

# Inspection Report

**Name of Service:** Barrhall  
**Provider:** Barrhall  
**Date of Inspection:** 17 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Barrhall
<b>Responsible Person(s):</b>	Mr Bryan David Muskett Mrs Sheena Anne Muskett
<b>Registered Manager:</b>	Ms Kerry Muskett
<p><b>Service Profile –</b> This home is a registered residential care home which provides health and social care for up to 27 residents.</p> <p>The home provides care for residents living with dementia, residents over 65 years of age, residents with a learning disability under 65 years of age and residents with a physical disability under 65 years of age.</p> <p>There are a range of communal areas throughout the home. Residents also have access to an enclosed garden area.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 17 September 2024, from 10.00 am to 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection nine areas for improvement from the previous care inspection on 9 January 2024 were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are brilliant", "this is the best home in the country" and "the staff help me with anything I need". One resident told us that the manager recently supported them to see a film being shown in a local church which they really enjoyed.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Fourteen questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. However, two residents who required specific supervision levels during mealtimes, in line with their Speech and Language assessment, did not have this in place. An area for improvement was identified.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community. For example; the local school who visited the home during special occasions to engage with the residents through various activities.

Observation of the planned activity, which was armchair aerobics before lunch, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, some care records highlighted specific issues around the management of falls risk and the review of records following a fall; and the assessment of risk when a resident is prescribed a modified diet. An area for improvement has been identified.

Care staff recorded regular evaluations about the delivery of care. However; these evaluations lacked detail in relation to the level of support provided to residents regarding their emotional health and well-being, activities and visits from professionals. An area for improvement has been identified.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Observations identified some concern with environmental risk management. For example; the hairdressing room was unlocked which had hairdressing supplies and cleaning chemicals which were easily accessible to anyone entering the room. There were also cleaning chemicals left unattended in a corridor and on the floor outside a communal bathroom; presenting as a potential risk to residents and others. These were brought to the attention of staff immediately who arranged for the room to be locked and cleaning supplies removed to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Kerry Muskett has been the Registered Manager in this home since April 2005.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, a review of the falls audits did not consistently identify why or how a resident fell, what action was taken by staff and outcomes for the residents were not considered. An area for improvement has been identified.

In addition, the system to monitor accidents and incident that happened in the home needed to be reviewed because a number of incidents and accidents had not been reported to RQIA as required. This was discussed with the manager and retrospective notifications were completed following the inspection. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken. For example, what action was identified, the person responsible for addressing the action and date this was to be achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	7*

\* the total number of areas for improvement includes one regulation and one standard which are carried forward for review at a future inspection.

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

<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 (4) <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2022	The Registered Person shall ensure that an accurate and up to date personal medication record is maintained for all residents including those who have returned from hospital.  <b>Ref:</b> 2.0  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to a future inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time <b>To be completed by:</b> 17 September 2024	The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazards.  This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals and ensuring the hairdressing room is locked when not in use.  <b>Ref:</b> 3.3.4

	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time <b>To be completed by:</b> 17 September 2024	The Registered Person shall ensure that all notifiable events which occur in the home are reported appropriately to RQIA.  Ref: 3.3.4 <b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30.8 <b>Stated:</b> First time <b>To be completed by:</b> 29 October 2022	The Registered Person shall ensure that there are robust audit systems in place which cover all aspects of medicines management.  Ref: 5.1 <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to a future inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12.10 <b>Stated:</b> First time <b>To be completed by:</b> 17 September 2024	The Registered Person shall ensure that residents who require direct supervision when eating and drinking; as assessed by the Speech and Language Team, have this in place as required.  Ref: 3.3.2 <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 17 September 2024	The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the relevant residents.  This area for improvement is made with specific reference to falls risk assessments and eating and drinking risk assessments.  Ref: 3.3.3

	<p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b>  17 December 2024</p>	<p>The Registered Person shall review how progress records are completed to ensure that when staff record their evaluation of a resident’s care that the record is meaningful, person centred and evidences a full account of the support provided.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b>  17 December 2024</p>	<p>The Registered Person shall ensure that audits are reviewed to assure themselves that they are robust in identifying patterns, trends, action taken by staff and outcomes for residents.</p> <p>This area for improvement is made with specific reference to the management of falls in the home.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 1.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 December 2024</p>	<p>The Registered Person shall ensure that action plans are created following resident's meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and the date it is to be achieved by.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 December 2024</p>	<p>The Registered Person shall ensure that staff meeting records are formally recorded and include any actions identified, the person responsible for addressing the action and the date to be achieved by.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

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The Regulation and  
Quality Improvement  
Authority

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