

# Unannounced Care Inspection Report 23 September 2018



## Ballyowen House

**Type of Service: Residential Care Home**  
**Address: 179 Andersonstown Road, Belfast, BT11 9EA**  
**Tel No: 028 9063 3103**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 31 beds that provides care for residents living with dementia. The home provides care for a small number of residents and has been identified for closure with no current time period but rather pending suitable placement when required for any remaining residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Martin Joseph Dillon	<b>Registered Manager:</b> Fionnuala Breslin
<b>Person in charge at the time of inspection:</b> Fionnuala Breslin	<b>Date manager registered:</b> 20 February 2013
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 31

### 4.0 Inspection summary

An unannounced care inspection took place on 23 September 2018 from 10.00 to 13.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, supervision and appraisal, care records and communication between representatives, staff and other interested parties the governance arrangements, management of complaints and incidents and maintaining good working relationships.

Observations of interactions and support provided indicated residents were comfortable and at ease in the home and their needs were being met by staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Fionnuala Breslin, Registered Manager as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 March 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, residents, and one staff member.

A total of two questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two staff files
- One residents' care file
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of Infection Prevention and Control (IPC) including handwashing
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities information
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 13 March 2018**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 13 March 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Standard 27.1 Stated: First time	The registered person shall ensure a review of the environment is completed any areas identified in need of immediate improvement should be acted on accordingly.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed the environment had been reviewed and a works order was placed for some identified areas – the registered manager confirmed this will be reviewed pending a final decision on the home.	
<b>Area for improvement 2</b> Ref: Standard 5.5 Stated: First time	The registered person shall ensure the identified risk assessments are reviewed and updated.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed the identified risk assessments had been reviewed and updated. The registered manager confirmed the identified resident had since moved on from the home.	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to a minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were not viewed on this occasion but were viewed during the previous inspection and were found to be satisfactory.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff and plans were in place for any outstanding training to be completed as soon as possible.

The registered manager confirmed there had been no recent safeguarding incidents but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents. As the home has been identified for closure there are no new admissions to the home.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and pressure alarm mats. In the care record examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits including hand hygiene were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken; the environment was tired and dated though fit for purpose. As stated earlier in this report the home had been identified for closure, though there was no specific timescale for this. A works order was completed regarding some repainting depending how long the home remains open. Resident rooms viewed were found to be individualised with photographs, memorabilia and personal items. The home was clean and appropriately heated.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.



The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

It was established that no residents smoked.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 21 August 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training most recently on 6 June 2018. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal and infection prevention and control.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). One care record was reviewed this included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect any changing needs. Residents



and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The registered manager confirmed a varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of residents. Systems were in place to regularly record resident weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer to dietitian's and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the reviewed care records and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care would be managed by community nursing services. Staff spoken with confirmed that they would be able to recognise and respond to pressure area damage. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, staff meetings and staff shift handovers. Records in the home showed regular communication with resident representatives. Minutes of staff meetings were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual Quality Review report were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- “There is a handover daily between shifts, I think there is good communication in the home.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between representatives, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent for all residents.

The registered manager advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting the residents’ rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff confirmed that residents’ spiritual and cultural needs, were met within the home for example on the day of the inspection a Eucharistic minister visited the home.

Discussion with staff and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner to ensure their need were met. Observations made during the inspection showed residents were well presented, and appeared comfortable and relaxed in the surroundings and had positive interactions with staff.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example music and doll therapy. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents were supported with day trips out in the local community including for example visits to Lady Dixons Park, Botanic Gardens, and Oxford Island.

Staff spoken with during the inspection made the following comments:

- “Staff are here to support (residents) at all times to ensure their needs are met.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views and individual needs of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. The registered manager confirmed plans for the closing of the home were being progressed pending the assurance that the best interests of remaining residents to be met.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that senior management were kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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