

Inspection Report

12 & 18 January 2023



Balloo House Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Balloo House Care Ltd Responsible Individual: Mrs Shirley Ann Ramrachia	Registered Manager: Miss Selina Leyland, registration pending
Person in charge at the time of inspection: Miss Selina Leyland	Number of registered places: 30 This number includes nine residents with DE (mild) plus two 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 home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: Balloo House Care Home is a residential care home which is registered to provide care for up to 30 residents.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2023, from 11.10am to 2.00pm and on 18 January 2023 from 10.50am to 2.15pm.

The inspection was completed by a pharmacist inspector and a finance inspector. The inspection focused on the management of medicines and the management of residents' finances within the home.

At the last inspection on 1 August 2022 robust arrangements were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to: the personal medication records, the cold storage of medicines, the management of medication errors and, audit and governance. Following the inspection, the manager submitted an action plan detailing how the issues had been /would be addressed. The medication related issues and home's action plan were discussed with the senior pharmacist inspector in RQIA. It was

decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

In relation to the management of medicines, the outcome of this inspection provided evidence that management and staff had taken appropriate action to ensure the necessary improvements. Medication records were maintained to a satisfactory standard. Medicines were stored securely and at the correct temperature. There were processes in place to ensure staff involved in medicines management took appropriate action if they identified an error in the administration of medicines. A programme of regular medicine audits was in place to ensure residents were administered their medicines as prescribed. The management team provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements were sustained.

With regards to finance adequate controls surrounding residents' finances were in place. At the time of the inspection a review of the procedures for recording transactions undertaken on behalf of residents was taking place. This included the areas identified within Section 5.2.5 of this report. A revised system is expected to be implemented by 15 February 2023. These procedures will be reviewed at the next RQIA inspection.

RQIA would like to thank the management and staff for their assistance throughout both days of the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

In relation to finance a sample of residents' financial records were reviewed which included; records of transactions, records of residents' financial arrangements and residents' personal property. Controls surrounding the management of residents' monies and property were also reviewed.

4.0 What people told us about the service

The inspectors met with two care assistants, two deputy managers, the manager and the registered provider.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Residents were observed to be relaxed and comfortable in the home. Staff were warm and friendly and it was obvious from their interactions that they knew the residents well and were aware of their likes/dislikes.

Staff said they had worked hard to implement and sustain improvements identified at the last inspection and had received help and support from management in order to do so. They described the training that had been provided and the staff meetings that had been held since the last inspection.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 1 August 2022		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure the personal medication records are accurately maintained and, verified and signed by two members of staff.	Met
	Action taken as confirmed during the inspection: There was evidence that the personal medication records were accurately maintained and verified and signed by two members of staff. See Section 5.2.1	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure the maximum and minimum refrigerator temperatures are monitored each day and the thermometer reset. Corrective action must be taken if temperatures outside the required range are observed.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the maximum and minimum refrigerator temperatures were monitored each day. The thermometer was reset each day. Corrective action had been taken if temperatures outside the required range were observed.</p> <p>See Section 5.2.2</p>	
<p>Area for Improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that when errors are identified they are escalated to management for investigation, reported to the prescriber for guidance and the appropriate authorities, including RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that if an error was identified by staff or through the audit processes, it was escalated to management for investigation, reported to the prescriber for guidance and the appropriate authorities, including RQIA.</p> <p>See Section 5.2.3</p>	Met
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall further develop the audit process to include all aspects of the management of medicines, including those identified at this inspection. Action plans to address any shortfalls identified should be implemented.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the management and administration of medicines was audited regularly.</p> <p>See Section 5.2.4</p>	Met

5.2 Inspection findings

5.2.1 Medicine records

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records were up to date with the most recent prescriptions. They had been verified and signed by two staff to ensure accuracy at the time of writing and at each update. Obsolete personal medication records had been cancelled and archived. The standard of maintenance of the personal medication records was monitored through the home's audit process.

The medication administration records were found to have been fully and accurately completed. Hand-written updates were verified and signed by a second member of staff to ensure accuracy of transcription. Records for the administration of 'when required' creams, shampoos, analgesics and laxatives were clearly maintained.

A review of records for residents new to the home or returning from hospital indicated that satisfactory arrangements were in place to manage their medicines. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the GP and community pharmacy. Personal medication records and hand-written medication administration records were verified and signed by two staff to ensure accuracy.

5.2.2 The storage of medicines

It is important that medicines are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Storage was tidy and organised so that medicines belonging to each resident could be easily located. The broken locks observed at the last inspection had been replaced.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained at all times it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. There were records available to confirm that the maximum and minimum refrigerator temperature was monitored each day and the thermometer reset.

5.2.3 The management of discrepancies in the administration of medicines

Running stock balances were maintained for medicines, including antibiotics, which were not supplied in the monitored dosage system. Following the last inspection staff received guidance on the action to be taken if they identified a discrepancy in these balances i.e. an error in the administration of medicines and their accountability to ensure that medicines were administered as prescribed.

The audits completed at the inspection indicated that medicines had been administered as prescribed. The management team advised that staff fully engaged in driving and sustaining the necessary improvements.

5.2.4 Governance and audit

Management and staff audited medicine administration on a regular basis within the home. The audits included running stock balances for medicines which were supplied in their original containers, random management audits and a monthly medication audit. Action plans to address any shortcomings had been developed and implemented. Records of these audits and resultant action plans were available for inspection.

5.2.5 Residents' monies, valuables and personal property

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies held at the home showed that the records were up to date at the time of the inspection.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Two items were held in the safe place at the request of a resident. These were not listed in the home's safe register. This finding was discussed with staff who agreed to implement a system for recording the items in order to facilitate the audit process. This procedure will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Discussion with staff confirmed that support was provided for a resident to undertake certain transactions. This financial arrangement was not recorded in the resident's agreement or care plan. The manager was advised to contact the health and social care trust in order for the arrangement to be agreed and recorded in the resident's care plan. This will be reviewed at the next RQIA inspection.

Four residents' finance files were reviewed. Written agreements were retained within three of the files. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. The three agreements were signed by the resident, or their representative, and a representative from the home. Discussion with staff confirmed that a copy of the agreement for the remaining resident will be retained in the resident's file. This will be reviewed at the next RQIA inspection.

A sample of records of fees received from two residents evidenced that the amounts received were in line with the amounts owed by the residents. Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

A sample of records of monies deposited at the home on behalf of two residents evidenced that receipts were not provided to the person depositing the monies. The person had not signed the records in the absence of receipts. The manager advised that a new system was being implemented for the recording of transactions which includes the procedure for providing receipts for monies received. This procedure will be reviewed at the next RQIA inspection.

A sample of records of payments to the hairdresser and podiatrist was reviewed. The records were up to date at the time of the inspection. The records were signed by the hairdresser and podiatrist and countersigned by a member of staff to confirm that the treatments took place.

The financial ledger used to record transactions undertaken on behalf of residents was discussed with the manager. Although the ledger recorded the details of the transactions and facilitated the recording of two signatures, the manager agreed to implement a revised system which would aid the audit process. This included requesting residents to sign for monies being handed over to them. The manager advised that the revised system would be in place by 15 February 2023. This will be reviewed at the next RQIA inspection.

A sample of two residents' files evidenced that property records were in place for both residents. It was noticed that the full details of the items were not recorded, for example, the make and model of television owned by the residents. There was no recorded evidence to show that the personal possessions were checked at least quarterly. The manager advised that this was part of the revised procedures to be implemented by 15 February 2023. This will be reviewed at the next RQIA inspection.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were reviewed at least every three years. The manager advised that the financial policies and procedures regarding residents' finances are being reviewed as part of the new procedures to be implemented by mid-February 2023. The revised policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

No finance related areas for improvement were identified during the inspection.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Selina Leyland, Manager, and Mrs Shirley Ramrachia, Registered Person, as part of the inspection process and can be found in the main body of the report.



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