



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Balloo House

Establishment ID No: 1576

Date of Inspection: 24 April 2014

Inspector's Name: Priscilla Clayton

Inspection No: 17564

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Balloo House Residential Home
Address:	40 Donaghadee Road Groomsport Co Down BT19 6LH
Telephone Number:	(028) 9146 4430
E mail Address:	sramrachia@aol.com
Registered Organisation/ Registered Provider:	Mr and Mrs Ramrachia
Registered Manager:	Mrs Shirley Ramrachia
Person in Charge of the home at the time of Inspection:	Shirley Ramrachia
Categories of Care:	RC (over 65 years)
Number of Registered Places:	30 residents
Number of Residents Accommodated on Day of Inspection:	27
Scale of Charges (per week):	£477 - £501 per week
Date and type of previous inspection:	20 November 2013 Primary Announced
Date and time of inspection:	24 April 2014 (12.00pm – 4pm)
Name of Inspector:	Priscilla Clayton

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard (2008):

Standard 12 (Meals and meal times)

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Balloo House is a purpose built residential home which was built as part of a two-phase building project in March 2011 situated on the outskirts of Groomsport and a few miles from Bangor town centre.

The home is registered with The Regulation and Quality Improvement Authority (RQIA) to accommodate a maximum of 30 residents in categories, Residential Care (RC) including a maximum of nine residents with Dementia Care and Sensory Impairment for two residents.

Facilities provided consist of single bedrooms, lounge, dining room, several toilets/bathroom/shower rooms, hairdressing salon, central kitchen and laundry.

There are a number of car parking spaces to the front entrance to the home.

SUMMARY

This unannounced secondary inspection was conducted on 24 April 2014 by Priscilla Clayton, care inspector from RQIA.

On arrival at the home the inspector was welcomed by the manager who remained on duty throughout the inspection. On this occasion the senior care, Lorraine Ware, undertook the management role in the inspection process as part of her professional development programme.

Throughout the inspection residents were observed in various areas of the home. Several residents were relaxing in the lounge reading or watching television. Other residents were out in the grounds enjoying the warm weather and admiring the shrubs in various forms of growth. Residents moved freely around the home, moving to various locations as desired.

Residents who spoke with the inspector gave very positive comments about the home and commended the manager and care staff who they described as "excellent."

The inspection focussed on standard 12 of the Residential Care Standards 2011, Meals and Mealtimes. There was good supporting evidence that the home was compliant with each criteria in this standard. This is to be commended.

Management, staff and residents confirmed there was sufficient staff on duty to provide care for the needs and numbers of the residents accommodated. Discreet observation of staff interaction with and assistance to residents was noted to be courteous and good humoured.

In total one requirement and one recommendation were made as a result of this inspection. Areas identified for improvement included completion of four staff competency and capability assessments and allocation of one senior care staff on duty during the night shift.

The inspector wishes to acknowledge the co-operation of the manager, senior carer who accompanied the inspector and staff at this unannounced inspection and extends a thank you to residents who afforded time to share their views on the provision of care in the home.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>The registered manager is required to ensure that competency and capability assessment is undertaken on any staff member who is left in charge of the home for any period of time.</p>	<p>Five staff files randomly selected were examined and showed evidence of completed competency and capability assessments.</p> <p>The manager reported that assessments on four staff is to be completed.</p>	Substantially compliant
2	Regulation 21.7 Schedule 2	<p><u>Pre-employment check</u></p> <p>The registered manager must ensure that there is evidence that the person appointed is physically and mentally fit for the purposes of the work which he/she is to perform at the home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he/she is so fit.</p>	<p>The manager reported that she was awaiting evidence from one recent applicant who was successful at interview.</p> <p>No further staff has been employed since the previous inspection.</p> <p>The manager confirmed this request would always be applied for staff successful at interview.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 13	<p><u>Activity Provision</u></p> <p>It is recommended that the registered manager undertakes a review and revision of the current programme of activities, in consultation with residents, to ensure the home offers a structured programme of events, based on residents' needs and interests, with positive outcomes for residents.</p> <p>It is also recommended that the weekly programme of events is displayed.</p>	<p>There was very good supporting evidence of resident consultation. For example likes/dislikes/preferences in care records examined.</p> <p>Sometimes residents choose to change the planned programme of the day, for example, due to inclement weather.</p> <p>Consultation at residents meetings was evidenced through examination of minutes.</p> <p>A weekly programme of events is displayed. This was developed by the residents and is a colourful newsletter which reflects information about the daily weather, special days/occasions e.g. Easter and daily activities and outings and other information about the home. This is to be commended.</p> <p>Residents consulted felt well pleased as they now know about plans made for each day which were based on their views.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
2	Additional matters - 1.3	<p><u>Entry to the home</u></p> <p>It is recommended that the manager ensures measures are in place to ensure that the door bell is answered promptly so that visitors do not have to wait to gain entrance to the home.</p>	<p>The front door was opened promptly when the inspector arrived at the home.</p> <p>The manager advised that periodic audits are conducted to ensure visitors do not have to wait to gain entry.</p> <p>During the inspection the inspector observed that the door was opened promptly for visitors.</p>	Compliant
3	Additional matters - 1.3	<p><u>Relative views</u></p> <p>Action taken by the manager to address issues raised by one relative/ representative in correspondence is to be forwarded to RQIA as agreed.</p>	This information was forwarded to RQIA as recommended	Compliant
4	Standard 11.3	<p><u>Care review reports</u></p> <p>The manager is to ensure that the home's care review report is signed by the staff member and resident/ representative.</p> <p>Should the resident or their representative refuse or are unable to sign this should be recorded.</p>	Three care reviews examined were signed as recommended.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
5	Standard 11.4	<p><u>Recording</u></p> <p>Examination of four care review reports showed areas which require improvement, including:</p> <ul style="list-style-type: none"> • Domiciliary section – record should not be made in this section as this area does not apply to residential care. • Ensure finance, accident / incidents detail is included 	<p>Review reports had been amended as requested.</p> <p>Domiciliary section had been removed, finance, accidents and incidents were included.</p>	Compliant
6	Additional matters - 1.5	<p><u>Complaints records</u></p> <p>It is recommended that, where appropriate, the manager makes a record of resolution that the complainant was satisfied with the outcome.</p>	<p>Examination of complaints records retained showed that resolution was recorded in all but one record. This complaint was not fully closed and when this is completed satisfaction or otherwise should be recorded in keeping with good practice.</p>	Compliant

STANDARD 12 - MEALS AND MEALTIMES

Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.

Criterion Assessed: 12.1 Residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.	COMPLIANCE LEVEL
Inspection Findings: Four weekly rotating menus examined verified that these appeared varied and nutritious. The cook confirmed that special diets, to meet each resident's nutritional needs were provided. The home has received current Nutritional Guidelines which is to be shared with the staff and catering staff. Residents who spoke with the inspector verified the meals were varied and nutritious.	Compliant
Criterion Assessed: 12.2 Residents are involved in planning the menus.	COMPLIANCE LEVEL
Inspection Findings: Staff confirmed that residents are involved. This was also evidenced in minutes of residents' meetings dated 14 January 2014 and confirmed by residents on the day of inspection.	Compliant
Criterion Assessed: 12.3 The menu either offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	COMPLIANCE LEVEL
Inspection Findings: Choice is provided at meal times. Residents who met with the inspector confirmed an alternative meal would be provided if wanted.	Compliant

STANDARD 12 - MEALS AND MEALTIMES Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.4 The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	COMPLIANCE LEVEL
Inspection Findings: The daily menu was displayed on the wall at the entrance to the dining room.	Compliant
Criterion Assessed: 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.	COMPLIANCE LEVEL
Inspection Findings: Staff confirmed meals are served at the following times and that a snack would always be provided if a resident wanted tea/coffee or other beverage. Meal times are flexible but in the main are as listed: (residents can choose to have their meal served in their room if desired) Breakfast - 8am to 10am approx 1pm - Dinner 5pm – High tea Snacks are provided each morning, afternoon and evening. Fresh drinks are available throughout the day. Staff confirmed that several residents choose to have their breakfast served in their bedroom each morning.	Compliant
Criterion Assessed: 12.6 Residents can have a snack or drink on request or have access to a domestic style kitchen.	COMPLIANCE LEVEL
Inspection Findings: Snacks are provided each morning, afternoon and evening. Fresh drinks are available throughout the day.	Compliant

STANDARD 12 - MEALS AND MEALTIMES**Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.**

Criterion Assessed:	COMPLIANCE LEVEL
12.7 Menus provide for special occasions.	
Inspection Findings:	
Menus are provided on special occasions. This was confirmed by residents and staff who spoke with the inspector.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.8 Residents are consulted and their views taken into account regarding the home's policy on "take away" foods.	
Inspection Findings:	
Policy dated March 2012 includes permitted and not permitted foods, as certain foods present as higher risk than others. For example raw foods, past sell by dates, raw eggs and unpasteurised dairy products. Residents were consulted in this regard.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each resident's needs.	
Inspection Findings:	
Observation of the mid- day meal served on the day of inspection confirmed that meals were nicely presented with adequate portions of food served. Tables were nicely set with table cloths, condiments and central flower arrangement. Residents confirmed they could choose where they wished to sit in the dining room. This was also verified by staff. Residents who spoke with the inspector confirmed they were very satisfied with the food and how it was presented at meal times.	Compliant

STANDARD 12 - MEALS AND MEALTIMES**Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.**

Criterion Assessed: 12.10 Staff are aware of any matters concerning residents' eating and drinking as detailed in each resident's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: - <input type="checkbox"/> Risks when residents are eating and drinking are managed <input type="checkbox"/> Required assistance is provided <input type="checkbox"/> Necessary aids and equipment are available for use.	COMPLIANCE LEVEL
Inspection Findings: The home uses the MUST risk assessments tool to assess the nutritional needs of residents. This was verified in care records examined. Observation of the mid-day meal served in the dining room was undertaken. Three staff was observed supervising and assisting residents with their meal. This duty was undertaken in a respectful dignified manner. Where necessary aids and appliances would be provided to assist residents. Staff who spoke with the inspector confirmed that special meals are provided as required and choice was always afforded. Care plans and progress notes contain information regarding eating and drinking. Each resident's progress is discussed at the handover of each shift which provides the opportunity for staff to highlight any concerns in relation to dietary issues.	Compliant

STANDARD 12 - MEALS AND MEALTIMES

Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.

Criterion Assessed: 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory.	COMPLIANCE LEVEL
Inspection Findings: All meals are recorded showing the food provided to each resident.	Compliant
Criterion Assessed: 12.12 Where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed. Where a resident is eating excessively, a similar record is kept. Such occurrences are discussed with the resident, and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.	COMPLIANCE LEVEL
Inspection Findings: This criterion was verified through discussion with staff who confirmed that should difficulties arise with food consumption this would be reflected within the residents assessment and care plan records/evaluation. Additionally referral would be made to the care manager, GP, or dietician as necessary.	Compliant
Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and residents' views.	COMPLIANCE LEVEL
Inspection Findings: Four weekly rotating menus were in place. Seasonal menus are developed as required.	Compliant

STANDARD 12 - MEALS AND MEALTIMES**Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.**

Criterion Assessed:	COMPLIANCE LEVEL
12.14 Variations to the menu are recorded.	
Inspection Findings:	
Records of variations to menu were being retained by the cook and held within the kitchen.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector spent time speaking with the residents, all of whom spoke positively about their life in Balloo House. The inspector was told they enjoy the food and are free to make suggestions as to what they would like add to the menu. Residents mentioned the kindness of the staff "they are so pleasant" and the "quality of food was second to none". No issues or concerns were raised by residents.

Relatives

No relatives visited during the inspection.

Staff

On the day of this inspection staffing levels were deemed to be satisfactory for the number and dependency levels of residents accommodated. This was confirmed by the manager and staff who spoke with the inspector.

Examination of the staff duty roster showed that four care staff are on duty each day including senior care staff and the manager.

Three care staff are on duty each night. Two recommendations made relate firstly to ensuring an indicator is recorded in the daily staff duty roster of the shift hand over time and secondly review of the staffing arrangement at night as no senior care staff this shift.

The manager confirmed that the qualifications of staff are as follows:

QCF Level 5 (Management) - two staff undertaking this diploma
NVQ Level 4 – One staff
NVQ Level 3 – Ten staff
NVQ Level 2 - Twelve staff

The registered providers are to be commended on their commitment to provide training to staff.

Environment

The home's internal environment continues to be maintained to a high standard of decoration and furnishing. The home was bright, clean and fresh smelling throughout. No hazards or malodours were noted on a tour of the premises.

Externally the grounds are well maintained with flowers and shrubs at various areas surrounding lawns which were observed to be freshly mown.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Balloo House

24 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager and Senior Care assistant on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Reg 20 (3)	<p><u>Competency and capability assessments.</u></p> <p>Complete competency/capability assessment of remaining four staff.</p>	Second	All competency/ capability assessments have now been completed.	30 June 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 25.7	<u>Staffing</u> Two recommendations made include: <ul style="list-style-type: none"> Ensuring an indicator is recorded in the daily staff duty roster of the shift handover time One senior care staff to be in charge of the home during the night duty shift. 	Once	The duty rota now has indicators for shift handover times during the day. The duty rota now has an indicator that identifies the member of staff following satisfactory capability/competency assessment that is left in charge of the Home for any period of time.	31 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Shirley Ramrachia
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Chris Ramrachia

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	19 August 2014
Further information requested from provider			