



The Regulation and  
Quality Improvement  
Authority

Balloo Training and Resource Centre  
RQIA ID: 11114  
94 Newtownards Road  
Bangor  
BT19 1XZ

Inspector: Kyle Connor  
Inspection ID: IN023143

Tel: 02891450505  
Email: [sonia.byrne@setrust.hscni.net](mailto:sonia.byrne@setrust.hscni.net)

---

**Unannounced Care Inspection  
of  
Balloo Training and Resource Centre incorporating  
'Elderly Learning Disability Service'**

**1 and 5 February 2016**

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

## 1. Summary of Inspection

An unannounced care inspection took place on 1 February 2016, from 09.40 to 13.45 in Balloo, and in the Elderly satellite from 14.05 to 15.55. An inspection also took place in Balloo on 5 February 2016 from 13.40 to 17.30.

Overall on the day of the inspections the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust/ Hugh Henry McCaughey	<b>Registered Manager:</b> Sonia Byrne (acting)
<b>Person In Charge of the Day Care Setting at the Time of Inspection:</b> Susan Reid, DCW, on 1 February 2016; Sonia Byrne on 5 February 2016	<b>Date Manager Registered:</b> 5 February 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 53 on 1 February 2016 in Balloo and 15 in elderly service.	<b>Number of Registered Places:</b> 87

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

At the commencement of the inspection, a poster was displayed in the day centre informing service users and their representatives that an inspection was taking place and inviting them or their representatives to speak to the inspector and provide their views of the service.

During the inspection, all service users met with the inspector in groups to specifically discuss the standards being inspected.

In addition to the manager two staff were met individually to discuss the standards inspected.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports
- selected policies and procedures relevant to Standards 5 and 8
- minutes of meetings of the service user group
- file records for three service users
- staff duty rotas
- staff training records
- staff supervisory history
- minutes of staff meetings
- accident and incident records
- record of complaints and compliments

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 10 November 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 28 (4) (c)	<p>The registered person must ensure that Regulation 28 reporting does comment on the conduct of the day care setting particularly when reporting on staffing arrangements, that is when the Regulation 28 reports identify staffing absences they should also comment if the absences are impacting on the standard of care provided in this day care setting. If there are actions to address this, they must be described and evidenced as acted upon to address this deficit.</p> <p><b>Action taken as confirmed during the inspection:</b>            Inspector can confirm that the report of the monthly monitoring visits records the designated officer's discussions with staff regarding the staffing levels and the impact it was having on the services. The record for December 2015 reported on the views of staff regarding the staffing arrangements.</p>	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 14 (4)	<p>The registered manager must ensure service users' individual plans and or assessment information clearly evidences why measures used are considered the least restrictive method that can be used to meet the identified need.</p> <p><b>Action taken as confirmed during the inspection:</b>            A review of service users' care plans found this recommendation had been addressed.</p>	<b>Met</b>
<b>Requirement 3</b> Ref: Regulation 9	<p>The registered provider must appoint a manager to manage this day care setting and ensure the appointed person applies for registration as registered manager with RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b>            During the inspection it was confirmed that a new manager was to take up post on 10 February 2016. It was confirmed that the manager would forward the required application form to RQIA.</p>	<b>Met</b>

<b>Requirement 4</b> <b>Ref: Regulation 10 (2) (i)</b>	<p>The registered provider must ensure the appointed manager has the appropriate qualifications to manage this day care setting.</p> <p><b>Action taken as confirmed during the inspection:</b>  During the inspection it was confirmed that the manager had the appropriate qualifications to manage this day care setting.</p>	<b>Met</b>
<b>Requirement 5</b> <b>Ref: Regulation 19 (1) (a)</b>	<p>The registered manager must ensure the files identified in section 11.3 of this report are reviewed, revised and updated to improve the matters identified.</p> <p>Arrangements in this regard to achieve this requirement must be reported on the returned quality improvement plan</p> <p><b>Action taken as confirmed during the inspection:</b>  Inspector confirmed the identified files were available and up to date at the time of inspection.</p>	<b>Met</b>
<b>Requirement 6</b> <b>Ref: Regulation 5 (1) (c)</b>	<p>The registered manager must ensure there is a service user agreement/contract in place which service users and the day care staff sign prior to commencement of placement and is reviewed annually</p> <p><b>Action taken as confirmed during the inspection:</b>  It was confirmed service users' agreements are in place and reviewed annually.</p>	<b>Met</b>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 7.4</b>	The registered manager must review with staff the content of the service users' individual records to improve: care plans and other assessment/review has sufficient detail to care for each service user; documentation must be signed; assessments must be current and evidence updates; recording should be more specific regarding each service user; there should be evidence restrictive measures are subject to ongoing assessment; use of an I statement in a record must be what the service user has said - if a service user has no communication using an I statement is not appropriate; behaviour management and human rights should be evident in assessment information and there must be evidence that measures taken are least restrictive.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three care files examined evidenced that this recommendation had been addressed.	
<b>Recommendation 2</b> <b>Ref: Standard 7.7</b>	The registered manager must make appropriate arrangements to improve the signing, dating and management review of information in each individual service user's file.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Manager stated that arrangements are in place to monitor that records are appropriately signed and dated. Care files examined supported the information provided.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

#### Is Care Safe?

A range of policies and guidance documents on continence care was presented during the inspection and was available for staff reference.

The manager advised that continence needs of service users who attend the centre are reviewed.

Staff consulted confirmed that service users brought their own continence products to the centre and each had their own individual plan for continence management.

There was evidence to confirm that arrangements in place relating to the promotion of continence care was safe.

**Areas for Improvement**

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

**Is Care Effective?**

Eight service users' care records were examined during this inspection with the main focus on the management of continence care.

There was evidence that continence assessments and risk assessments had been completed and were up to date.

Care plans referred to a continence record in file which had the continence assessment report September 2014.

Care plans for continence management were in place and included information on continence protection and the equipment required. The care plan also included the service user's personal preferences when being supported with personal care.

The care plans examined provided evidence of ongoing regular review.

Management and staff confirmed that where service users have issues in relation to continence management, appropriate referrals would be made to the specialist team.

Discussion with the management team and several individual staff confirmed that staff training in continence management within the day care setting had been provided. Staff consulted individually knew the continence needs of individual service users and were able to discuss these in detail with the inspector. The staff discussed promoting dignity when assisting and supporting service users during continence care; the use of the continence product; the management of skin care and the promotion of infection prevention and control.

An inspection of the environment confirmed that a range of toilet facilities for male and female service users were available. There was evidence of effective signage and the toilet facilities were clean, odour free and well maintained; personal protection equipment (PPE) was also available.

There was evidence to confirm that the care provided in this centre was effective.

**Areas for Improvement**

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

**Is Care Compassionate?**

The observation of staff interactions with service users, throughout the inspection periods, presented evidence of a high level of compassionate care being delivered. It was evident that staff on duty knew the individual needs of service users.

The service users preferred to meet in groups to discuss their experience of the centre, and as previously stated one service user agreed to meet in private.

All who were able indicated satisfaction with the service provision, and apart from one query which was addressed during the inspection, there were no other issues raised by service users.

Throughout the period of inspection discreet observations of care practices confirmed that service users were treated respectfully and the care delivery was compassionate. Comments made by service users were all positive in regard to the care delivered within this day care setting.

**Areas for Improvement**

No areas were identified for improvement.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

**5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.**

**Is Care Safe?**

There was good evidence that as an organisation, the trust promotes service user involvement and empowerment. A range of effective policies and procedures was in place.

A complaint procedure was available and records were maintained of any complaints or expressions of dissatisfaction received, together with details of the actions taken. There were no complaints recorded during the period January 2014 - March 2015.

Service users who were able confirmed they were involved in discussions about what took place in the centre. There were no negative comments received from service users during these inspections.

**Areas for Improvement**

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

**Is Care Effective?**

A range of policies are in place regarding the involvement of service users in the care provided. These included local procedure for listening and responding to service users' views dated May 2015; local procedure for service users' meetings and forums dated May



2015; and local procedure for service users' involvement in activities and events dated May 2015.

The statement of purpose was in place and also included the arrangements made for consultation with service users or their representatives about the operation of the centre.

Examples of opportunities which encourage service users' involvement include:

- participation in day care events
- participation in service user groups
- participation in annual service provision questionnaire for service users and their representatives

Service user group meetings were held regularly and a record maintained of the meeting. Recorded minutes reflected that discussions were held regarding activities, outings, meals, transport and staffing.

The service users who were able spoke very positively about the service, the facilities and their opportunities for involvement in contributing to the running of the centre.

The annual report for 2014-2015 had been completed and was in draft form.

There was evidence that the centre has been effective in ensuring that there is regular and consistent engagement with service users.

#### Areas for Improvement

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

#### Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect. Generally written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Service users who were able confirmed that staff in the service provided assistance and involved them in decisions regarding care and support. All comments regarding the staff team were positive and there were no issues or concerns raised by service users during this inspection.

A record of compliments which was maintained included a range of very positive comments about the service overall.

#### Areas for Improvement

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
-------------------------	---	----------------------------	---

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Patsie McManus <i>P. McManus</i>	Date Completed	11/10/16
Registered Person	<i>Brida Morgan</i>	Date Approved	<i>4/11/16</i>
RQIA Inspector Assessing Response	<i>Hayne Harley</i>	Date Approved	<i>25/11/16</i>

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

*\*Please complete this document in full and return to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.