

# Unannounced Care Inspection Report

## 27 April 2021



## Balloo House

**Type of Service: Residential Care Home (RCH)**  
**Address: 40 Donaghadee Road, Groomsport, BT19 6LH**  
**Tel No: 028 9146 4430**  
**Inspector: Linda Parkes**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Balloo House  <b>Responsible Individual:</b> Shirley Ann Ramrachia	<b>Registered Manager and date registered:</b> Caoimhe McClelland – 2 July 2020
<b>Person in charge at the time of inspection:</b> Caoimhe McClelland	<b>Number of registered places:</b> 30  9 residents with DE ( mild ) plus 2 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 home on the day of this inspection:</b> 26

### 4.0 Inspection summary

An unannounced inspection took place on 27 April 2021 from 10.45 to 17.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Shirley Ramrachia, responsible individual and Caoimhe McClelland, manager as part of the inspection process and can be found in the main body of the report.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with nine residents, a small group of residents in the lounge and six staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. Four completed questionnaires were returned from residents and or representatives within the timescale specified. One staff response was received within the timescale specified. The staff member indicated that they were satisfied that care delivered to residents is effective and their needs are being met. However, they indicated that they were dissatisfied regarding how the service is managed in relation to staff empowerment and involvement in the running of the service. This information and comments made on returned questionnaires was shared with the manager post inspection.

The inspector provided the manager with "Tell us" cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 19 April 2021 to 2 May 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- compliment records
- complaint records
- residents' satisfaction survey
- two residents' care records

- two residents' daily progress records
- two residents' shower records
- two residents' weight records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 September 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time	The registered person shall ensure that residents' daily progress notes are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of two residents' daily progress records evidenced that they are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance. This area for improvement has been met.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of pull cords throughout the home evidenced they are fitted with washable covers in order to adhere to infection prevention and control best practice. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of notices displayed throughout the home evidenced that they are laminated to minimise the risk and spread of infection. This area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of a selection of bathrooms throughout the home evidenced that equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. It was noted that the cleaner's store was locked appropriately.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Pull cords in bathrooms throughout the home were generally seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice. However, it was noted that pull cords in two identified en-suite bathrooms did not have covers. This was discussed with the manager who advised she would address the matter. Correspondence from the manager on 28 April 2021 confirmed both pull cords have been fitted with plastic sleeves.

Information displayed in the home evidenced that it was laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

### 6.2.2 Staffing and care delivery

A review of the staff duty rota from 19 April 2021 to 2 May 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.



Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Balloo House Care Home. We also sought the opinion of residents and their representatives on staffing via questionnaires. Four questionnaires were returned within the timescale specified to include one resident questionnaire, two representative questionnaires and one returned questionnaire that did not indicate if the questionnaire was completed by the resident or their representative. All returned questionnaires indicated they were very satisfied that care was good, staff are kind and the home is well managed.

The manager advised that a residents' satisfaction survey, asking residents about their experience while living in the home, had been completed during April 2021.

Comments recorded included:

- "Covid has been very difficult but the care at Balloo House has been exceptional. Very grateful to everyone"
- "Activities could be better."
- "Regarding activities. Can't think what else you could organise."

We observed the serving of the lunchtime meal in both dining rooms on the ground floor. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. The menu for the day was displayed on a chalk board in a suitable format.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The daily activity planner was displayed on a chalk board in the reception area, informing residents of the planned evening activity of strength and balance exercises to music.

Seven residents spoken with commented:

- "The food here is fabulous."
- "The food is lovely and they give you plenty. We have a choice and they will get you something else if you don't want what's on the menu."
- "It's like a first class restaurant."
- "The food is delicious. The manager and everyone is nice and approachable."
- "I'm getting on alright. I have no concerns."
- "All's ok. I'm looked after well."
- "I'm fine and have no concerns."

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.



### 6.2.3 Resident records

Review of two residents' care records regarding falls, 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 one resident's records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bedrails, alarm mats. Care plans were in place for the management of an alarm mat.

Two residents' shower records were reviewed and no concerns were noted.

Weight records for two residents from 16 February 2021 to 18 April 2021 were reviewed and a system was observed to be in place to monitor residents' weight loss and weight gain. Both residents were noted to have gained weight.

The manager advised that wound management and dressing is provided by district nurses from the local trust who visit the home.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. 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.

### 6.2.4 Governance and management

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

The manager advised that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). Records viewed for 19 April 2021 confirmed this.

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 2020/2021 evidenced that staff had attended training regarding dysphagia awareness, first aid, moving and handling, infection prevention and control (IPC) and fire safety.

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 IPC practices including hand hygiene.

We reviewed accidents/incidents records from 9 February 2021 to 23 March 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 29 January 2021 to 28 February 2021 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaint records evidenced that systems were in place to ensure that complaints were managed appropriately.

The manager advised that staff attended a meeting by zoom link in January 2021 and a resident meeting was held in April 2021 while adhering to government guidelines regarding social distancing. Residents highlighted at the meeting that they enjoy Friday night bingo and would like it to resume. The manager advised that activities were under review. Minutes were available.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Three members of staff spoken with commented:

- "It's a lovely place to work. I love working here. Everyone's approachable and I have everything I need to do my job."
- "I haven't been here long and am settling in and enjoying work. It's great. I had a good induction and training. The staff and management have been supportive."
- "It's been a challenging year with the pandemic. I have no concerns. The manager is approachable."

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, care records, risk management, management of accidents/incidents and communication between residents, staff and other professionals.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.3 Conclusion

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 compliance with the use of PPE. Measures had been put in place in relation to compliance in best practice with IPC to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Care Partner arrangements were discussed with the manager who advised the home currently have a number of residents' representatives involved in the role of providing additional support.

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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