

Inspection Report

Name of Service: Balloo House Care Home

Provider: Balloo House Care Ltd

Date of Inspection: 1 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: | Balloo House Care Ltd |
| Responsible Individual: | Mrs Shirley Ann Ramrachia |
| Registered Manager: | Miss Selina Leyland |
| Service Profile – This home is a registered residential care home which provides health and social care for up to 30 residents. The home provides care for a maximum of nine residents living with dementia; a maximum of three residents with sensory impairment can also be accommodated. Residents' bedrooms are located over two floors. | |

2.0 Inspection summary

An unannounced inspection took place on 1 December 2024, between 9.30 am and 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living and staying in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection all areas for improvement identified at the last care inspection were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that living in the home was "very good". Residents' comments included, "The staff are good to me," and "I am happy here."

One resident told us, "There is activities to do if you chose to do them."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Staff were seen to be offering residents choices on what morning activity they wished to attend.

Resident questionnaires returned confirmed that, residents were mostly happy with the care provided in Balloo House Care Home. One comment regarding staffing levels and a further comment regarding the meals was passed to the manager for review and action as required.

Staff told us that they enjoyed working in Balloo House Care Home. One staff member said, "I love it here."

No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. There was a system in place to ensure staff were registered with the Northern Ireland Social Care Council (NISCC); however, there was no evidence that checks had been completed for staff who were registered as part of the recruitment process. An area for improvement was identified.

Residents spoken with during the inspection said that there was enough staff on duty to help them. However, as discussed in section 2.0, one response from the resident questionnaires indicated dissatisfaction with the staffing levels. All comments were passed to the manager to review and action as required. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed offering residents' choices and involving them in decisions, for example; whether or not to visit the hairdresser who was in the home at the time. Choices on planned activities, food and where to sit were also offered throughout the day.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A review of records evidenced that staff were not fully completing the post falls observation in keeping with the home's post falls protocol. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Some personal information pertaining to resident's diets had been on display in the dining room and on their bedroom doors for anyone passing to see. The need for this information to be kept confidential was discussed with the deputy manager and addressed on the day.

A review of nutrition care plans evidenced that some residents required one to one supervision. It was observed however, during the lunch time meal this level of supervision was not provided. This was discussed with the manager and an area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. It was observed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were also in place to meet residents' social, religious and spiritual needs within the home. Residents were participating in a religious service on the day of inspection. Another resident was observed celebrating their birthday with their loved ones and staff.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. A review of records evidenced that for one resident who had been risk assessed as needing a bed rail no care plan was in place. This was discussed with the manager and the registered provider and who advised they were in the process of updating of care plans. The provider informed us that the care plans were all currently being reviewed and updated progress will be reviewed at a future inspection.

It was observed that the some of the care plans had not been signed by the resident. This was discussed with the manager who agreed to address this when updating the current records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A bedroom door was observed to be wedged open therefore not allowing the door to close in the event of a fire. This was discussed with the manager and an area for improvement was identified.

A stair gate was observed in place at the top of the main staircase. No risk assessments were in place for residents particularly those residents residing on the upper floor. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. A small number of staff were observed to have nail varnish or false nails. This was discussed with the manager who agreed to address this with staff.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Selina Leyland has been the registered manager in this home since 28 September 2023.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. Further enhancement of the falls audits and care record audit was discussed with the manager who agreed to update the audits, progress will be reviewed at a future inspection.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address their concerns.

Compliments to the home were shared with the staff team.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Selina Leyland, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 1 December 2024 | The registered person shall ensure evidence of all pre-employment checks retained in the home and available for inspection. Thus is stated in reference but not limited to evidence of staff registration with NISCC. Ref: 3.3.1 |
| | Response by registered person detailing the actions taken: Audits of all care staff registered with NISCC are conducted monthly. We have amended our preemployment documentation to ensure clear documentation is in place to show that NISCC registration checks are conducted preemployment. Further to this NISCC certificates are printed and filed in each individual staff folder. |
| Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 1 December 2024 | The registered person shall ensure residents are supervised at meal times as directed in their care plan Ref: 3.3.2 |
| | Response by registered person detailing the actions taken: As part of our routine delegation process, a minimum of one care staff is assigned to the dining room for all meals for indirect supervision of residents. Residents who required direct supervision at the time of inspection on further review of their Speech and Language Therapy guidelines now require general supervision and care plans have been amended accordingly. |
| Area for improvement 3 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: 1 December 2024 | The registered person shall ensure fire doors are not obstructed or propped open. Ref: 3.3.4 |
| | Response by registered person detailing the actions taken: At the time of the inspection a bedroom door was propped open to allow a care assistant to directly but discreetly observe a resident eating safely without compromising their dignity. This is no longer required therefore fire doors are not propped open. |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
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| Area for improvement 1 Ref: Standard 9 Stated: First time To be completed by: 1 February 2025 | The registered person shall ensure that post falls observations are consistently recorded according to the homes own policy Ref: 3.3.2 |
| | Response by registered person detailing the actions taken: Post falls observations documentation has been reviewed and further training has been provided to staff on the type of observations that are to be conducted post fall to include observations when a resident is sleeping. |
| Area for improvement 2 Ref: Standard 28.5 Stated: First time To be completed by: 1 February 2025 | The registered person shall ensure individual risk assessments are in place for each resident in regards to the stair gate in the home. Ref: 3.3.4 |
| | Response by registered person detailing the actions taken: Stair gate risk assessments have been completed for all residents in the home. |

Please ensure this document is completed in full and returned via the Web Portal



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Quality Improvement
Authority

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