



The Regulation and
Quality Improvement
Authority

Ballyowen House
RQIA ID: 10057
179 Andersonstown Road
Belfast
BT11 9EA

Inspector: Patricia Galbraith
Inspection ID: IN22940

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**Unannounced Care Inspection
of
Ballyowen House**

5 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 5 June 2015 from 10.15 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011).

Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection.

1.1 Actions/Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.2 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the Fionnuala Breslin registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust	Registered Manager: Fionnuala Breslin
Person in Charge of the Home at the Time of Inspection: Michael Calwell Senior carer	Date Manager Registered: 20 February 2013
Categories of Care: RC-DE	Number of Registered Places: 31
Number of Residents Accommodated on Day of Inspection: 17	Weekly Tariff at Time of Inspection: £470.00

3. Inspection focus

The inspection was in response to an anonymous whistle blowing complaint received by a telephone call to RQIA. The complaint was in relation to insufficient staffing levels.

4. Methods/Process

Prior to inspection the following records were analysed: the previous inspection report and Quality Improvement Plan.

During the inspection we met with four residents individually and ten in group setting. We had discussions with six staff of various grades. No residents' representatives or visiting professionals were present during the inspection.

We inspected the following records;

- Four care records
- Duty rota
- Fire Risk Safety Assessment
- Staff training records
- Activities records
- Complaints records

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (2)	<u>Duty Roster</u> The registered manager must ensure that an accurate record of staff on duty is made in the duty roster.	Met
	Action taken as confirmed during the inspection: We Inspected the duty rota. The hours worked by all persons were reflected as required.	
Requirement 2 Ref: Regulation 13.7	<u>Infection / prevention</u> Issues which require to be addressed relate to infection prevention and control: <ul style="list-style-type: none"> • Staff must cease to sort soiled residents clothes on the floor in the laundry • Several items / cardboard boxes placed on the floor in the laundry should be removed and appropriately stored • Several packages of toilet rolls stored on the floor of the small room close to the laundry room require to be appropriately stored. 	Partially met
	Action taken as confirmed during the inspection: In our discussions with staff they confirmed to us laundry is still being sorted on the floor. A table for this purpose has been requested. Cardboard boxes and packages of toilet roll were stored appropriately.	
Requirement 3 Ref: Regulation 27 (2) (d)	<u>Hairdressing Room</u> Redecoration of the hair dressing room is required.	Met
	Action taken as confirmed during the inspection: We inspected the hair dressing room. This had been redecorated.	

<p>Requirement 4</p> <p>Ref: Regulation 27 (3) (b)</p>	<p><u>Fire safety</u></p> <p>The registered manager is required to make urgent referral to the home's fire safety officer regarding urgent assessment /action of the fire risk associated with the propping open of one bedroom fire door.</p> <p>Bedroom fire doors which require to be held open during the day should be fitted with appropriate devices, for example, electro - magnetic hold open devices or free swing smoke actuated self-closing devices which are linked to the home's fire alarm system.</p> <p>All bedroom doors to be closed during the night.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed to us that the Fire Safety Risk Assessment had been up dated. On inspection no bedroom doors were wedged open.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 16 (1)</p>	<p><u>Care Plan</u></p> <p>The registered manager is required to ensure that all measures to minimise the identified fall risk of one resident is reflected within the care plan.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed care records had been up dated.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 20 (3)</p>	<p><u>Competency and Capability Assessments</u></p> <p>The registered manager must ensure that competency and capability assessments are carried out with any staff given the responsibility of being in charge of the home for any period of time in her absence.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed to us all staff had competency and capability assessments in place.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	<u>Staff training</u> It is recommended that a review of the staff mandatory training records / matrix is undertaken in order to identify any staff that require mandatory training. The training matrix displayed evidenced several staff require mandatory training updates.	Met
	Action taken as confirmed during the inspection: We inspected staff training records which confirmed all mandatory training had been completed by staff.	
Recommendation 2 Ref: Standard 13.6	<u>Activity records</u> It is recommended that the duration time of the activity is recorded within the record of activities.	Met
	Action taken as confirmed during the inspection: Inspection of activities records confirmed to us the duration of activities had been recorded.	
Recommendation 3 Ref: Standard 17.10	<u>Complaint records</u> It is recommended that resolution showing the complainants satisfaction / dissatisfaction and any lessons learned as a result of investigation is recorded within the complaints record.	Met
	Action taken as confirmed during the inspection: We inspected the complaints records. Complaints had been recorded and managed appropriately.	

Recommendation 4 Ref: Standard 6.2	<u>Care Plan</u> It is recommended that the manager liaises with the district nursing sister in regard to the provision of a comprehensive care plan for one resident awaiting placement in a nursing home.	Met
Action taken as confirmed during the inspection: The registered manager confirmed to us the resident had moved to nursing home.		

Is care safe? (Quality of life)

We inspected four care records. Care needs assessments, risk assessments and care plans were in place and were kept under review.

Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the residents.

Is care effective? (Quality of management)

We inspected the staff duty roster which confirmed that five care staff, one laundry worker and one domestic were on duty. In our discussions with the registered manager she confirmed to us this number of staff was sufficient and met residents' care needs.

In our discussions with staff they confirmed to us the home's management were supportive of staff.

Is care compassionate? (Quality of care)

In our discreet observations of care practice we found residents were treated with care, dignity and respect when being assisted by staff. In accordance with their capabilities, all indicated to us that they were happy with life in the home.

5.3 Additional Areas Examined

5.3.1 Residents' views

We met with four residents individually and ten in a group setting.

Some comments included:

'People here are nice'

'I like it here I like to watch sport'

5.3.2 Staff views

We met with six staff of various grades who spoke positively about their role and duties. In our discussions with staff they confirmed to us they felt supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

'I really like working here and will be sorry when we have to move on'
'we all work as a team and the manager is approachable'

5.3.3 Staffing

At the time of inspection staff members on duty were:

1 senior carer
4 care staff
1 domestic
1 laundry

Staffing levels on the day of inspection were adequate to meet the needs of the residents. An inspection of the duty rota and the manager's confirmation did not substantiate the issues raised by the whistle blower.

5.3.4 Environment

The home was found to be clean and tidy. Décor and furnishings were suitable for purpose.

No requirements or recommendations were made as result of this inspection. One requirement is restated from the previous QIP.

6. Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Fionnuala Breslin registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that the requirement contained within the QIP is addressed within the specified timescales.

The issue to be addressed as a result of this inspection is 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended action based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered person/registered manager and detail the action taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 13.7 Stated: Second time To be Completed by: 17 July 2015	<u>Infection/prevention</u> Issue which requires to be addressed relates to infection prevention and control: <ul style="list-style-type: none"> • Staff must cease to sort soiled residents clothes on the floor in the laundry Response by Registered Person(s) Detailing the Actions Taken: Staff have ceased to sort soiled residents clothes on the floor in the laundry and PCSS management have provided a suitable surface on which to do this.
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Registered Manager Completing QIP	Fionnuala Breslin	Date Completed	25/06/2015
Registered Person Approving QIP	Martin Dillion	Date Approved	29/06/2015
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	02/07/2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: