

Inspection Report

16 August 2021



Balloo Training and Resource Centre

Type of service: Day Care
Address: 94 Newtownards Road, Bangor, BT19 1XZ
Telephone number: 028 9145 0505

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Patricia McManus
Responsible Individual: Mr Seamus Mc Goran	Date registered: 09/01/2016
Person in charge at the time of inspection:	
Brief description of the accommodation/how the service operates: This is a Day Care Setting with a maximum of 70 service users that delivers a programme of day care and day time activities from Monday to Friday for adults with learning disability.	

2.0 Inspection summary

An unannounced inspection was undertaken on the 16 August 2021, at 09-00am to 12-00am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

One area for improvement has been identified that relates to Regulation 28 quality monitoring.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users and staff to find out their views on the service
- reviewing a range of relevant documents, and policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service

We spoke to staff and service users including the manager. We provided a number of questionnaires to service users and or relatives to facilitate them to provide comments on the quality of service provision. Staff were also provide with an electronic survey. We observed a variety of activities and good communication between staff and service users.

No questionnaires were received prior to the issue of this report.

No staff comments were received from the electronic survey prior to the issue of this report.

Comments received during the inspection process:

Service user comments:

- “Glad to be back.”
- “It’s good here.”
- “I enjoy the activities.”
- “Good variety.”
- “Staff are good.”

Staff comments:

- “A wide variety of activities in and out of the centre.”
- “Good communication.”
- “A comprehensive induction with shadowing of other staff.”
- “Good staff communication.”
- “A very supportive manager.”
- “Training and supervision good.”
- “We offer choice in all activities.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Balloo Training and Resource Centre was undertaken on 19 November 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the SEHSCT adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that one incident had been reported to RQIA since the last inspection. This was actioned by the manager through the settings policies and procedures.

All staff had completed DoLS training appropriate to their job roles, records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Is there a system in place for identifying service users Dysphagia needs, in partnership with Speech and language Therapist (SALT)?

The manager confirmed that the setting had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs to ensure the care received in the service was safe and effective. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training.

A number of service users required supervision when eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The reports available did not allow for the full review of the quality of care provided. One area for improvement has been issued relating to Regulation 28.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs; this was to ensure that the care provided to service users was safe and effective. Staff were aware of the procedures in place regarding SALT guidance. Reviewed training records show that all staff had Dysphagia training.

Staff described their role in relation to reporting poor practice and their understanding of the settings policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analysis's (SEAs) or Early Alert's (EAs).

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of annual care reviews had been completed. The day care setting must be commended for their actions. We noted some of the comments from service users during their review:

- "I'm happy with Balloo."
- "No issues with Balloo."
- "I like the centre."
- "Looking forward to my return to full days."
- "I like taking part in activities."

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 28 Stated: First time To be completed by: From the inspection date.	The registered person must ensure the monthly monitoring visits and reports are improved in compliance with this Regulation, specifically: <ul style="list-style-type: none"> • Visits must be carried out at least monthly and a report must be written for the visit(s) carried out that month • Interview with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting • The report will be forwarded to RQIA until further notice.
	Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • An up to date template provided by the inspector has been put in place by the monitoring officer. • An exemplar report has been provided to the monitoring officer. • The monthly monitoring report is being sent to the Adult Disability Day Services Lead for review and to ensure that service users, their families and involved professionals have an opportunity to contribute their views to the report with consent. • The monthly monitoring report is being forwarded to RQIA until further notice. • Adult Disability are currently exploring a Monitoring Officer role across regulated services to ensure consistency and sharing of good practice.



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