

Inspection Report

Name of Service: Barrhall
Provider: Barrhall
Date of Inspection: 30 July 2025

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

1.0 Service information

Registered Provider:	Barrhall
Responsible Persons:	Mr Bryan David Muskett Mrs Sheena Anne Muskett
Registered Manager:	Ms Kerry Muskett
Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home provides care for residents living with dementia, physical disabilities, learning disability and for those needing general residential care. Residents bedrooms are located over one floor in the home. Residents have access to a communal lounge, dining room, hairdressing room and outdoor garden area.	

2.0 Inspection summary

An unannounced care inspection took place on 30 July 2025, from 09.50 am to 2.30 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 17 September 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 seven areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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. Resident's comments included "I am really happy here, the staff are lovely", "the staff come quickly if I need them" and "the staff are nice and well mannered".

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.

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.

The staff duty rota highlighted that it had not been updated with a change to the manager's hours, therefore it was not a true reflection of the staff working in the home on the day of inspection. Also, the duty rota was not always in keeping with best practice guidance, for example; changes had been made using red pen. An area for improvement has been identified.

Advice was provided to ensure the person responsible for overseeing the staff registration with the Northern Ireland Social Care Council (NISCC), signs and dates on the day of completion.

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.

Some residents had attended an outing for lunch on the day of inspection, for the remainder of residents in the home 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 appeared appetising and nutritious.

It was noted during the lunch time experience that staff left a tin of thickening agent unattended, this was removed by the inspector and provided to staff to store securely. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

Observation of the planned activity, which was a reminiscence activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

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.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

However, it was noted during a review of residents care records that for those residents who required a Deprivation of Liberty Safeguard (DoLS), there were no care plans in place to manage and oversee this aspect of care. An area for improvement has been identified.

It was also highlighted upon review of one residents care records that a resident required medicines to be administered covertly. Although a letter of authorisation had been provided by the GP, there was no evidence that a multidisciplinary meeting had taken place. There was also no care plan or risk assessment in place to direct staff on this aspect of care. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

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 concerns with environmental risk management. For example; the inspector had to direct staff on two occasions not to leave cleaning chemicals unattended in a residents bedroom. An area for improvement has been stated for a second time.

It was also noted that in a number of resident's bedrooms and en suites there was access to prescribed topical lotions, which should be stored safely. An area for improvement has been identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

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

3.3.5 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. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

The home was visited each month by the registered provider or their representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted that action plans in the three month period reviewed, focused solely on gardening related tasks that were due for completion. Advice was provided to ensure that monitoring visit visits and action plans robustly review the areas identified during this inspection such as management of hazards in the home.

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
Total number of Areas for Improvement	3*	5*

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Edel Kelly, Acting Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2022</p>	<p>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.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2025</p>	<p>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.</p> <p>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.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All areas of the home which residents have access to are free from hazards. Staff have updated their training to recognise potential hazards. The hairdressing room is always locked and was locked at the time of inspection with a keypad</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2025</p>	<p>The Registered Person shall ensure that medicines are only administered covertly following a best interests multi-disciplinary meeting. Risk assessments and care plans must also be in place.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: The multi disciplinary team have all been involved in best practice decision making for covert medicines. This has been implemented</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30.8 Stated: First time To be completed by: 29 October 2022	<p>The Registered Person shall ensure that there are robust audit systems in place which cover all aspects of medicines management.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 30 July 2025	<p>The Registered Person shall ensure that changes are made to the rota in a timely way to ensure an accurate record is maintained of staff working in the home. The rota must be legible and maintained as per good record keeping principles.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: This has been updated and implemented</p>
Area for improvement 3 Ref: Standard 28.1 Stated: First time To be completed by: 30 July 2025	<p>The Registered Person shall ensure that thickening agent is managed safely when in use and when not in use, it is stored securely.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Thickening agent is now stored securely when not in use.</p>
Area for improvement 4 Ref: Standard 6 Stated: First time To be completed by: 30 July 2025	<p>The Registered Person shall ensure that any resident who requires a Deprivation of Liberty Safeguard (DoLS), has a care plan in place to manage this aspect of care, this should be kept under review.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Deprivation of Liberty Care plans now in place as requested and reviewed as required</p>

Area for improvement 5 Ref: Standard 32 Stated: First time To be completed by: 30 July 2025	The Registered Person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 3.3.4 Response by registered person detailing the actions taken: Topical lotions are now stored safely and securely
---	--

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews