



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Ballyowen House
Establishment ID No:	10057
Date of Inspection:	4 June 2014
Inspector's Name:	Lorna Conn
Inspection No:	16811

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Ballyowen House
Address:	179 Andersonstown Road Belfast BT11 9EA
Telephone Number:	028 90301329
E mail Address:	colin.morgan@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust Mr Colm Donaghy
Registered Manager:	Mr Colin Morgan (Acting manager)
Person in Charge of the home at the time of Inspection:	Mr Stephen Peoples (Senior care assistant)
Categories of Care:	RC-DE
Number of Registered Places:	31
Number of Residents Accommodated on Day of Inspection:	20
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	8 January 2014, Primary announced inspection
Date and time of inspection:	4 June 2014, 11:45 am - 2:30 pm
Name of Inspector:	Lorna Conn

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. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

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

- Discussion with the staff in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Ballyowen House Residential Care home is located on the top storey of Ballyowen Health Centre which is situated on the Andersonstown road, Belfast and is close to churches, shops and other amenities. Accommodation for residents is provided on one level and there are a number of single and shared bedrooms. The home is operated by the Belfast Health and Social Care Trust and the acting registered manager at the time of the inspection was Colin Morgan. The registered manager is normally Ms Fionnuala Breslin.

The home was redesigned some years ago to provide care and attention to residents with dementia. The design of the building allows for residents to walk freely around the home with a very notable feature being the expanse of windows making the home bright with good natural lighting. A secure "roof top" patio area is available to residents though entry is through a smoking room.

The home has a number of bathroom and toilet facilities being readily accessible from all areas of the home and there are ample lounge and seating areas throughout. Limited car parking is available at the front of the home.

The home is registered to provide care for a maximum of 31 persons under the following categories of care- DE (dementia).

SUMMARY

This secondary unannounced care inspection of Ballyowen House was undertaken by Lorna Conn on 4 June 2014 between the hours of 11:45 am and 2:30 pm. Mr Stephen Peoples, senior care assistant was available during the inspection and for verbal feedback at the conclusion of the inspection. The registered manager Ms Fionnuala Breslin was also contacted by telephone post inspection.

The requirements and recommendations made as a result of the previous inspection were examined. There was evidence that the home has addressed most of the areas as required within the timescales specified. Four requirements and two recommendations were compliant; one recommendation regarding the annual quality review had not exceeded its timescales and therefore was not examined and one recommendation concerning resident/relative involvement in recruitment has been stated on a second occasion. The detail of the actions taken by the registered manager and provider can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff, relatives and visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A relative and a visiting professional present also indicated their satisfaction with the provision of care and complemented staff in this regard.

Staff confirmed that they felt that the care provided to residents was of a high standard but they did raise some concerns regarding the staffing levels which were shared with the registered manager. Staffing levels on the day of the inspection were noted by the inspector and a

recommendation was made. For further information see the additional areas section of this report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and generally fresh smelling throughout. However, in one identified bedroom, a malodour was noted and a requirement was made in the attached QIP regarding this matter. Residents' bedrooms were observed to be homely and personalised to differing extents. Décor and furnishings were observed to be improving, however, the décor in the dining room and in the 'orange corridor' were rather tired and a requirement was made in the attached QIP regarding these areas.

A number of additional areas were also examined and further details can be found in the additional matters section of the report.

Two new requirements regarding decoration and one recommendation concerning staffing were made as a result of the secondary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional and the care staff for their assistance and co-operation throughout the inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (4)(d):	Ensure that the required monthly user checks of the Home's emergency lighting installation are carried out in accordance with the best practice guidance contained in BS5266-8:2004 (BS EN 50172:2004) 'Emergency escape lighting systems', with records maintained and available for inspection within the home.	Records reviewed indicated that the emergency lighting had been checked on a monthly basis since February 2014.	Compliant
2.	27 (2)(q)	Confirmation should be provided that a 'current' inspection and test certificate for the home's fixed electrical installation is in place and that all remedial works required as a result of this inspection have been completed in accordance with current best practice.	The Belfast Trust Estates Department confirmed to the RQIA Estates inspector that this had been addressed.	Compliant
3.	3 schedule 1	The registered person must ensure that the statement of purpose is reviewed to include the status and constitution and the number and size of rooms. (Standard 20.6 & section 2, p.78 of the Standards)	The current statement of purpose dated 8 January 2014 was examined and it had been updated.	Compliant

4.	27 (d)	<p>The registered person is required to ensure that the home is kept reasonably decorated in regard to bedrooms 8; 10 and 20; the 'Green' sitting room and the corridor adjacent to the laundry.</p> <p>(Standard 27.1)</p>	<p>The inspector conducted a visual inspection of the home and observed that these areas had all been re-decorated.</p>	Compliant
----	--------	---	---	------------------

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.1 & 11.5 Health, Social services and Public Safety (Circular HSC (ECCU) 1/2010)	The registered person is recommended to ensure that care reviews are organised by the referring Trust and that the home staff participate in these.	Four care files were sampled at random and all were found to contain care reviews organised by the referring Trust and in which the home staff had participated.	Compliant
2.	19.6	The registered person is recommended review how residents, or where appropriate their representatives could be involved in the recruitment process.	No evidence of the progression of this was available to the inspector on the day of the inspection. This is stated on a second occasion.	Not Compliant
3.	20.12	The registered person is recommended to develop the annual review report regarding areas contained within the monthly monitoring template; detail resident/relative involvement and make a copy available to the residents/relatives.	The timescale for the completion of this had not been met at the date of the inspection. This will be examined at the next inspection.	Not Examined

<p>4.</p>	<p>Dementia Audit Design Standards</p>	<p>The registered person is recommended to undertake an audit of the environment in order to plan and make improvements in respect of the needs of residents with dementia.</p> <p>Areas such as signage, colour schemes and lighting should be considered.</p>	<p>Evidence of the progression of this was available to the inspector post the inspection. This had been completed on 3 February 2014.</p>	<p>Compliant</p>
------------------	--	---	--	-------------------------

ADDITIONAL AREAS EXAMINED

Resident's consultation

The inspector met with eleven residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'I'm fine here'.

'Everyone seems to be very friendly'.

'I'm happy'.

'It's very good and the staff are lovely'.

'It's all very good'.

Relatives/representative consultation

One relative who met with the inspector indicated their satisfaction with the provision of care provided to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'It's very good. The staff are knowledgeable and my relative has really settled here. I'm more than happy. They always keep me well informed'.

Staff consultation

The inspector spoke with four staff of different grades that were on duty during the inspection. Staff confirmed that they felt that the care provided to residents was of a high standard but they did raise some concerns regarding the staffing levels and number of residents who required close supervision which were shared with the registered manager. While the staffing levels on the day of the inspection were noted by the inspector to be in accordance with the RQIA staffing guidance which specifies minimum levels ; numbers of staff on duty specifically in the afternoons should also be related to levels of dependency; intensity of challenging behaviour and any other factors of risk. A recommendation concerning the review of staffing in light of the number of residents in need of close supervision was made and is detailed within the QIP.

Staff demonstrated awareness and knowledge of the needs of residents and were observed to be equipped to diffuse some agitation which occurred during the inspection.

Visiting professionals' consultation

One visiting professional was present in the home at the beginning of the inspection spoke to the inspector and made positive comments regarding the care, the ability of staff to relate to residents and manage behaviour appropriately.

Environment

The inspector viewed the home accompanied and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and generally fresh smelling throughout. However, in one identified bedroom a malodour was noted and a requirement was made in the attached QIP regarding this matter. Residents' bedrooms were observed to be homely and personalised to differing extents. Décor and furnishings were observed to be improving, however, the décor in the dining room and in the 'orange corridor' were rather tired and a requirement was made in the attached QIP regarding these areas.

Accidents and Incidents

The inspector reviewed a sample of accidents and incidents records and found these to have been reported appropriately.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Fionnuala Breslin, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Ballyowen House

4 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Fionnuala Breslin after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (d)	The registered person is required to ensure that the home is kept reasonably decorated in regard to the dining room and the 'orange corridor'. (Standard 27.1)	One	A requisition has been made to estates to carry out decoration of areas described the estates officer has confirmed that the work will be completed and he has added this to the work schedule.	By 4 September 2014.
2.	18 (2) (j)	The registered person is required to ensure that the malodour in the identified bedroom is eradicated.	One	Requisition was made and the floor has been replaced. PCSS and care staff have reviewed cleaning schedule. It has been agreed by both teams that there is to be prompt attention given to urine spillages in this room and regular cleaning of area was agreed upon	By 15 July 2014.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives could be involved in the recruitment process.	Two	questions regarding how residents and their representatives would like to be involved in the recruitment process will be included in a quality questionnaire in August 2014. Consultation is in process to find out what the residents and representative's views are on the questions used in interviews	By 30 September 2014.
2.	20.12	The registered person is recommended to develop the annual review report regarding areas contained within the monthly monitoring template; detail resident/relative involvement and make a copy available to the residents/relatives.	One	Due to manager's absence this was not commenced until her return and is being worked on at present and should be completed by the 31 st August 2014.	By 8 June 2014.
3.	25.1 & 25.2	The registered person is recommended to review the staffing levels in the afternoons to ensure the numbers of staff are related to levels of dependency; intensity of challenging behaviour and any other factors of risk.	One	The rota currently meets all recommended staffing levels. It is currently being reviewed to ensure there are 4 staff on in the afternoon and an activity schedule is being organised to help reduce challenging behaviours.	By 11 July 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Fionnuala Breslin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	28/7/14
Further information requested from provider			