

Unannounced Care Inspection Report

28 September 2017



Barrhall

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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 23 beds that provides care for older people, residents living with dementia, physical disability and learning disability.

3.0 Service details

Organisation/Registered Provider: Barrhall Responsible Individuals: Mr Bryan Muskett and Mrs Sheena Muskett	Registered Manager: Ms Kerry Muskett
Person in charge at the time of inspection: Eileen Kelly, assistant manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 23 The home is also approved to provide care on a day basis only to 2 persons (Monday to Sunday)

4.0 Inspection summary

An unannounced care inspection took place on 28 September 2017 from 09:50 to 14:50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, adult safeguarding, the home's environment, care records, audits and reviews, the culture and ethos of the home, taking account of the views of residents, governance arrangements and quality improvement.

Areas requiring improvement were identified. These related to the completion of competency and capability assessments for staff left in charge of the home and monthly monitoring visit reports.

Residents said that they received very good care in the home and that the staff were most attentive to them. They enjoyed the food, the company and the activities offered in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Eileen Kelly, Assistant Manager and Kerry Muskett, Registered Manager, by telephone after the inspection. 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 care inspection

No further actions were required to be taken following the most recent inspection on 18 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with six residents, two staff, the assistant manager and the registered manager who was present for a short period during the inspection.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Fifteen questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care files of three residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls), nutrition, continence management
- Equipment maintenance records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 most recent inspection dated 18 May 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The assistant manager advised that the staffing levels for the home 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the assistant 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 mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

In discussion with the registered manager it was established that separate competency and capability assessments were not undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager. Action was required to ensure compliance with the regulations in relation to the completion of competency and capability assessments.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The assistant manager advised that enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. As no staff had been recruited since the previous inspection, staff personnel files were not reviewed on this occasion.

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

The adult safeguarding policy in place was forwarded to RQIA after the inspection; it was found to be consistent with the current regional guidance and included the types of abuse, onward referral arrangements, contact information and documentation to be completed. A separate policy was in place for child protection. Advice was provided to the registered manager in regard to the removal of older policy documents from the policy manual in order to avoid confusion for staff.

Staff advised that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). 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 registered manager advised that no adult safeguarding issues had arisen since the last care inspection; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The assistant manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the assistant manager identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

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 assistant manager confirmed there were restrictive practices employed within the home, notably locked external doors with a keypad entry system. Discussion with the assistant manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The assistant manager advised there were risk management policy and procedures in place in relation to safety in the home. Discussion with the assistant 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. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The assistant manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure forwarded to RQIA after the inspection confirmed that this was 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 the 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.

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.

The assistant manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. 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.

The home had an up to date fire risk assessment in place dated 1 September 2017. The registered manager advised that recommendations arising from this assessment were in the process of being appropriately addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 6 June 2017 with morning and evening sessions provided to ensure that all staff attended. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that means of escape were checked daily, fire alarm systems were tested weekly and emergency lighting and fire doors were checked monthly. All equipment and systems were regularly maintained.

Fifteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

A comment received from a resident's representative was as follows:

- "An excellent service"

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to the completion of competency and capability assessments for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

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

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. behaviour management plans, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff were able to describe in detail the individual care needs of residents and how these are met in the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The assistant 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, accidents and incidents (including falls), nutrition and continence management were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The assistant 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. The assistant manager and staff reported that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection. The registered manager advised that a separate representative meeting was to take place in mid-October and this was designed to include a dementia support/education aspect. This represented good practice.

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 assistant manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Fifteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

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

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 care compassionate?

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

The assistant 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents established that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff advised that they were aware of the need to promote residents' rights, independence and dignity and were able to describe how residents' confidentiality was protected.

The assistant manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them and that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. There were residents' meetings and a suggestion box; residents were also encouraged and supported to actively participate in the annual reviews of their care in the home.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, 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.

Residents spoken with during the inspection made the following comments:

- "This place is marvellous. The staff are so kind and thoughtful. They are happy in their jobs and take great pleasure in making others happy. I feel very safe here. I am happy with my room and the food is lovely. There is lots to do and I like having the company of the other residents. I'm really glad that I came here to live. I feel very lucky"
- "The staff are very good to us all. I like living here"
- "I'm happy here. The staff are good to me. I have a good routine, the house is kept lovely and clean and I get lots of the kind of food and drinks that I like. There's plenty to keep me busy"
- "This is a good place to live. The staff treat everyone well"
- "I'm happy with living here"
- "This is a good place"

Fifteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

6.7 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 assistant manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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 was 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Staff advised that they were knowledgeable about how to receive and deal with complaints.

The assistant manager advised that no complaints had been received since the last care inspection. A review of 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. The assistant manager advised that should complaints be more regularly received, an audit of complaints would be undertaken to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Accidents/incidents/notifiable events were reviewed during the last care inspection and were not inspected on this occasion.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The assistant manager advised that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example dementia awareness and palliative care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The last monitoring visit report available in the home was dated April 2017. The registered manager

later advised that subsequent monitoring visits had been completed and the reports were submitted to RQIA.

It was noted that the monthly monitoring visit reports did not record the times at which the visits commenced and ended. The reports also recorded the views of individuals present in the home, but there was no record of the identity of these individuals. Action was required to ensure compliance with the standards in relation to monitoring visit reports. Advice was provided to the registered manager after the inspection in regard to the use of a more comprehensive template available on RQIA's website.

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 assistant manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The assistant manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The assistant manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Fifteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as satisfied or very satisfied.

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

One area for improvement was identified during the inspection. This related to the availability of the monthly monitoring visit reports in the home and to the information contained within the reports.

	Regulations	Standards
Total number of areas for improvement	0	1

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, Registered Manager, by telephone after the inspection. 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 Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 20.- (3) Stated: First time To be completed by: 29 December 2017	<p>The registered person shall ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been implemented</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 20.11 Stated: First time To be completed by: 31 October 2017	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> • all monthly monitoring visit reports are available in the home • the times at which the visits commence and end are recorded • where the views are obtained of individuals present in the home, the identity of these individuals is noted with the unique identifier used in order to protect confidentiality <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been implemented</p>
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