

Announced Variation Application Premises Inspection Report 18 October 2018



**Barrhall Care Home
Service ID: 1578**

**Variation Reference
VA010952**

**Type of service: Residential Care Home
Address: 15a Barrhall Rd, Portaferry. BT22 1RQ
Tel No: 028 42728367
Inspector: Raymond Sayers**

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 where care is provided for 23 residents.

3.0 Service details

Organisation/Registered Provider: Bryan David Muskett & Sheena Anne Muskett	Registered Manager: Kerry Muskett.
Person in charge at the time of inspection: Kerry Muskett	Number of registered places: 23

4.0 Inspection summary

An announced inspection took place on 16 October 2018 from 13.40 to 14.50.

This inspection was underpinned by:

- The Residential Care Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

The purpose of the inspection was to review the accommodation referred to in the above variation application, and ensure that the works were compliant with the listed regulations and standards. The variation application proposes to increase the number of residents from 23 to 27.

The following areas were examined during the inspection:

- New build and building conversion accommodation.
- Statutory approval documents
- Building services certificates.
- External activity/garden space.

The building variation works were not complete and therefore a further inspection will be required prior to approving the variation for registration.

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

5.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

Areas for improvement and 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.

6.0 The inspection

6.1 Fire safety

1. The fire risk assessment review was not available for examination;
2. Bedroom doors in newly constructed accommodation had self-closer devices installed, but were not swing-free, as required by NIHTM84.
3. The `means of escape` corridor route from the new extension has not yet been formed by breaking through the former bedroom wall.

6.2 Statutory approvals

1. Building control completion certificate for the alteration/extension works was not available for examination; (received by e-mail 06 November 2018)
2. Planning approval letter from local authority was not available for examination

6.3 Health & safety

1. The external path steps leading from adjacent the building extension external doorway to the store room has no fall prevention controls in place , and creating a potential fall hazard.
2. The boundary fence around the perimeter of the garden/external area could potentially be climbed by an ambulant resident; there is a steep gradient leading to a water course adjacent a section of the perimeter fence line. A potential fall hazard is present.
3. Window opening casements are not restricted to a maximum of 100mm opening.
4. We are informed by the applicant that the facility does not have stored cold water on the premises. The water distribution system is altered during the extension works.

6.4 Areas for improvement

1. A fire risk assessment review must be completed, and the bedroom door self-closer devices installed should be swing-free compliant with NIHTM84 standards.
2. A copy of the planning approval letter from the local authority planning department must be submitted for RQIA premises inspector verification.
3. A health and safety risk assessment should be completed for the garden/external activity area, paying particular attention to the height and specification of the perimeter fencing, ensuring that resident's /service user's ability/mobility is included in the assessment.
4. Window opening casements should be restricted to a maximum opening of 100mm.
5. The legionella risk assessment should be reviewed by the facility manager.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Kerry Muskett, Registered 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
- Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standards 29.1 & 29.2 Stated: First time To be completed by: prior to registration	The registered person shall ensure that a fire risk assessment review is completed , and ensuring that new extension bedroom doors have `free-swing` self-closer` devices fitted in compliance with NIHTM84 Ref: 6.1.1 & 6.1 .2
	Response by registered person detailing the actions taken: This has been implemented

Area for improvement 2 Ref: Standard 27.11 Stated: First time To be completed by: prior to registration	The registered person shall submit written evidence of: (1) Local Authority Planning approval for the extension/alteration development. Ref: 6.2.2 Response by registered person detailing the actions taken: This has been sent to Estates Inspector
Area for improvement 3 Ref: Standards 27.5, 27.8 & 28.5 Stated: First time To be completed by: prior to registration	The registered person shall have a health and safety risk assessment completed for all exterior resident accessible areas, ensuring that perimeter fences are of sufficient height and constructed to eliminate the potential for service users climbing on the fence-line. Fall prevention controls must be implemented where there is potential for falls from heights. Ref: 6.3.1 & 6.3.2 Response by registered person detailing the actions taken: This has been implemented.
Area for improvement 4 Ref: Standard 27.5, 27.8 & 28.5 Stated: First time To be completed by: prior to registration	The registered person shall ensure that all windows openings are examined to ensure that window opening casements are restricted to a maximum opening distance of 100mm. Ref: 6.3.3 Response by registered person detailing the actions taken: This has been carried out.
Area for improvement 5 Ref: Standards 27.5, 27.8 & 28.5 Stated: First time To be completed by: prior to registration	The registered person should ensure the legionella risk assessment is reviewed and any action plan recommendations are implemented. Ref: 6.3.4 Response by registered person detailing the actions taken: This has been reviewed.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care