

# Unannounced Care Inspection Report

## 18 February 2021



## Barrhall

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

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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 residential care home registered to provide residential care for up to 27 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Barrhall  <b>Responsible Individuals:</b> Bryan David Muskett Sheena Anne Muskett	<b>Registered Manager and date registered:</b> Kerry Muskett, 1 April 2005
<b>Person in charge at the time of inspection:</b> Eileen Kelly, Assistant Manager	<b>Number of registered places: 27</b>  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)
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection: 26</b>

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 18 February 2021 between 10.15 and 16.00 hours. The inspection sought to assess progress with issues raised in the previous Quality Improvement Plan (QIP) and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they enjoyed living in Barrhall and that staff treated them kindly.

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
<b>Total number of areas for improvement</b>	3	3*

\*The areas for improvement include one against the Standards which is stated for the second time. The areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kerry Muskett, manager, who was present for the latter part of the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with fourteen residents, two residents' visitors, two care staff and a member of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- recruitment files of two staff members
- staff inductions
- staff training
- staff supervision and appraisal
- competency and capability assessments
- a selection of quality assurance audits
- compliments
- incidents and accidents
- three residents' care records
- minutes of resident meetings
- monthly monitoring reports

- fire risk assessment

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2020.

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Wheelchairs and lifting equipment was found to be clean; a weekly checklist for cleaning was developed and used to audit the cleanliness of such equipment.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.5  <b>Stated:</b> First time	The registered person shall ensure that the monthly falls audit is developed in such a way as to identify the resident, time and place of fall, injuries sustained and precipitating factors. This will enable the auditor to identify patterns and trends to help reduce or prevent further falls.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the monthly falls audit found that it identified the resident, but not the time and place of fall, injuries sustained and precipitating factors.	
	<b>This area for improvement is therefore stated for the second time.</b>	

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control practices including the use of Personal Protective Equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Residents had health monitoring checks completed twice daily with records retained. There was discussion with the manager about the need for staff to have a further temperature check completed before they left their working shift. The manager later confirmed in writing that a second temperature check was being done.

Staff told us that they came to the home in uniform. There was discussion with the manager about the need for staff to use a dedicated room for staff to change into and out of uniform and to apply the correct PPE before commencing duties. The manager advised that staff could have use of an adjacent building for this. The manager later confirmed in writing that a staff changing facility was provided. We saw that one member of staff was not bare below the elbow. This was brought to the attention of the manager who agreed to remind staff of the current guidance.

We saw that PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff told us that they encouraged, and assisted where necessary, residents to wash their hands before taking meals. There were also hand wipes in the dining room for residents to use if they preferred this. Walking aids were also wiped regularly to ensure that residents' hand hygiene was maintained. This is good practice.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We saw that domestic staff cleaned those points which were most often touched by residents and staff.

### 6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted that a new entrance and reception area had been built since the last inspection. RQIA was not advised of the plan to make an alteration to the home. We later requested that a retrospective application for variation to the premises be submitted along with all building plans and statutory approvals for the extension. The manager agreed to do so.

We noted that there were some corridors in the home which were covered by CCTV. The manager reported that this had only been introduced since the last inspection. We advised the manager to review RQIA's guidance on the use of CCTV and to remove or permanently disable any cameras which cover internal areas. This was identified as an area for improvement.

The home had a current fire risk assessment.

### **6.2.3 Staffing arrangements**

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We gave advice on how the rota could be improved by including the designations of staff and the use of the 24 hour clock.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We examined the recruitment files of two staff; we found that all necessary pre-employment checks were completed to ensure that staff were safe to work in the home.

We saw evidence that staff were provided with regular supervision and an annual appraisal, but the manager did not maintain a system of managerial oversight of these. This was identified as an area for improvement.

We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff if required, for example, catheter care, Coronavirus awareness and diabetes.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; all staff, including domestic staff, spoke to residents kindly and were very attentive to residents' needs. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were also in place to facilitate relatives visiting their loved ones at the home.



We observed the serving of lunch and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. Where any resident needed some assistance with their meal, staff did this in a way that supported the resident's dignity.

We saw that there staff met with residents monthly to consult about matters that are important to them. This is good practice.

### **6.2.5 Care records**

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

We noted that when a resident may present with behaviours which challenged, the description of behaviours did not include specific detail of any triggers, the nature of the behaviours, the duration or any outcomes for the resident. This was identified as an area for improvement.

### **6.2.6 Consultation with residents, visitors, residents' representatives and staff.**

During the inspection we met with residents who made the following comments:

- "I am very happy here, the staff are always around to help me if I need it. I have a call bell – if I press it, they (staff) come to me immediately. (Staff) are lovely. In good weather we sit out on the patio and enjoy the views – it is spectacular here! The food is absolutely wonderful... I am very spoilt living here."
- "Yes, all is good here."
- "I am very content here."
- "I enjoy living here."
- "I am very comfortable here and the staff treat us kindly."
- "I like my room...I am able to sleep well here."

We spoke with two visitors who told us:

- "We are very happy with the care in Barrhall. Staff keep in touch with us and they support (our relative) to phone us and use Facetime too. The manager sends us pictures of (our relative) and we really appreciate that. We know the residents have a good amount of activities to keep them occupied, there's lots of choice and people don't have to join in if they don't want to, it's not regimented. The food is great, it's all fresh produce and home cooked. Before the lockdown and all the restrictions, we were always offered a cup of tea when we visited and were always made to feel welcomed."
- "(Our relative) has great chats with the staff, he is treated as part of the family and feels comfortable in their company. He enjoys the views for his room. We wouldn't hesitate to recommend Barrhall!"



Ten questionnaires were completed by residents and returned to RQIA. All respondents indicated that they were very satisfied with the care and services provided in Barrhall. Two members of staff responded to the electronic questionnaire; both indicated that they were very satisfied with all aspects of care provided in Barrhall and provided the following comments:

- “The residents are treated extremely well. The staff look after them really well based on person-centred care.”
- “Excellent care.”

RQIA was contacted by the representative of residents who live in Barrhall who provided the following comments:

- “The staff provide support within a comfortable and friendly environment. The rooms are clean, spacious and well maintained. I am told the food is excellent. There are plenty of activities which stimulate and entertain the residents. I am aware that hairdressing is provided and personal care is delivered with respect for the dignity of the resident...the individuals ...have spoken with full approval and relief at having moved there on a permanent basis. I have found the owner and her team to be very accommodating and genuinely interested in enhancing the daily care provided. During lockdown, regular communication was maintained with family and photographs exchanged on a weekly basis. I was updated about testing and outcomes and when visiting was allowed, this was carried out in adherence to government guidelines. Steps were taken to avoid infection transmission and as a result, the residents were fully protected. I would have no hesitation in highlighting the exceptional care provided by this home.”

### **6.2.7 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as falls, IPC, the home's environment and care records. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home. Whilst we found that the majority of these were managed and reported appropriately, one event was not reported to RQIA. This was identified as an area for improvement.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff.

- “The manager and her team are caring, patient, but most of all kind. Any home can offer activities, practical support and appropriate space and facilities, but you'll not find the warmth and compassion that this team affords to every resident/client and their families.”
- “The care (my relative) receives is first class and I feel that she is living in the best possible environment to meet her needs. The staff are friendly, kind and gentle and display professional skill and personalized attention. The food is simply excellent; the accommodation is comfortable and attractive...”

- ...it was so reassuring that she was in such a friendly and caring home where nothing was ever too much trouble for the staff.”
- “A very caring and safe environment. Staff are exceptional and keep us well informed with regular updates. Plenty of activities. Food of high standard.”

We looked at the records of the visits by the registered provider and saw that where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. We noted, however, that there was limited evidence of consultation with residents and their representatives about the quality of the care and services provided in the home. It was acknowledged that the Covid-19 pandemic had made it difficult to engage with residents and their families directly but that alternative methods could be used. This was identified as an area for improvement.

### Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

### Areas for improvement

Five new areas for improvement were identified during the inspection. Three of these, against the Regulations, related to the use of CCTV cameras inside the home, the reporting of accidents and incidents, and consultation by the registered provider with residents and their representatives. Two areas for improvement, against the Standards, related to managerial oversight of staff supervision and appraisal and the recording of behaviours which challenge.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

## 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and residents told us that they received good care. We were assured that the care provided in Barrhall was safe, effective, compassionate and well led.

## 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (8) (a) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2021	<p>The registered person shall ensure that CCTV cameras which cover internal areas of the home are removed or permanently disabled, in line with RQIA current guidance.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This has been implemented</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 (1) <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that accidents and incidents which occur in the home are reported to RQIA in line with current guidance.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> This has been implemented and are reported</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 29 (4) (a) <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that the visits by the registered provider include consultation with residents and their representatives about the standard of care provided in the home.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> This is being undertaken</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> Second time <b>To be completed by:</b> 31 May 2021	<p>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.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> This has been reviewed and altered as needed.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 24.2 and	<p>The registered person shall ensure that a robust system of managerial oversight is put in place for the regular supervision and annual appraisal of staff.</p>

24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2021	Ref: 6.2.3
	<b>Response by registered person detailing the actions taken:</b> This has been reviewed and implemented
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that descriptions of behaviours which challenge include specific detail of any triggers, the nature of the behaviours, the duration of the behaviours and any outcomes for the resident.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> This has been reviewed and implemented.

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



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