

# Inspection Report

## 22 September 2023



## Balloo House Care Home

Type of service: Residential Care Home  
Address: 40 Donaghadee Road, Groomsport, BT19 6LH  
Telephone number: 028 9146 4430

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Balloo House Care Ltd	<b>Registered Manager:</b> Miss Selina Leyland
<b>Responsible Individual:</b> Mrs Shirley Ann Ramrachia	<b>Date registered:</b> Not registered
<b>Person in charge at the time of inspection:</b> Mrs Cara McLarnon, Deputy Manager, 09.45am to 10:20am Miss Selina Leyland, Manager, 10:20am to 5:50pm	<b>Number of registered places:</b> 30  This number includes nine residents with DE (mild) plus two sensory
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. SI – Sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 19
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 30 persons. Residents' bedrooms are located over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 September 2023 at 09:45 am to 5:50 pm by a care inspector.

The inspection was undertaken to determine if the home was delivering safe, effective, and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, care plans and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

Four areas for improvement have been identified in relation to staff recruitment, staff training and the provision of staff meetings.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents, a resident's relative, staff and a visiting professional are included in the main body of this report.

### **3.0 How we inspect**

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

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Selina Leyland, Manager, Mrs Shirley Ramrachia, Registered Person, and the management team, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents, a resident's relative and a visiting professional spoken with provided positive feedback about Balloo House Care Home. Residents told us that they felt well cared for; enjoyed the food; that staff were kind and there was enough staff on duty to meet their needs.

Staff told us that the manager was approachable and they felt supported in their role. Some staff spoken with told us that at times they would like to be valued more as a member of the team. Comments were shared with the manager and the management team.

Following the inspection we received two completed resident/relative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Two staff members spoken with commented:

“I had a good induction and orientation when I first started working here. I’ve no issues or concerns.”

“The staff team are very supportive and it’s a good place to work. I love the residents and would do anything for them. They are well cared for.”

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

## **5.0 The inspection**

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

The most recent inspection was undertaken by a pharmacist inspector and a finance inspector on 12 January 2023 and 18 January 2023; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence was unavailable to view to show that gaps in the employment record had been explored and explanations recorded during the recruitment process for the member of staff. This was discussed with the manager and an area for improvement was identified.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dysphagia awareness, dementia awareness, first aid, moving and handling, adult safeguarding, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire safety.

However, a staff training and development plan to reflect the training needs of individual staff was unavailable to view. This was discussed with the manager and deputy manager and an area of improvement was identified.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Records showed that while staff with overseeing responsibility had completed (DoLS) level 3 training, not all employed staff had received training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) level 2. The provision of staff training was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Cara McLarnon, Deputy Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A robust system was in place to ensure effective managerial oversight of competency and capability assessments. Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Review of records evidenced that staff had completed supervision during 2023. Appraisals had commenced. The manager advised that supervision is ongoing and that arrangements are in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A visiting professional spoken with commented:

"I've been visiting residents at Balloo House for over five years and find the staff very observant and attentive. I've no issues at all."

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

### 5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed 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. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Care records regarding indwelling catheter management, nutrition, weight and falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Review of supplementary charts for residents regarding personal care and the provision of showers/baths evidenced they were well documented.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Residents were observed to be offered a selection of drinks, fresh fruit, yoghurt, scones and biscuits from the mid-morning tea trolley by staff.

We observed the serving of the lunchtime meal in the dining room. Staff ensured that residents were comfortable throughout their meal. The daily menu was displayed showing residents what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. Meals were appropriately covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available. Staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Adequate numbers of staff were observed assisting residents with their meal appropriately, in an unhurried manner.

The cook told us all food including scones and shortbread is home cooked. Residents said that they enjoyed their meal.

### 5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Residents' bedrooms were personalised, suitably furnished and tidy. Communal areas were appropriately furnished and comfortable. The manager told us that the home is currently being redecorated. Corridors and communal areas on the ground floor were observed to be tastefully decorated to a high standard.

Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment used by residents such as walking aids were seen to be clean and well maintained. Sluice rooms and cleaner's stores were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. The manager confirmed that a Fire Risk Assessment had been completed on 8 June 2023 and records showed that regular fire alarm tests and fire drills had been undertaken at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

### 5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed on the chalk board in the reception area, advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as arts and crafts. Residents told us that they enjoyed attending activities; were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Residents said they were looking forward to attending a general knowledge quiz after tea.



The deputy manager advised that resident meetings were held on a monthly basis. A resident meeting was planned for the morning of inspection. Minutes of the meeting were available to view in the afternoon.

Residents views and opinions about the quality of services and facilities were sought in March 2023. A selection of completed questionnaires indicated positive comments regarding the standard of care in the home.

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

Since the last inspection there has been no change in management arrangements. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, falls, weight and infection prevention and control (IPC) including hand hygiene.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Records showed that senior staff and departmental meetings had been regularly undertaken and minutes of the meetings were available. However, it was noted that a general staff meeting to include care staff had not been arranged for a significant period of time. This was discussed with the manager who confirmed that general staff meetings had not taken place in 2023. An area for improvement was identified.

Review of the home's complaints record evidenced that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and responsive to any issues that were brought to her attention.



## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Selina Leyland, Manager, Mrs Shirley Ramrachia, Registered Person, and the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that staff are recruited and employed in accordance with statutory employment legislation. This relates specifically that any gaps in employment records are explored and explanations recorded.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Application forms have since been amended. The employment history section now states that full employment history must be included from first employment to present and all gaps must be accounted for. The management team are aware of and will ensure to explore any gaps in employment history. This is overseen by the registered manager.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that there is a written training and development plan that is kept under review and is regularly updated at least annually to reflect the training needs of individual staff to ensure that all mandatory training requirements are met.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The training matrix has been updated to show each individual staff members annual training requirements and dates of completion to include an overall percentage of training completed.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all employed staff receive training in the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) level 2.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Care staff complete level 2 DoLS training annually and support staff including kitchen, domestic and laundry have now completed DoLS level 2 training.</p>
<p><b>Area for improvement 4</b></p> <p><b>Stated:</b> First time</p> <p><b>Ref:</b> Standard 25.8</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least at a minimum quarterly.</p> <p>Records are kept which include:</p> <ul style="list-style-type: none"> <li>• The date of all meetings;</li> <li>• The names of those attending;</li> <li>• Minutes of discussions; and</li> <li>• Any actions agreed.</li> </ul> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Following inspection a staff meeting has since been held. A staff meeting schedule has been created to ensure staff meetings are held on a regular basis and at least at a minimum quarterly.</p>

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



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