

# Unannounced Care Inspection Report

## 13 September 2016



## Balloo House

Type of service: Residential Care Home  
Address: 40 Donaghadee Road, Groomsport, BT19 6LH  
Tel no: 028 9146 4430  
Inspector: Alice McTavish

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Balloo House Residential Home took place on 13 September 2016 from 09.40 to 17.10.

A lay assessor, Ms Anne Simpson, was present during the inspection. Comments provided to the lay assessor are included within the report.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Three recommendations were made. One recommendation was in relation to obtaining references from job applicants' present or most recent employer prior to an offer of employment being made; one recommendation was in relation to a review of policies and procedures and one recommendation related to review of the home's Residents' Guide.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to the maintenance of appropriate daily records for residents.

### Is care compassionate?

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 of residents.

One recommendation was made in relation to amending questionnaires used in all future annual satisfaction consultations to specify the period of the consultation.

### Is the service well led?

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

Some areas for improvement were identified. These were included under a wider recommendation relating to policies and procedures in section 4.3 of this report, hence no requirements or recommendations were made in relation to this domain.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Shirley Ramrachira, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 28 October 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Balloo House/Chris Vijendra Ramrachia	<b>Registered manager:</b> Mrs Shirley Ramrachia
<b>Person in charge of the home at the time of inspection:</b> Mrs Shirley Ramrachia	<b>Date manager registered:</b> 17 July 2012
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia SI - Sensory impairment	<b>Number of registered places:</b> 9 residents with DE (mild) plus 2 with sensory impairment

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector and lay assessor met with six residents, one resident's representative, the registered manager, two care staff and the laundry assistant. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file of two staff members
- Care files of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans and care reviews
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents' representatives and staff for completion and return to RQIA; five questionnaires were completed by residents with the lay assessor on the day of inspection. Five questionnaires were returned within the requested timescale.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 28 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 28 October 2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x senior care assistant
- 4 x care assistants
- 1 x chef
- 1 x kitchen assistant
- 2 x domestic assistants
- 1 x laundry assistant
- 1 x maintenance staff
- 1 x administrator

One senior care assistant and three care assistants were due to be on duty later in the day. One care assistant (shift leader) and two care assistants were scheduled to be on overnight duty.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff 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; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. 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. A review of two staff personnel files identified, however, that although two satisfactory references were obtained for job applicants, in each case one reference was not from the applicant's present or most recent employer. A recommendation was made in this regard.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. There were arrangements in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were not completely consistent with the current regional guidance and did not include the name of the safeguarding champion; the policy document did, however, include definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established. A recommendation was made that the adult safeguarding policies and procedures should be reviewed to include the name of the safeguarding champion and that the terminology be updated to reflect the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015).

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. 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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were some restrictive practices employed within the home, notably locked external doors, a stair gate and pressure alarm mats for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose identified that restrictions were adequately described. A recommendation was made, however, that the Residents Guide should be reviewed to describe such restrictions.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed that this was so.

The home had a policy and procedure relating to infection prevention and control (IPC). Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were 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, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 March 2016 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six month, most recently on 16 March 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were regularly checked and maintained.

Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. There was a system for ensuring that these were readily available in the event of an emergency, along with residents' basic details, photographs, contact details of family, GP and trust representative and residents' medications.

Residents spoken with during the inspection made the following comments:

- “This is a good place. I enjoy the company of other residents and am very happy to be here. I feel safe and secure.”
- “My room is bright and spacious and it overlooks the garden. I enjoy the views.”
- “I am very satisfied with the care I get here.”
- “I have been in this home for six months and am very happy to be here. The staff are very friendly and helpful.”
- “I have been here for around two years. It’s not home, but I feel safe here and I know it’s the right place to be.”

Five completed questionnaires were returned to RQIA from staff. Respondents described safe care as very good or good.

### Areas for improvement

Three areas for improvement were identified. A recommendation was made in relation to obtaining references from job applicants’ present or most recent employer prior to an offer of employment being made. A recommendation was made in relation to review of policies and procedures and a recommendation was made in relation to review of the home’s Residents Guide.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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#### 4.4 Is care effective?

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

A review of four residents’ care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans. Whilst the majority of care records provided a daily statement of health and well-being of residents, one did not. The resident was noted to be in need of regular pain medication and it was therefore important that appropriate daily records were maintained. A recommendation was made in this regard.

The care records reflected the multi-professional input into residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of residents. 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 they were familiar with person centred care, as they had received training in this area, and that a person centred approach underpinned practice. Review of care records identified that care plans were devised and followed specific to those residents who experienced pain. This practice supported the delivery of effective care and was to be commended.



An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed 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 and care reviews were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication. Minutes of resident meetings were available for inspection.

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 confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who specialist supports.

Residents spoken with during the inspection made the following comments:

- "Staff are very helpful and friendly. I always feel that I have a say in what is happening."
- "I always have access to my GP when I need it. I feel happy that the staff know all about my medical conditions and are able to care for me properly."
- "Staff are always around and willing to help me if I need it."
- "I can manage most things for myself but if I needed help, there is always someone available. I feel I always have a choice."
- "I had a bad fall but have made a good recovery; I think the care given is excellent."

Five completed questionnaires were returned to RQIA from staff. Respondents described effective care as very good or good.

### Areas for improvement

One area for improvement was identified. This related to the maintenance of appropriate daily records for residents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.5 Is care compassionate?

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

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment; there was also a policy in place relating to consent. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and they were able to describe how this was integrated into everyday practice.

Discussion with staff, residents, and a representative, observation of practice by the lay assessor and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, the lay assessor observed how around half of the home's residents participated in a planned armchair aerobics session and were later encouraged by staff to engage in conversation and chat. The registered manager described how residents attended several community events in a nearby town during the day and evening. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents received visits and spiritual support from local churches and although regular services had been unavoidably and temporarily interrupted in the home, there were plans to recommence such services.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information which enabled them to make informed decisions regarding their life, care and treatment. There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. For example, residents' meetings were held regularly and residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available in the home's reception area for residents and other interested parties to read. The findings of the consultation were also shared with residents and discussed during a residents meeting. A review of completed questionnaires used in the annual consultation identified that these did not specify the period of the consultation. A recommendation was made that questionnaires should be amended for all future consultations.

The registered manager described how it was identified through the annual consultation that residents were unaware of the presence of thermostatic controls in individual bedrooms. An action plan was developed and implemented to address this issue; this led directly to an

improvement as residents were enabled to regulate the temperature of bedrooms, with the assistance of staff, to their specific liking.

Residents spoken with during the inspection made the following comments:

- “This is a good place and staff look after me well.”
- “I miss being able to go to Church and there isn’t a Church service in the home. I am always given a choice and I don’t feel that I am being forced to do anything that I don’t want to do.”
- “My pastor calls to visit me regularly and friends can visit me at any time. The staff are kind and pleasant.”
- “I am always treated with respect. The staff are very caring and happy.”
- “The staff are lovely. I am always treated with respect and treated as an individual.”

A resident’s representative commented:

- “We as a family looked at five care homes for my (relative). This place was head and shoulders above the others and we are very happy with this choice. The staff keep us well informed of any medical or other problems and that means such a lot as we have to travel a considerable distance to get here if anything were to go wrong. We are always made to feel most welcome and I feel the care here is very good.”

Five completed questionnaires were returned to RQIA from staff. Respondents described compassionate care very good or good.

### Areas for improvement

One area for improvement was identified. This related to amending questionnaires used in all future annual consultations to specify the period of the consultation.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager also confirmed that the health and social care 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.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Inspection of the complaints policy identified that it was not fully in accordance with the legislation and DHSSPS guidance on complaints handling. A recommendation was made (as part of a wider recommendation relating to policies and procedures in section 4.3 of this report) that the policy should be reviewed to reflect the range of external agencies who can be contacted in order to report complaints.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters on display in communal areas of the and in the bedroom of each resident. Discussion with staff confirmed that they had received training during induction on complaints management and were knowledgeable about how to receive and deal with complaints. Complaints and customer awareness were further discussed in staff meetings as part of the ongoing quality improvement agenda actively taken forward by the registered manager.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that very few complaints were received and that all complaints were processed without delay. Should complaints be received more often an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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 confirmed that audits are undertaken of accidents and incidents in order to identify areas of risk and to address these.

An example of effective use of audit was where a resident was noted to have experienced several falls within a short period. This was caused by a combination of the resident's limited insight into her lack of ability and a reluctance both to use the walking aid supplied for her and to wear suitable footwear. Staff ensured that a new referral was made to the physiotherapy service for provision of an alternative walking aid. Staff provided a concerted approach to encouraging the resident to wear suitable footwear and to accept supervision when mobilising. Staff instigated care review in order that the potential risks could be fully explored and measures arranged to minimise such risks. Such actions provided improved outcomes for residents.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home. There was a system to ensure medical device alerts, 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, for example, the assessment of pain in older people. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example dementia awareness, continence care, diet and nutrition, falls prevention, provision of meaningful activities, person centred care and communication.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was evidence of care staff being supported to undertake further development in governance and leadership which would enhance the delivery of high quality care in the home. Three staff members had very recently been successful in QCF level 5 in adult residential home management and another staff member was involved in a dementia improvement initiative. Such examples of investment in staff was to be commended

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 confirmed that the registered provider, her husband, was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. A recommendation was made (as part of a wider recommendation relating to policies and procedures in section 4.3 of this report) that the policy should be reviewed to reflect the range of external agencies who can be contacted by staff to in order to report poor practice, if necessary.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents spoken with during the inspection made the following comments:

- "The staff all appear to be happy in their work. This helps to make the home a happy place."
- "I am happy that the home is well run. Everything is clean and the atmosphere is good."
- "I have never had to make any complaints."
- "The home is clean and seems well run. The dining area is very clean. I don't have anything that I need to complain about."

- “The staff seem to be very content and there doesn’t seem to be any ‘conflict’ between them and the boss. The home is clean and has a pleasant atmosphere. That must mean that the boss is good!”

Five completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described the area of well led service as very good or good.

### Areas for improvement

Some areas for improvement were identified. These were included under a wider recommendation relating to policies and procedures in section 4.3 of this report.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Shirley Ramrachira, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 13 September 2016	The registered provider should ensure that one reference is obtained from the applicant's present or most recent employer prior to an offer of employment being made.
	<b>Response by registered provider detailing the actions taken:</b> Since this Inspection I have recruited four new staff at Balloo House and references were obtained from their most recent employer.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	The registered provider should ensure the following: <ul style="list-style-type: none"> <li>the adult safeguarding policies and procedures are reviewed to include the name of the safeguarding champion and the terminology be updated to reflect the regional guidance</li> <li>the complaints policy is reviewed to reflect the range of external agencies who can be contacted in order to report complaints</li> <li>the whistleblowing policy is reviewed to reflect the range of external agencies who can be contacted by staff to in order to report poor practice, if necessary</li> </ul>
	<b>Response by registered provider detailing the actions taken:</b> All of these policies have been updated and amended to include the information detailed above.
<b>Recommendation 3</b>  <b>Ref:</b> Standard 20.9  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	The registered provider should ensure that the home's Residents Guide is reviewed to describe any restrictions employed within the home.
	<b>Response by registered provider detailing the actions taken:</b> The Residents Guide has been updated and amended and includes a description of restrictions within the Home.
<b>Recommendation 4</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time  <b>To be completed by:</b> 14 September 2016	The registered provider should ensure that appropriate daily records are maintained for residents.
	<b>Response by registered provider detailing the actions taken:</b> Designated time has been identified to record daily records and Senior Staff have been asked to ensure that all records are completed on each shift.



<b>Recommendations</b>	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 20.12  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	The registered provider should ensure that questionnaires used in all future annual consultations are amended to specify the period of the consultation.
	<b>Response by registered provider detailing the actions taken:</b> This oversight on our Quality Assurance Questionnaires will be corrected on our next audit.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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