



The Regulation and  
Quality Improvement  
Authority

## Unannounced Primary Care Inspection

**Name of Establishment:** Ballyowen House  
**RQIA Number:** 10057  
**Date of Inspection:** 21 January 2015  
**Inspector's Name:** Priscilla Clayton  
**Inspection ID:** IN017808

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Ballyowen House
<b>Address:</b>	179 Andersonstown Road Belfast BT11 9EA
<b>Telephone Number:</b>	028 9030 1329
<b>Email Address:</b>	fionnuala.breslin@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust Martin Dillon (Acting Chief Executive)
<b>Registered Manager:</b>	Fionnuala Breslin
<b>Person in Charge of the Home at the Time of Inspection:</b>	Joe Quinn (Senior Care Assistant) - morning Fionnuala Breslin - afternoon
<b>Categories of Care:</b>	RC-DE
<b>Number of Registered Places:</b>	31
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (Per Week):</b>	BHSCT Trust Rates
<b>Date and Type of Previous Inspection:</b>	4 June 2014 Secondary unannounced inspection
<b>Date and Time of Inspection:</b>	21 January 2015, 9.10 am – 5.25 pm
<b>Name of Inspector:</b>	Priscilla Clayton

## **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. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. 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 ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the Residential Care service manager
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Consultation with two visitors
- Inspection of the premises
- Evaluation of findings and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	2
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	nil

## 6.0 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 with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 – Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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.

## 7.0 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.

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.

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).

## 8.0 Summary of Inspection

This primary unannounced care inspection of Ballyowen House was undertaken by Priscilla Clayton care inspector on 21 January 2015 between the hours of 9.10 am and 5.25 pm. Joe Quinn, senior care assistant was in charge on the morning of the inspection as Fionnuala Breslin, registered manager, was out of the home on trust business. Fionnuala Breslin came on duty during the afternoon shift and was available for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection conducted on 4 June 2014 were examined. Review of documentation, observations and discussions demonstrated that all areas identified for improvement had been addressed. The detail of the actions taken by manager can be viewed in the section following this summary.

Prior to the inspection, the manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with the trust service manager, Fionnuala McClelland, residents, staff, two relatives and 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, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **8.1 Standard 10 - Responding to Residents' Behaviour**

Responses to residents were observed to be appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records examined outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff on duty who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs and confirmed that they have received training in behaviours which challenge. Staff was aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

Training records retained evidenced that several staff requires updates in mandatory training. Review and revision of training records was recommended.

A review of a sample of records evidenced that residents or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Ballyowen was compliant with this standard.

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. Residents were given opportunities to make suggestions regarding the programme of activities. The home care staff is supported by the Belfast Trust activity coordinator who visits the home twice weekly. A selection of materials and resources were available for use during activity sessions. Records of activities were being maintained. One recommendation made related to ensuring the duration of the organised activity is documented within the record. The evidence gathered through the inspection process concluded that Ballyowen House was substantially compliant with this standard.

## **8.3 Resident, Representatives, Staff and Consultation**

During the course of the inspection the inspector met with residents, one relative and staff on duty.

In discussions 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

#### **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff was observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. One recommendation made related to ensuring that the district nurse is requested to provide staff with a comprehensive care plan for one resident awaiting placement in a nursing home.

#### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained. The dining room and corridor has been redecorated. Areas requiring attention related to the laundry (sorting of residents clothes) and storage arrangements.

A number of additional areas were also considered during the inspection. These included pre inspection documentation requested from the manager, completed and returned within the timescale. Information included; care management reviews, management of complaints and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the report.

Six requirements and four recommendations were made as a result of this primary 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 service manager, registered manager, and staff for their assistance and co-operation throughout the inspection process.



**9. Follow up of the Previous Inspection conducted on 4 June 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (d)	<p>The registered person is required to ensure that the home is kept reasonably decorated in regard to the dining room and the 'orange corridor'.</p> <p>(Standard 27.1)</p>	Redecoration of the dining room and corridor has taken place as required.	Compliant
2	18 (2) (j)	The registered person is required to ensure that the malodour in the identified bedroom is eradicated.	Malodour has been eradicated from the room. Staff confirmed this was achieved through increased daily cleaning.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19.6	The registered person is recommended to review how residents, or where appropriate their representatives could be involved in the recruitment process.	The manager explained that consultation with residents / representatives in this regard has taken. No nominations has been suggested or received.	Compliant
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.	Annual review report has been developed as recommended. (2013-14) The manager confirmed that the annual report for 2014-15 will be completed March 2015.	Compliant
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.	<p>Examination of the duty roster, discussion with the manager and staff confirmed that staffing levels was sufficient to meet the current needs of residents. Staff confirmed that if additional staff was required this need would always be met.</p> <p>On the morning of inspection one staff was off duty at short notice and could not be replaced as no bank / agency staff were available at short notice for the morning shift. While staff was observed to be busy there was no evidence of any detrimental effect on the care of residents. Replacement staff for the afternoon shift was provided.</p>	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have knowledge and understanding of each individual resident's usual conduct and behaviour and means of communication. gained through pre- admission assessments and ongoing assessment planning and evaluation of responses and interventions. All attempts are made to promote positive outcomes	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy / procedure on Challenging behaviours which was dated 1 May 2014.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of individual residents ensured that restrictive practices are not used in the home at this time.</p> <p>A review of staff training records identified that several care staff had received update training in behaviours which challenge. One recommendation was made in regard to staff training record which the manager confirmed had not been updated to show recent training. Review / revision of staff mandatory training matrix records is recommended.</p> <p>A review of residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed and where required, two behavioural management plans were in place.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Substantially compliant

<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Uncharacteristic behaviour and other causes for concern are closely assessed and reasons are identified. Staff take action by reporting promptly to senior staff. The community mental health team and Outreach team are notified and offer specialist services to assist with care planning. Care managers are kept abreast of any significant changes and a care review would be requested if appropriate.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>The home has a policy / procedure on Challenging Behaviour and Restraint.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Care plans are reviewed updated monthly and relatives are informed of any significant changes in care.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member</p>	Compliant

drawing it up and the registered manager.	
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
we access trained professional help from the community mental health team and the Outreach team for specific behaviour management. GPs and care managers are kept updated of significant changes.	Compliant
<b>Inspection Findings:</b>	
A review of the challenging behaviour policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.  The senior care assistant informed the inspector that one referral has been made to the multi -professional behavioural management team and assessment is to be carried out within the near future. This was reflected within the care records examined.	Compliant
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All staff have undergone specific training in management of challenging behaviours and dementia awareness. the manager has completed Best practice in Dementia care provided by the stirling university via the DSDC and is planning to cascade training to all staff over a period of the next three years. We are attempting to encourage a culture of reflective person centred practice which is evidence based and empowers staff to deal more effectively with behaviours that challenge.	Compliant
<b>Inspection Findings:</b>	
The senior care staff member and the registered manager stated that all staff had received MAPA training in restraint. However records of staff training did not provide supporting evidence of training. One recommendation in regard to maintenance of staff training records was made.	Not compliant

Staff on duty confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings.	
<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
all incidents are reported to the next of kin and care manager. The GP is notified when appropriate to do so. If it is outside of the scope of the current care plan then they are referred urgently to the community mental health team, Outreach team, Psychiatrist of old Age or other relevant health care professional as deemed necessary.	Compliant
<b>Inspection Findings:</b>	
<p>A review of a random selection of accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. As discussed with the manager one recommendation made related to the ensuring that all measures to minimise the identified fall risk of one resident is reflected within the care plan.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
We have a locked door at Ballyowen House and all residents are assessed as requiring EMI residential by the appropriate professionals as required by legislation. Staff have undergone specialist training for people with behaviours which challenge. They all understand that restraint is only used as a last resort and this has not been necessary as diversional techniques have always been used with success. If restraint is required the staff have completed a 2 day training on how to apply this and are now in their second year attending updates. This would be documented if the need arose. A close level of discreet observation is kept on residents who present	Compliant

<p>with behaviours which challenge in an effort that triggers can be identified early and diversional strategies implemented. We have seen a reduction in challenging behaviours as incidents are audited monthly by the ASM and the manager and the need to continue 15 min observations is reviewed monthly.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated in the managers self -assessment was verified through discussion with staff who confirmed that restraint is not used in the home and would only ever be considered as a last resort to protect residents or others when less restrictive strategies had proved unsuccessful.</p> <p>Entrance and exit doors of the home are operated through call bell system in order to protect residents due to the identified high risks of leaving the home unaccompanied.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no other types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p><b>Compliant</b></p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p><b>Substantially compliant</b></p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Activities are planned according to the individual needs which are drawn from assessments carried out pre-admission and throughout their stay in resident meetings and from feed back following activities. We have a dedicated activity coordinator who researches opportunities for new and interesting activities in the community.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated 13 May 2010 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	
<b>Provider's Self-Assessment</b>	
The programme includes activities which are enjoyable, give meaningful purpose and are appropriate to age and culture. Spiritual needs are considered and all residents have an opportunity on several occasions a week to meet these needs. Healthy living is promoted by appropriate exercise classes and activities. We have 3	Compliant



<p>nominated drivers who can drive the trust 9 seater bus to take residents on regular outings which they enjoy especially going to the sea and on picnics. These have been very successful and we plan to continue these as weather permits.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social events are organised and special occasions celebrated.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>We have sourced suggestions directly from residents in meetings with them both formal and informal. We have used current research to arrange activities to help deal with behaviours which challenge in an attempt to reduce behaviours which challenge and to promote feelings of well being.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No residents choose to remain in their bedrooms throughout the day.</p> <p>Staff confirmed that preference for activities is discussed on admission to the home and at residents meetings. This was also evidenced in notes of residents meetings retained.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	

<p>Activity plan is posted weekly on a notice board and this is updated weekly. care staff are allocated to activities daily and particularly at times when restless and agitated behaviours are more apparent to help to divert this behaviour and promote positive outcomes</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on displayed in the hallway of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. The programme of activities was presented in an appropriate format to meet the residents' needs.</p> <p>Discussions with residents, who were able to comprehend, confirmed that they were aware of what activities were planned.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>We have purchased new equipment to help improve quality of life for the residents. We have a dedicated member of staff who facilitates activities and sources activity opportunities in the community such as artcare. Care staff are being encouraged to promote activities and special training is being applied for by the manager to improve their skills</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided daily each week by designated care staff that is supported by the Belfast Trust activity therapist who visits the home twice weekly to oversee organised activity and meet with residents. This is to be commended.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts, board games, bocca, bingo and various projects in art work.</p> <p>Friends of Ballyowen provide financial support to the home for various resident events / activities.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activity programmes are scheduled for short periods in keeping with attention levels. Programmes are flexible so that they can be adjusted according to the individual resident's need and abilities.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p> <p>One recommendation made related to recording the duration time of the activity within the record of activities retained.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Activity co-ordinator ensures all people contracted in meet requirements which is discussed with the manager and she accompanies them whilst they are on the premises carrying out activity. All contracted people are qualified to carry out the activity they are providing.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated in the manager's self- assessment was verified through discussion. The trust activity therapist visits the home twice weekly and is qualified to provide therapeutic activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>A report is given to the contracted- in person so that they are aware of any changes. feed back is given in a verbal and written report on progress during activity.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Information as illustrated within the manager's self- assessment was verified through discussion with the manager and staff who confirmed that a system was in place to inform any person contracted to provide activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>the programme is reviewed regularly more often than twice a year and new activities are being introduced for periods to ensure variety. In order to ensure that a fresh enthusiastic approach is maintained.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities and discussion with the senior care staff member verified identified that the programme had recently been reviewed. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Management Arrangements**

Fionnuala Breslin is the registered manager of the home and is supported in her role by a mixed skill team of senior care staff, care assistants and ancillary staff. An administrator is also employed for two hours each week day. At senior management level support is provided by Fionnuala McClelland, service manager who undertakes announced and unannounced monthly monitoring visits in accordance with Regulation 29 of The Residential Care Homes Regulations (2005).

On the morning of the inspection the senior care assistant was in charge of the home as the manager was out of the home on trust business. The senior care assistant in charge of the home had recently been promoted to this post and an induction programme was undertaken with records retained.

The manager came on duty early in the afternoon. Discussion took place with the manager regarding competency and capability assessments of staff given the responsibility to be in charge of the home during any period of the manager's absence. One requirement was made as assessments had not been undertaken in accordance with Regulation 20 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005.

### **11.2 Resident's / relative consultation**

The inspector met with six residents individually and with others in group format. Residents were observed relaxing in the communal lounge areas whilst others moved freely around or were relaxing in their bedroom. 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 by residents.

The inspector also spoke with two relatives who expressed great satisfaction with the care provided and life observed in the home. Relatives commended the staff who they described as "very caring and always respectful to residents." Relatives confirmed that they found the home to be "comfortably heated, fresh smelling, clean and tidy at all times". No issues or concerns were raised or indicated.

### **11.3 Relatives/representative consultation**

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

## **11.4 Staff consultation**

The inspector spoke with three staff. Discussions with staff identified that staff felt supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. However there was confusion in regard to exact dates of some staff training. Training recorded within a matrix is displayed in the office highlighted areas of several training topics required which was different from other training information retained. It is recommended that the manager undertakes a review of all staff training records to ensure that mandatory staff training is in accordance with RQIA mandatory training guidelines.

Staff who spoke with the inspector confirmed that staffing was satisfactory. One staff member was unexpectedly off duty and a replacement was not available at short notice. Examination of the staff duty roster was undertaken which evidenced that several amendments were made for week commencing 19 January 2014. Inaccuracies observed in the roster included the manager's recorded duty in the home and the senior care staff on duty 21 January 2015. One requirement was made in regard to ensuring that the duty roster reflects an accurate record of staff on duty in the home.

## **11.5 Visiting professionals' consultation**

Fionnuala McClelland, residential care services manager visited the home, spoke with the inspector and discussed the monthly monitoring visits which were being undertaken in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. No other professional staff visited during the inspection period.

## **11.6 Observation of Care practices**

The atmosphere in the home was relaxed, friendly and welcoming. Staff was observed interacting with residents in a respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed. Residents participated in various individual and group activity organised in keeping with the scheduled programme displayed.

There was no evidence of any resident aimless wandering around the home or challenging behaviours.

One recommendation made related to ensuring that the district nurse is requested to provide staff with a comprehensive holistic care plan for one resident who is awaiting placement within a nursing home.

## **11.7 Care Management Reviews.**

Prior to the inspection a care management review questionnaire was forwarded to the home for completion by the manager. The information provided in this questionnaire indicated that residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## **11.8 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. Data returned to RQIA by the manager evidenced that two complaints had been received, one of which was resolved and the second showed that the complainant was partially satisfied.

A review of the complaints records retained in the home evidenced that the two complaints received were investigated and the complainant's satisfaction with the outcome of the investigation was sought. The manager reported that complainants were fully satisfied with the outcome of investigation. 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. The registered manager confirmed that lessons learnt from investigations were always acted upon.

## **11.9 Contenance management**

The home has a policy / procedure on Contenance Management dated 29/01/13. Assessments and care plans examined contained appropriate information in regard to assessments / care plans/review. A plentiful supply of various types of continence garments was stored and readily available for residents.

Fluid intake records were being recorded and retained. Contenance reviews are undertaken by the district nurse.

## **11.10 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection. No residents were placed under guardianship.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **11.12 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.



A review of the fire safety records evidenced that fire training had been provided to staff and that fire drills had been undertaken with different fire alarms tested weekly and records retained. All fire exits were closed and unobstructed. One bedroom door was observed to be propped open. The manager explained that this was necessary so that staff could observe the resident when passing the door way. The practice of propping open the door should be risk assessed and the matter referred to the fire safety officer and an associated fire risk assessment undertaken. In keeping with fire safety recommendations fire doors which require to be held open during the day should be fitted, for example, with electro - magnetic hold open devices or free swing smoke actuated self-closing devices which are linked to the fire alarm. All fire doors must be closed during the night. One requirement was made in regard to fire safety. The RQIA estates inspector was informed of this requirement.

### **11.13 Environment**

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory with the exception of the hair dressing room which requires redecoration.

Other issues which require to be addressed relate to infection prevention and control:

- Staff must cease to sort soiled linen 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. Proper storage is necessary.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager, 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:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Care Inspection**

**Ballyowen House**

**21 January 2015**

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 Fionnuala Breslin at conclusion of 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	Regulation 19 (2) Schedule 4 7	<p><b><u>Duty Roster</u></b></p> <p>The registered manager must ensure that an accurate record of staff on duty is made in the duty roster.</p> <p>Ref 11.4</p>	One	The registered manager has communicated to all senior care staff the importance of ensuring that an accurate record of staff on duty is made in the duty roster. The senior on duty will check this on a daily basis.	Immediate and ongoing
2	Regulation 13.7	<p><b><u>Infection / prevention</u></b></p> <p>Issues which require to be addressed relate to infection prevention and control:</p> <ul style="list-style-type: none"> <li>• Staff must cease to sort soiled residents clothes on the floor in the laundry</li> <li>• Several items / cardboard boxes placed on the floor in the laundry should be removed and appropriately stored</li> <li>• Several packages of toilet rolls stored on the floor of the small room close to the laundry room require to be appropriately stored.</li> </ul> <p>Ref: 11.8</p>	One	PCSS staff have ceased to sort soiled residents clothes on the floor in the laundry. The PCSS management are sourcing an alternative work bench for this purpose. Items placed on the floor have been appropriately stored in the correct store room. Packages of toilet rolls have been removed from the floor of the domestic store and placed in the store room.	Immediate and ongoing

3	Regulation 27 (2) (d)	<p><b><u>Hairdressing Room</u></b></p> <p>Redecoration of the hair dressing room is required.</p> <p>Ref 11.8</p>	One	Redecoration of the hairdressing room has been requested via estates services	30 April 2015
4	Regulation 27 (3) (b)	<p><b><u>Fire safety</u></b></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>Ref 11.12</p>	One	Immediate consultation with the fire officer was carried out and he has recommended that a hold open device, which will be connected to the AFD panel, should be fitted to room 8. This will be timed to close each evening. The fire officer has consulted risk management and will raise the issue at the next meeting on 10/3/15	Immediate

5	Regulation 16 (1)	<p><b><u>Care Plan</u></b></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>Ref 10.6</p>	One	The resident's care plan has been updated and contains all safety measures to minimise the identified fall risk of this resident.	Immediate
6	Regulation 20 (3)	<p><b><u>Competency and Capability Assessments</u></b></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>Ref :11.1</p>	One	Competency and capability assessments are carried out during induction of all senior staff. A programme of continuous professional development is formulated for all members of the senior team and bank senior staff. This is updated at least yearly. Mandatory training is applied for and is attended and staff are encouraged to complete reflective learning evaluations. This is discussed during regularly monthly supervisions with the manager. A personal contribution plan is formulated and job roles are clarified by the manager as part of this process. There is an audit process in place to monitor the performance of individual senior staff.	27 February 2015

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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	Standard 10.1	<p><b><u>Staff training</u></b></p> <p>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.</p>	One	Mandatory training has been applied for all staff and dates have been arranged. the training matrix has been updated.	27 February 2015
2	Standard 13.6	<p><b><u>Activity records</u></b></p> <p>It is recommended that the duration time of the activity is recorded within the record of activities.</p>	One	All staff have been informed that duration time of the activity should be recorded. The manager is monitoring this closely to ensure that activity sessions are kept to a length appropriate to the residents and individual's capabilities.	Immediate and ongoing
3	Standard 17.10	<p><b><u>Complaint records</u></b></p> <p>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.</p> <p>Ref 11.7</p>	One	In future all local resolution complaints will show the complainants satisfaction/ dissatisfaction and any lessons learned as a result of investigation is recorded within the complaints record	Immediate and ongoing

4	Standard 6.2	<p><b><u>Care Plan</u></b></p> <p>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.</p> <p>Ref: 11.6</p>	One	The manager liaised with the district nursing team and advice is being sought regarding this residents current care needs which is outlined in his care plan.	Immediate
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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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Fionnuala Breslin
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillion

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	30 March 2015
Further information requested from provider			