



**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	17986
<b>Establishment ID No:</b>	1578
<b>Name of Establishment:</b>	Barrhall Residential Home
<b>Date of Inspection:</b>	24 July 2014
<b>Inspector's Name:</b>	Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Barrhall Residential Home
<b>Address:</b>	15a Barrhall Road, Portaferry. BT22 1RQ
<b>Telephone Number:</b>	028 4272 8367
<b>Registered Organisation/Provider:</b>	Barrhall Mrs S Muskett Mr B Muskett
<b>Registered Manager:</b>	Ms K Muskett
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms K Muskett
<b>Other person(s) consulted during inspection:</b>	N/A
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care</b>	RC-I, RC-DE, RC-PH, RC-LD
<b>Number of Registered Places:</b>	23
<b>Date and time of inspection:</b>	24 July 2014                      10.00 – 12.40
<b>Date of Previous Estates inspection</b>	15 September 2011
<b>Name of Inspector:</b>	Colin Muldoon

## **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.

This is a report of an unannounced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. 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 consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, 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
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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

## **4.0 METHODS/PROCESS**

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

- Discussion with Ms Kerry Muskett.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Ms Kerry Muskett.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 15 September 2011:

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Barrhall is a single storey detached home set on a tranquil site a short drive from Portaferry. The home sits on the edge of Strangford Lough and many of the bedrooms, communal rooms, patio area and gardens have uninterrupted views of the lough and the countryside beyond. The residents have easy access to the patio and garden. A large bright extension was added in 2011. The home has both single and double occupancy bedrooms. There is good car parking space at the front of the home.

## **8.0 SUMMARY**

There was evidence of maintenance activities and the home was well presented, comfortable and homely.

In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Barrhall on 24 July 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in eight requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Kerry Muskett during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 15 September 2011.

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The maintenance requirements of the thermostatic mixing valves should be reviewed.

(Item 1 in Quality Improvement Plan)

9.2.2 The two hoists were serviced recently. There was also a current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report, although it appeared to refer to just one of the hoists.

(Item 2 in Quality Improvement Plan)

9.2.3 A planned maintenance routine should be implemented for the internal and external cleaning of the kitchen extract system.

(Item 3 in Quality Improvement Plan)

9.2.4 The home has a stand by generator which, it is understood, is test run off load.

(Item 4 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

### 9.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 There is a legionella risk assessment which was updated in July 2014 following an upgrade to the water system.

Although there are water safety checks in place these should be reviewed. For example, in relation to the control of legionella there were no records of calorifier and sentinel temperature checks and although it is understood that shower heads are being disinfected this is not being recorded.

(Item 5 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Safe and healthy working practices**'.

**9.4**      **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 9.4.1      The home has a current fire risk assessment which was carried out in March 2014. The assessor considered the overall fire risk to be trivial.
- 9.4.2      The home has a number of notices at the fire panel relating to the procedure to be followed by staff in the event of fire. These should be reviewed and one document produced.  
(Item 6 in Quality Improvement Plan)
- 9.4.3      There are arrangements in place for a specialist contractor to maintain the fire detection and alarm system twice a year. The records indicate that the period between visits can be well in excess of six months.  
(Item 7 in Quality Improvement Plan)
- 9.4.4      On the day of inspection the arrangements for maintaining the emergency lighting system could not be confirmed.  
(Item 8 in Quality Improvement Plan)
- 9.4.5      During the walk round it was observed that a number of fire doors in the new part of the home require adjustment. Examples of faults are: doors not closing to stops and excessive gaps between the door and frame.  
(Item 9 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

## 10.0 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 commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

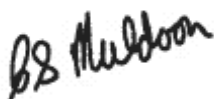
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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

## 11.0 Enquiries

Enquiries relating to this report should be addressed to:

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



**Colin Muldoon  
Estates Inspector**

7 August 2014

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Date



## Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Barrhall
Date of Inspection	24 July 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	29/09/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care



**NOTES:**

The details of the Quality Improvement Plan were discussed with Ms Kerry Muskett as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

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

The Quality Improvement Plan is to be completed 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 MUSKETT

NAME:  
(Print)

BRYAN D. MUSKETT  
REGISTERED PROVIDER

SIGNED:



NAME:  
(Print)

K MUSKETT  
REGISTERED MANAGER

DATE:

28.08.2014

DATE:

28/8/14

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Assurance, Challenge and Improvement in Health and Social Care

**Standard 27 - Premises and grounds**

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(c) 27.-(2)(q)	The thermostatic mixing valves should be serviced, set and fail safe tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month and ongoing	This is being implemented
2	Regulation 27.-(2)(c)	It should be confirmed that there are valid LOLER thorough examination reports which verify that both hoists are without defects. (Item 9.2.2 In report)	1 Month	This is being undertaken
3	Regulation 27.-(2)(d)	A planned maintenance routine should be implemented for the internal and external cleaning of the kitchen extract system. (Item 9.2.3 In report)	Ongoing	This is implemented
Item	Standard	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4	Standard 27	It is recommended that the standby generator is test run under load. (Item 9.2.4 In report)	Ongoing	This has been carried out

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Assurance, Challenge and Improvement in Health and Social Care

**Standard 28 – Safe and Healthy Working Practices**

The following requirements and recommendations should be noted for action in relation to Standard 28 – Safe and Healthy Working Practices

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 13.-(7) 14.-(2)(a) and (c)	The current water safety measures should be reviewed and amended as necessary so that a scheme for the effective control of legionella is fully implemented. Records should be kept of all actions relating to the control of legionella. (Item 9.3.1 in report)	1 Month and ongoing	This is ongoing

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Assurance, Challenge and Improvement in Health and Social Care

## Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27.-(4)(a)	<p>Review the emergency action plan. The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"><li>- Details of action to be taken by staff in case of fire;</li><li>- The procedure to be followed in the evacuation of the premises in case of fire;</li><li>- The arrangements for calling the Northern Ireland Fire and Rescue Service</li></ul> <p>The procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry. It should be ensured that all staff receive training in the implementation of the plan. Impromptu drills should be carried out to verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time and when the minimum number of staff are on duty. Records should be kept of each occasion and include the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures. Reference should be made to Firecode document NIHTM84. (Item 9.4.2 in report)</p>	2 Weeks	<p>This has been implemented</p>

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(d)(iv) and (v)	It should be ensured that the fire detection and alarm system is being maintained in accordance with BS5839 ie, not less frequently than every six months. (Item 9.4.3 in report)	Ongoing	This is being maintained quarterly not every six months
8	Regulation 27.-(4)(d)(iv)	It should be confirmed that the emergency lighting system is being maintained in accordance with BS5266. (Item 9.4.4 in report)	1 Month	This is being undertaken
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	All fire doors should be surveyed and the necessary adjustments made so that they close correctly to provide an effective fire seal. (Item 9.4.5 in report)	1 Month	This is being addressed

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