



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Barrhall, 1578  
**Date of Inspection:** 3 September 2014  
**Inspector's Name:** Lorna Conn  
**Inspection No:** 17796

**The Regulation And Quality Improvement Authority**  
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**1.0 General information**

<b>Name of home:</b>	Barrhall
<b>Address:</b>	15a Barrhall Road Portaferry BT22 1RQ
<b>Telephone number:</b>	028 42728367
<b>Email address:</b>	kerrymusk@yahoo.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Bryan David Muskett & Mrs Sheena Anne Muskett
<b>Registered Manager:</b>	Ms Kerry Muskett
<b>Person in charge of the home at the time of inspection:</b>	Ms Kerry Muskett
<b>Categories of care:</b>	RC-I, RC-DE, RC-LD, RC-PH
<b>Number of registered places:</b>	23
<b>Number of residents accommodated on day of inspection:</b>	23
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	19 March 2014, secondary unannounced inspection
<b>Date and time of inspection:</b>	3 September 2014 10:00am - 4:20pm
<b>Name of Inspector:</b>	Lorna Conn

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	14
Staff	5
Relatives	3
Visiting Professionals	0

Questionnaires were provided, prior to the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	14

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Barrhall Residential Care home is situated three miles approximately outside of the town of Portaferry in a rural setting with commanding sea views. It is surrounded by gardens, to which the residents have easy access. There is a walking path around the perimeter of the garden and raised flowerbeds have been added. The home is situated within the South Eastern Health and Social Care Trust. The residential home is owned and operated by Mr Bryan David Muskett & Mrs Sheena Anne Muskett. Ms Kerry Muskett is the registered manager of the home.

Accommodation for residents is provided in single and double rooms on single storey basis. Five bedrooms are shared rooms and fourteen are single occupancy. The single rooms have ensuite facilities and a number of communal sanitary facilities are also available throughout the home. Communal lounge and dining areas are provided and a sunroom gives panoramic views over Strangford Lough and there is access onto a large patio which is enclosed. There is a good car parking area provided at the front of the home, with a separate entrance and exit.

The home is registered to provide care for a maximum of 23 persons under the following categories of care: RC-I, Old age; RC-DE, Dementia; RC-LD, Learning Disability and RC-PH, Physical disability other than sensory impairment.

Barrhall is registered to provide two day service places per day, Monday to Sunday.

## 8.0 Summary of Inspection

This primary announced care inspection of Barrhall was undertaken by Lorna Conn on 3 September 2014 between the hours of 10:00am and 4:20pm. Ms Kerry Muskett, the registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that three recommendations were fully met and one was partially met. The recommendation regarding the provision of a paper towel dispenser has been partially stated on a second occasion. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives; discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection findings

### Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure which required updating regarding best practice guidance in relation to restraint and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint was not used and restrictive practices are only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. One care plan required more detail to be recorded and another needed to be shared with the relative and these have been recommended. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. It was recommended that annual update of this training was provided. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. However, the records of when care managers had been informed regarding accidents and incidents should clearly indicate that they have been notified.

A review of a sample of records evidenced that residents or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Barrhall was substantially compliant with this standard.

### Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. However, it is recommended that home maintains records of individual activities provided. The evidence gathered through the inspection process concluded that Barrhall is compliant with this standard.

## **Resident, representatives and staff consultation**

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires were also completed and returned by staff.

In discussions with residents; they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and eight recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the registered manager, and staff for their assistance and co-operation throughout the inspection process.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 March 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	23.3 & 16.3	The registered person should ensure that the training matrix is reviewed to ensure that it accurately reflects the training provided.	The training matrix was examined and had been updated to reflect all the mandatory training.	Compliant
2.	6.2	The registered person should ensure that information from risk assessments is linked into the active care plan.	Three files were inspected and risk assessments were found to have been reflected in the care plans.	Compliant
3.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, could be involved in the recruitment process.	This was discussed with residents and documented in the residents meeting in April 2014.	Compliant
4.	35.7	The registered person is recommended to review the location of the towel dispenser in the main bathroom and the need for covers for the pull cords in the bathrooms.	Pull cords have been replaced in the bathrooms but a paper towel dispenser was still needed in the main bathroom.	Moving towards compliance

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have knowledge of each resident and their behaviours, through assessments, care plans and care reviews.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a managing challenging behaviour policy and procedure dated July 2014 in place. A review of the policy and procedure identified that it needs to be developed regarding the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998); include the need for Trust involvement in managing behaviours which challenge and detail that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in dementia awareness in June 2013 and training in behaviours which challenge was planned for September 2014. It is recommended that all staff receive this training in challenging behaviour with annual updates in accordance with good practice.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promoted positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training in challenging behaviour.</p>	Substantially compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Procedures are in place for behaviours that challenge. Staff training is updated as needed. Professional services are contacted as required for support.	Compliant
<b>Inspection Findings:</b> The policy and procedure dated July 2014 included the following: <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern and</li> <li>. Recording of this behaviour in residents care records</li> </ul> However, the policy and procedure needs to be developed to specify the action (s) to be taken to identify the possible cause(s) and further action to be taken as necessary; the process for reporting to senior staff, the trust, relatives and RQIA and the agreed and recorded response(s) to be made by staff. Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Three care records were reviewed and identified that they contained the relevant information regarding the residents identified characteristic behaviour. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Substantially compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>These details are recorded and communicated to staff.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. One identified care plan was recommended for review to detail more fully the approach to be used.</p> <p>Care plans reviewed were signed by the staff member drawing it up and the registered manager. However, it is recommended that these are also signed by the resident or their representative, where appropriate.</p>	Moving towards compliance
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If needed, multiprofessional teams will be involved.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff training is frequently updated as needed.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <p style="padding-left: 40px;">Dementia awareness in June 2013 and challenging behaviour training was planned for 15 September 2014. .</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.</p> <p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, the remainder of this criterion was not applicable at this time.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Representatives and professionals are informed of any incidences outside the scope if this takes place.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from November 2013 to August 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. It was noted that in the incidents reviewed that care manager were not documented as having notified. The registered manager advised that this routinely occurred. It is recommended that this contact be detailed on the notifications.</p>	Moving towards compliance

<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> If appropriate, records are completed</p>	Compliant
<p><b>Inspection Findings:</b> Discussions with staff and the registered manager as well as an examination of care records confirmed that restraint was not used in the home. Any restrictive practices employed such the use of one lap belt and the locked front door were only used by appropriately trained staff to protect the residents when other less restrictive strategies had proved unsuccessful.</p> <p>Care documentation reviewed confirmed that residents and their relatives were aware of decisions that affected their care and they had given their consent to the limitations and were aware that these measures have been put in place. One piece of equipment was assessed as essential by the occupational therapist. However, the relevant assessment documentation was not available within the home. This should be sought and records should be retained of its regular review; monitoring, condition and staff training in its use.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described. However, more detail should be provided regarding when they will be used and the process of assessment and review involved.</p>	Moving towards compliance

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider’s Self-Assessment</b>	
A programme of activities is tailored to all of our residents needs.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated July 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with relatives, residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. It was good to note that life story books had been commenced for some residents and forms entitled ‘all about me’ detailing interests and hobbies were present in all files examined. This should continue and progress.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are all enjoyable, purposeful and age appropriate. Barrhall ensures they incorporate exercise, interacting with the community and are all person centred.	Compliant
<b>Inspection Findings:</b>	
Examination of the programme of activities identified that social activities are organised seven days per week.  The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. E.g. Boccia; tea dances; flower arranging; baking; chair aerobics and Bingo.	Compliant



<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents have a choice to participate in activities and are included in the development of the programme.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, residents meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Programme is displayed clearly on activity displayboard.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display in the main hall. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Residents are provided with a wide range of resources to participate in activities.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided for twice or three times per day across seven days by designated care staff.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included skittles; DVDS; newspapers; arts and crafts material; flowers etc.</p> <p>There was confirmation from the registered manager and care staff that if additional equipment was required it was provided.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activities are planned to meet the needs of the residents and be person centred. This can be changed and tailored to the residents as abilities change.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The care staff; the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>When this happens, staff are in attendance to monitor the activity and provide feedback eg Boccia</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that musicians were employed to provide musical activities and advised that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>This is undertaken.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Activity records are kept in Barrhall.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. It was noted that this practice was in place and should be continued. It is recommended that these records extend to individual activities as well records of group activities.</p> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The activity programme is reviewed and altered regularly to meet the changing needs of our residents.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it had last been reviewed on 14 August 2014. The records also identified that the programme had been reviewed each month as part of the residents meeting.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents and relatives who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with 17 residents both individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'The staff are very good and I like doing tapestry. I enjoyed the reminiscence this morning'.

'They're very good here. It's nice and quiet and I like it '.

'The staff are very good and I enjoy the activities. I get my paper every day'.

'It's a lovely place here- just like home and I get to do things that I wasn't able to do at home'.

'The food was very good today. I am fond of the scampi'.

'The food's ok. I can't complain'.

### 11.2 Relatives/representative consultation

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'The whole family are very happy and I have no concerns. If I had I'd say. If there's anything at all the staff lift the phone. They have my relative out for runs, shopping and coffee. They manage her needs very well and I'm very pleased with it'.

'It's very good here. The staff are quite alright. They seem to have meat and veg and my relative seems to enjoy them. There's usually something on in the home'.

### 11.3 Staff consultation/Questionnaires

The inspector spoke with five staff of different grades and 14 staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place. A couple of comments regarding the choice of food and rising times were discussed with staff and the registered manager. However, interviews indicated that staff; relatives and residents considered the food to be good and that residents had choice in terms of times to rise in the mornings. The registered manager was advised to continue to monitor both of these areas. A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'I have no problems at all. The care is brilliant. The activities are entertaining and relaxing. There's plenty on with bingo; Boccacia; trips to Portaferry; walking and flower arranging. The choice of food is very good and we ask them what they would want. People can lie on in the mornings and if they need help they get it and can return to bed'.

'Everything is going well here. The care is very good and I have no issues. I have training this year and last year. The residents love the activities and we are having training to provide chair aerobics. The residents loved going to the folk museum. There's a good choice of food'.

'The residents get very good care. They are spoilt. There's definitely a lot going on and lots of equipment. If residents don't like something they pick what food they want and we get it for them. Some residents may need to get up early for assistance but it's very flexible and people can return to bed or lie on'.

#### **11.4 Visiting professionals' consultation**

There were no professionals who visited the home during the inspection.

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated most residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that three complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## **11.8 Environment**

The inspector viewed the home by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home was subject to an announced estates inspection by RQIA on 24 July 2014 and a report was issued under separate cover.

There were no obvious fire safety risks observed on the day of the care inspection; all fire exits were unobstructed and fire doors were closed.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.



## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Kerry Muskett, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Lorna Conn**  
**Inspector/Quality Reviewer**

**Date: 1 October 2014**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Primary Announced Care Inspection**

**Barrhall**

**3 September 2014**



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Kerry Muskett during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (1) (b)	<p>The registered person must ensure that all assessment documentation for the provision of equipment is available within the home. This should be reviewed regarding whether it remains the least restrictive measure to ensure safety. Records should be retained of its regular review; monitoring, condition and staff training in its use.</p> <p>(Standards 10.7 &amp; 5.5)</p>	One	ongoing	With immediate effect from the date of the inspection.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	35.7	The registered person is recommended to review the location of a paper towel dispenser in the main bathroom.	Two	implemented	By 3 October 2014.
2.	10.1 & 10.2	The registered person is recommended to ensure that the managing challenging behaviour policy and procedure policy and procedure is developed with reference to the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998); include the need for Trust involvement in managing behaviours which challenge and detail that RQIA must be notified on each occasion restraint is used.	One	being implemented	By 3 November 2014.
3.	10.3 7 6.2	The registered person is recommended to update the identified care plan to detail more fully the approach to be used when this resident's behaviour dictates a response from staff.	One	This has been carried out	With immediate effect from the date of the inspection.
4.	10.3	The registered person is recommended to ensure that all care plans are also signed by the resident or their representative, where appropriate.	One	This has been undertaken	By 3 October 2014.

5.	10.6	The registered person is recommended to ensure that care managers are notified of all incidents and accidents and that this contact be detailed on the notifications records held.	One	implemented	With immediate effect from the date of the inspection.
6.	10.7	The registered person is recommended to review the statement of purpose to ensure that it details when restrictive practices will be used and the process of assessment and review involved.	One	being implemented	By 3 November 2014.
7.	10.1	The registered person is recommended to ensure that all staff receive annual updates in challenging behaviour in accordance with good practice.	One	This is undertaken	By 3 November 2014.
8.	13.9	The registered person is recommended to extend the activities records to make note of individual activities provided as well records of group activities.	One	This has been carried out.	With immediate effect from the date of the inspection.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Sheena A. Musket

NAME: SHEENA A. MUSKETT  
 Registered Provider

DATE 14/10/14

SIGNED: Kerry Musket

NAME: KERRY MUSKETT  
 Registered Manager

DATE 14/10/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Joan	21/10/14
Further information requested from provider			