensure this document is completed in full and returned via Web Portal



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