



# **Announced Variation to Registration Care Inspection Report 28 November 2018**



## **Barrhall**

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

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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 provider 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 residents including; maximum of 17 persons living with dementia, one person with learning disability, and three persons with physical disability. The home is also approved to provide day care for two persons (Monday to Saturday).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Barrhall  <b>Responsible Individual(s):</b> Bryan Muskett Sheena Muskett	<b>Registered Manager:</b> Kerry Muskett
<b>Person in charge at the time of inspection:</b> Kerry Muskett	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) RC – I - Old age not falling within any other category RC - DE – Dementia RC - LD - Learning Disability RC- PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> Total number 23 comprising: RC - I 17 – RC - DE 01 – RC - LD 03 – RC - PH 2 places approved for day service

### 4.0 Inspection summary

An announced variation care inspection of the registration to Barrhall took place on 28 November 2018 from 10.45 to 13.30 hours. The RQIA estates follow up variation inspection was conducted by Raymond Sayers from 12.45 to 13.30 hours. The report of the estates inspection will be issued independently to this care report.

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 sought to assess an application submitted to RQIA for a variation to the registration of Barrhall residential care home which included the extension of four bedrooms and increase in occupancy from 23 to 27 residents.

This variation care inspection concluded that the new four bedroom accommodation and increase in the number of residents to be accommodated within category DE was in compliance with regulations and standards.

Following inspection the variation to registration was granted from a care perspective. An amended registration certificate will be issued to the registered manager for display within a prominent position.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kerry Muskett, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 16 October 2018.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 October 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: Statement of Purpose, Resident Guide, variation application accident/incident notifications and communication, written and verbal, received from the home.

During the inspection the inspector spoke with four residents individually and one group of four residents, two staff including the registered manager.

The following records were examined during the inspection: Statement of Purpose, resident Guide, policies/procedures, staff levels/rota, accident/incidents, complaints, registration certificate and liability insurance.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

#### 6.0 The inspection

##### 6.1 Review of areas for improvement from the most recent inspection dated 18 October 2018.

The most recent inspection of the home was an announced variation premises inspection undertaken by the estates inspector.

This QIP was validated by the estates inspector during the variation follow-up inspection visit.

## 6.2 Review of areas for improvement from the last care inspection dated 16 October 2018

The most recent care inspection of the home was an unannounced care inspection. Areas identified for improvement will be validated at the next care inspection.

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 6.6  <b>Stated:</b> First time	The registered person shall ensure residents care records accurately reflect residents care needs.  Ref: 6.5	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 16 October 2018 were not reviewed as part of this care variation inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

The variation application to increase the number of residents from 24 to 27 (increase of four residents living with dementia) and extension of the home to include four bedrooms was discussed with the registered manager.

The registered manager advised that the staffing levels for the home were currently satisfactory and were subject to regular review to ensure that the assessed needs of residents were being met. The registered manager advised that the planned application to increase the number of residents, the associated dependency levels and implications of the geographical layout would be closely reviewed and if necessary staffing levels increased, as new residents are admitted or assessed needs of residents change.

One staff member who met with the inspector explained that the needs of residents were met in accordance with the person centred care plans in place.

Review of the staff duty roster confirmed that it accurately reflected the staff working within the home.

No concerns or issues were raised regarding the staffing levels by residents or staff who met with the inspector. Call bells were noted to be answered promptly by staff. All residents were observed to be comfortable, neatly dressed with personal care needs attended.

A wide range of policies and procedures were available to staff within the home.

Staff training records, registrations of staff and employment records were not reviewed during the inspection as this was undertaken at the previous care inspection conducted on 16 October 2018.

The home's current liability insurance certificate was displayed.

Accident/incident records and notifications submitted to RQIA were discussed with the registered manager who explained that all accidents/incidents, regardless if injury occurred or not, were notified to RQIA. Discussion regarding the reporting of accidents/incidents in accordance with RQIA Statutory Notification of Incidents for registered providers (September 2017) was held and clarified with the registered manager.

The proposed Statement of Purpose was discussed with the registered manager. Review and revision was recommended to ensure accurate details were included. The registered manager readily agreed to submit a copy of the revised document to RQIA. This was subsequently received at RQIA following the inspection.

Inspection of the new extension of four separate bedrooms was undertaken. All four bedrooms were observed to be appropriately furnished, decorated and heated in accordance with regulatory requirement. Call points which were positioned close to beds were provided in each room and linked to the system which alerts staff a call is being made or assistance is required. There were window restrictors in place within each room inspected.

Ensuite facilities were observed to be dementia friendly with toilet seats contrasting with the toilet and the adjoining wall. The provision of pedal operated disposal bins in order to minimise the risk of cross contamination of infection should be provided.

Bedroom doors were easily identifiable for the resident living with dementia with planned identifiable signage to be fixed as appropriate for each new resident. Purpose built memory boxes were positioned on walls adjacent to each bedroom.

The use of land mark objects/such as signage, memorabilia and artwork to aid way finding around the home was recommended.

Good levels of both natural and artificial lighting were in place.

Externally there was ease of access for residents to safe secure outdoor space from the building.

Areas identified for improvement related firstly to the provision of pedal operated disposal bins in order to minimise the risk of cross contamination of infection and secondly the use of land mark objects/such as signage, memorabilia and artwork to aid way finding around the home.

## Areas of good practice

The provision of decoration, lighting and furnishing within the new extension.

## Areas for improvement

Areas identified for improvement related to the provision of pedal operated waste disposal bins and use of land mark objects such as signage, memorabilia and artwork to aid wayfinding.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

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



Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	The registered person shall ensure residents care records accurately reflect residents care needs.  Ref: 6.5  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  <b>Ref: 6.2</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard N39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	The registered person shall ensure the provision of pedal operated waste disposal bins,  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> This has been implemented
<b>Area for improvement 3</b>  <b>Ref:</b> Standard Best Practice Guidelines  <b>Stated:</b> First time  <b>To be completed by:</b> 30 December 2018	The registered person shall introduce the use of land mark objects such as signage, memorabilia and artwork to aid wayfinding for residents  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> This has been implemented

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





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