

Inspection Report

26 May 2022



Balloo House Care Home

Type of service: Residential

Address: 40 Donaghadee Road, Groomsport, BT19 6LH

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Balloo House Care Ltd Responsible Individual Mrs Shirley Ann Ramrachia	Registered Manager: Ms Caoimhe McClelland Date registered: 2 July 2020
Person in charge at the time of inspection: Ms Selina Leyland, Head of Care 9:55 am to 11:15 am Ms Caoimhe McClelland, Manager 11:15 am to 5.50 pm	Number of registered places: 30 9 residents with DE (mild) plus 2 sensory
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. SI – Sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: 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 26 May 2022 at 9:55 am to 5:50 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought 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 and maintaining good working relationships.

One area for improvement has been identified in relation to the display and recording of planned activities.

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

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen 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 seen 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 to residents by staff in an unhurried, relaxed manner. Residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 and 'Tell Us' cards 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 Ms Caoimhe McClelland, Manager and Ms Selina Leyland, Head of Care at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with seven residents individually, small groups of residents in both dining rooms and three staff. Visitors were unavailable to consult with. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received three completed resident questionnaires. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No residents' representative or staff questionnaires were returned within the timescale specified.

The following comment was recorded:

"All aspects of my care in Balloo House Care Home have been of the highest standard. They do care about our welfare and this enables us to relax when they are providing assistance."

A staff member spoken with commented:

"I've worked here for many years and I'm happy here. I've everything I need to do my job and I've no issues. We have some great new staff that started this year."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"There are no words to express the gratitude I have for all of you and the work you do."

5.0 The inspection

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

The last inspection to Balloo House Care Home was undertaken on 27 April 2021 by a care inspector; 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.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding falls prevention, first aid, adult safeguarding, deprivation of liberty safeguards (DoLS), dementia awareness, moving and handling, food hygiene, infection prevention and control (IPC) and fire safety.

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. 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.

Three residents spoken with said:

"I love it here. There's enough staff on duty and the girls are great. They're all lovely and kind and the food's excellent. I don't have any concerns. I know who the manager is and if I had any concerns I would discuss them with her."

"All's well and I have no issues. The staff are attentive and accommodating. Also the food's excellent and the management are nice. I would be assured that any concerns raised would be addressed promptly."

"I'm getting on the very best and I've never had to complain. Staff are familiar with my care needs and any changes in my care is discussed with me. The staff are polite, friendly and supportive in every area and communication is good."

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.

Review of care records regarding risk of falls, nutrition, choking risk and weight 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.

A review of records evidenced that care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

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.

Review of residents' supplementary care records in relation to personal hygiene evidenced that residents were offered a bath or shower on a regular basis. Supplementary records regarding nutrition were found to be 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 dieticians. There was evidence that care plans had been reviewed by the SALT or the Dietician.

Review of two resident's records showed that an annual care review was undertaken by their key worker from the local Trust, in order to review the suitability of the residents' placement in the home and to meet assessed care needs and any other matters regarding services and facilities provided by the home. No issues were raised.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal for residents in both dining rooms and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal and assisted residents in an unhurried manner. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said that they enjoyed lunch.

The chef commented:

"After assessment or review, the speech and language therapist will discuss any changes to a resident's diet with staff and a record is kept in the kitchen. We also have a list of residents likes and dislikes so if there is anything a resident doesn't like or want we will offer them something else if it's not on the menu."

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. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

The treatment room, kitchen, sluice rooms and cleaner's store were observed to be appropriately locked.

Equipment such as walking aids were seen to be clean and well maintained.

It was observed that the dishwasher in the kitchen was leaking underneath, as water was noted on the surrounding floor and staff were seen attempting to dry and pad the area with absorbent materials. Concerns were raised regarding the risk of staff slipping. This was discussed with staff and the manager who advised the matter had been ongoing for a few months and that an engineer had visited to repair the dishwasher and they were awaiting a replacement part that had been ordered. The manager said she would address the issue and an engineer visited the home in the afternoon of the inspection and fixed the leak.

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 told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

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 were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner 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, for example, preferences for what clothes they wanted to wear and food and drink options. 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.

There was a range of activities provided for residents by staff. Discussion with residents evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as yoga, armchair aerobics, bean bag games and sing-alongs.

Residents told us that they were offered the choice of whether to join in or not and advised that they sometimes declined to take part in daily activities as they like to plan their own time. Two residents spoken with told us how much they enjoyed the armchair exercises provided on the morning of inspection. However, a resident said they had not been made aware of the planned activity and would have liked to attend. It was observed that the daily programme of activities was not on display and there were gaps in the recording of the residents' activity record file. This was discussed with the manager and advice was given regarding the recording of the activity file, as it should reflect daily activities offered with a record of residents who wish to attend or decline the activities provided. An area for improvement was identified.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

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. Ms 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.

Review of staff supervision records evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

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 plans, falls and infection prevention and control (IPC) practices, 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.

The manager advised that staff and resident meetings were held on a regular basis. Minutes of these meetings were available.

Discussion with the manager and review of the resident satisfaction survey summary undertaken in April 2022, evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. Compliments were recorded regarding the staff, food and care provided.

Review of the home's complaints records 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 and approachable.

7.0 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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Caoimhe McClelland, Manager and Ms Selina Leyland, Head of Care 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 (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity. Ref: 5.2.4
	Response by registered person detailing the actions taken: We have produced a fortnightly activity programme for the residents that will be displayed alongside our flyers advertising guest speakers, pet therapists and musicians that we invite to the home every month. A record is held to include details of those residents that participated, those who declined and the person leading the activity.

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



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