



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Balloo House (1576)
Date of Inspection: 6 January 2015
Inspector's Name: Kylie Connor
Inspection No: 17565

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Baloo House
Address:	40 Donaghadee Road Groomsport BT19 6LH
Telephone number:	(028) 9146 4430
Email address:	sramrachia@btinternet.com
Registered Organisation/ Registered Provider:	Mr Chris Vijendra Ramrachia and Mrs Shirley Ann Ramrachia
Registered Manager:	Mrs Shirley Ann Ramrachia
Person in charge of the home at the time of inspection:	Mrs Shirley Ann Ramrachia
Categories of care:	RC-DE, RC-SI, RC-I
Number of registered places:	30
Number of residents accommodated on day of inspection:	28
Scale of charges (per week):	£461-£514 per week
Date and type of previous inspection:	24 April 2014 Secondary Unannounced Inspection
Date and time of inspection:	6 January 2015 10.00am to 7.45pm
Name of Inspector:	Kylie Connor

2.0 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 primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	11
Staff	3 and the registered manager
Relatives	5
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	15 on day of inspection	5

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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

7.0 Profile of service

Balloo House Residential Care home is situated 1 mile from Groomsport and three miles from Bangor town centre. The residential home is owned and operated by Mr Ramrachia and Mrs Shirley has been the registered manager since 2006.

Accommodation for residents is provided single bedrooms on two floors. Access to the first floor is via a passenger lift and stairs. The third floor is accessed by stairs and provides two offices used by the registered manager and the administrative assistant. There are no facilities for resident use on this floor.

A communal lounge, dining areas, staff office, catering and laundry are provided on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of thirty persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia for a maximum of nine residents only
SI	Sensory impairment for a maximum of two residents only

8.0 Summary of Inspection

This primary unannounced care inspection of Balloo House was undertaken by Kylie Connor on 6 January 2015 between the hours of 10.00am to 7.45pm. Mrs Ramrachia, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have been addressed within the timescales specified.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. One recommendation has been made in regard to the provision of toilet roll holders and provision of enclosed storage for continence products in communal facilities.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and six recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which did not fully reflect best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used and restrictive practices are only used as a last resort. Residents' care records had basis details in regard to their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Balloo House was substantially compliant with this standard. Improvements have been identified in regard to reviewing relevant policies and procedures, the statement of purpose and provision of training to outstanding staff in training responding to behaviours which challenge.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme

took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for two hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Balloo House is compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 24 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Reg 20 (3)	<p><u>Competency and capability assessments.</u></p> <p>Complete competency/capability assessment of remaining four staff.</p>	Review of the four identified records demonstrated that this is addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.7	<p><u>Staffing</u></p> <p>Two recommendations made include:</p> <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 	Records reviewed and discussion with the registered manager demonstrated that this is addressed.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff assess each Resident using comprehensive risk assessments and document individual Residents usual conduct, behaviour and means of communication. Care Plans are devised that prescribe responses and interventions from care staff that promote positive outcomes for Residents.	Compliant
Inspection Findings:	
<p>The home had a Procedures and Strategies for managing behaviours that Challenge (November 2014) and a restraint policy (November 2014) in place. A review of the policy and procedures and supporting information in regard to risk management and deprivation of liberty identified and that it partly reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure did not include the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation has been made.</p> <p>Observation of staff interactions with residents and discussions with staff identified that informed values and least restrictive strategies are implemented. A review of staff training records and discussions with the registered manager identified that sixteen staff had received training in behaviours which challenge entitled Challenging Behaviour on 29 April 2014 which included restraint and a human rights approach. A recommendation has been made. Evidence demonstrated that some staff completed training in dementia care in 2014 and the registered manager stated that it is scheduled to be delivered during 2015.</p> <p>A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included basic direction regarding how staff should respond to assessed needs. Risk assessments were appropriately completed. The registered manager confirmed that</p>	Substantially compliant

<p>more detail will be provided in regard to how staff should respond to meeting residents' needs, and how behaviours which challenge present. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires reflected what was found during the inspection.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff have had First Aid training that includes assessing uncharacteristic behaviour that may have a medical origin i.e unstable diabetes, stroke, infection etc... Staff are aware of procedure to inform the person in charge, document and monitor the situation and refer to appropriate professional, keeping the residents' representative informed..</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy and procedures, did not included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff spoken to were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately or that there was good communication with the home.</p>	Substantially compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment CarePlans are reviewed and evaluated regualrly and the care approach is detailed in conjunction with the Resident and where appropriate the Residents representative. Particularly when a consistant approach and responses to a Residents behaviour are required.</p>	Compliant
<p>Inspection Findings: A review of three care plans identified that when a resident needed a consistent approach or response from staff this was detailed but further detail is needed. There was assurance that this would be completed without delay. Discussions with staff revealed that they are knowledgeable in regard to strategies which are effective with individual residents. Care plans were signed by the resident or their representative, the staff member drawing it up. The registered manager had signed two of the three care plans reviewed but it was noted that the care plan not signed was one that had recently been updated. There was evidence of care plan audits being completed.</p>	Substantially compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment If a Resident has a specific behaviour management problem a care review would be arranged involving the Care Manager, Care Staff Resident and/or representative with consent to decide if the Residential placement is still appropriate.</p>	Compliant
<p>Inspection Findings: The registered manager and assistant manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Training is carried annually for staff in 'Challenging Behaviour' and Dementia.</p>	Compliant
<p>Inspection Findings: The registered manager and assistant manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training is addressed in section 10.1 of the report.</p>	Not applicable
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Incident forms are completed and faxed to the RQIA as per policy. If appropriate a multidisciplinary care review will be arranged to discuss if the care setting is still appropriate to meet the Residents care needs</p>	Compliant
<p>Inspection Findings: A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used and were responded to appropriately.</p>	Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Individual's rights are respected at all times. A Resident may agree to certain restrictions on their right to freedom eg, smoking in designated areas to maintain safety and uphold the Law. Situations are risk assessed and actioned accordingly with the consent of the Resident and their representative. Further justification for restraint as a last resort would be to prevent a crime or act in self defence as per our Restraint Policy.	Substantially compliant
Inspection Findings: A review of records and discussions with staff and visitors confirmed that physical restraint is not used and least restrictive practices are implemented, monitored and reviewed. Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations/OR were aware that action had been taken or measures have been put in place to minimise the impact of these limitations including alarmed/locked doors. A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not fully described and a recommendation has been made. Areas to be considered include; physical, environmental, mechanical, technological, chemical and psychological. Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
We have a weekly newsletter that includes details of Activities and events occurring in the Home during the course of the week. We include activities that have been identified from the individual Resident Profiles	Compliant
Inspection Findings:	
The home had a social contacts and activities policy dated December 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The weekly newsletter incorporating activities also has the weekly weather forecast and Television programme suggestions. Activities can then be planned according to the weather making them relevant and giving Residents the opportunity to be outside on good days. Two communal lounges promotes Resident choice in participation or not. Our two outings this year were the Christmas visit to a local restaurant and a summer outing to Exploris Aquarium in Portaferry. Residents who wish to visit the local shopping centre or a specific shop are able to go out accompanied by a member of staff.	Compliant

Inspection Findings:	
Examination of the programme of activities identified that social activities are organised for the forthcoming week. The weekly programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are discussed and ideas are shared at Residents meetings. All Residents are given the opportunity to be involved if they wish and contribute ideas and suggestions.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The weekly newsletter and activities are displayed in the Reception and on the Residents notice board.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display near the entrance. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities took place. The programme of activities was presented in an appropriate format to meet the residents' needs.	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All Residents are given the opportunity to participate in activities, some prefer to observe, a few choose not to participate. Residents have their own favourites. We have designated Activity store cupboard with an inventory of equipment.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The home employs an activity co coordinator for two hours each week and activities are provided once or twice each day by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included large domino set, magnetic darts, large skittles, bingo, reminiscence materials, floor basketball and movie and music DVDs.</p> <p>There was confirmation from the registered manager that a budget for the provision of activities was in place.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme takes into account the needs and abilities of the residents participating. A record is made of the activity carried out, duration and residents who participated or declined and evaluated.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Any persons invited to the Home to provide an activity or entertainment is monitored and their activity is evaluated.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that external persons is contracted or provide on a voluntary basis a range of musical activities. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Care Staff are always in attendance when any person come into the Home to provide an activity or form of entertainment for the Residents.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.</p>	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Records are kept for all daily activities that take place in the Home.</p>	Compliant
<p>Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography.</p>	Compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Our Activity programme is reviewed twice a year and discussed at a Residents meeting.</p>	Compliant
<p>Inspection Findings: A review of the programme of activities identified that it had last been reviewed during residents meetings. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector expressed satisfaction with activity provision.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eleven individually and with others in groups. Residents were observed relaxing in the communal lounges and casual seating areas whilst others were relaxing in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

Five relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

11.3 Staff consultation

The inspector spoke with three staff of different grades and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records and discussion with staff identified that staff were provided with a variety of relevant training including mandatory training. One suggestion made was to have more outings planned. Discussions with the registered manager confirmed that a range of outings took place during 2014 and examples were provided. The registered manager confirmed that this would be repeated in 2015.

Comments included:

- "They do different things and get their nails painted and we have newsletters from fifty years ago."
- "We do a thorough hand-over, we have a communication book, a senior communication book and a diary."
- "We have a musical activity. Once every two weeks two men from a local church come and play the banjo and guitar in the afternoon. We have had a harpist in past. We had big BBQ over the summer. That was really nice and we had a shaded marquee. A lot of residents like to go for a walk in the morning and afternoon. One resident goes to a shopping centre and out for coffee with staff."

11.4 Visiting professionals' consultation

No professionals were spoken to during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful,

polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trusts between 1 April 2013 and 31 March 2014. The registered manager stated that this record did not capture changes in the occupancy of the home during this timeframe. The registered manager confirmed that at present she has a matrix of all care reviews and a number of overdue reviews are taking place in January 2015 with others to be scheduled in the next few months.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. One complaint recorded during 2013 and review found this had been responded to appropriately.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager or whoever confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard and well maintained. A number of communal toilets did not have toilet roll holders fitted and continence products were not stored in closed cupboard or container. A recommendation has been made.

11.9 Guardianship Information/Resident Dependency

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection. A review of information and discussions with the registered manager and staff did not identify any areas of concern.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 6 June 2014. The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on 31 March 2014 and 13 October 2014. However, records indicated that only sixteen staff had attended both training sessions. The records also identified that an evacuation had been undertaken on 24 February 2014 and 21 May 2014 but the names of staff attending were not recorded and the latter evacuation had not been carried out in line with fire procedures. A discussion took place with the registered manager in regard to governance and an assurance was given that monthly fire evacuation drills would be scheduled. There was no evidence to support that all staff had participated in one fire evacuation drill in a year. A requirement has been made.

Discussions took place with the registered manager in regard to the management of non-attendance of staff at mandatory training under disciplinary procedures. There was evidence that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. Resident PEEPS were completed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Shirley Ann Ramrachia, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Balloo House

6 January 2015

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 Mrs Shirley Ramrachia, registered manager either during or after 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	27 (4) (e) (f) (Section 11.10 of the report refers)	<p>The registered person shall;</p> <p>make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <ul style="list-style-type: none"> • Confirm that all identified staff completed training in fire safety scheduled • Ensure all staff complete training in fire safety twice every year • Ensure all staff participate in a fire evacuation drill once per year 	One	<p>Fire Training is carried out by an appropriately trained person registered with the Fire Protection Association every 6 months at Balloo House. We have increased our Fire Drill practices to monthly so that all staff regularly participate at all times of the day and night.</p> <p>We are producing a Fire Information leaflet for our Residents' so that they are aware of what to do when the Fire Alarm sounds. This is already discussed regularly in Residents Meetings.</p> <p>The next Fire Training and full evacuation will take place on 9th March 2015.</p>	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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	35 (Section 11.8 of the report refers)	The registered person should ensure that; <ul style="list-style-type: none"> • Contenance products in communal facilities are stored in enclosed containers • That toilet roll holders are fitted in all toilets 	One	Enclosed storage containers have been replaced in communal bathrooms. Toilet roll holders have been fitted in the 3 communal bathrooms.	By return of QIP
2	10.7	The registered person should; <ul style="list-style-type: none"> • Review the statement of purpose to describe the range of restrictive measures which may be in place with consideration of the Human Rights Act (1998) • Provide further detail on emergency fire procedures; review the complaint timescales and procedure to ensure compliance with DHSSPS Complaints in Health & Social Care (2009) 	One	Details of restrictive measures within the Home have been described in the Statement of Purpose, i.e Front Door Key pad code, Fire Exit Alarms and Limited use of Falls Risk Alarm Mats. The Fire Alarm and evacuation procedures have been described in more detail. The Complaints Policy has been amended to comply with DHSSPS Complaints in Health & Social Care (2009).	31 March 2015

3	10.1 10.2	<p>The registered person should review relevant policies and procedures to ensure that they;</p> <ul style="list-style-type: none"> • Reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) • Include the need for Trust involvement in managing behaviours which challenge • Detailed that RQIA must be notified on each occasion restraint is used • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust and relatives • Agreed and recorded response(s) to be made by staff are stated in the care plan 	One	<p>The relevant Policies on Restraint and Managing Behaviours which Challenge have been reviewed and now contain all the recommended details</p> <p>Residents Care Plans identify specific uncharacteristic behaviour and now go into more specific detail on how this is managed. We routinely seek to explore possible causes and liaise closely with GP's, District Nurses, Care Managers and families. Agreed responses are now more detailed in the care plan.</p>	1 March 2015
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4	23 (Section 10.1 of the report refers)	All relevant staff should complete training in; <ul style="list-style-type: none"> Managing behaviours which challenge to include a human rights approach 	One	Staff training in 2014 included Managing Challenging Behaviour and Deprivation of Liberty on site. Training in 2015 will change to E-Learning systems which will be more accessible to staff.	31 March 2015
5	10.7	The responsible person should review the statement of purpose to include arrangements in place for any restraint or restrictive practices which may be in use in the home with consideration of the Human Rights Act (1998).	One	Completed as mentioned in Recommendation (2) above.	31 March 2015
6	5 (Section 11.10 of the report refers)	The responsible person should ensure that the needs of identified resident(s) in the home are reviewed by persons competent in sensory support to include the area of fire safety.	One	The Fire Alarms flash a bright red light when they sound and all residents have a Personal Emergency Evacuation Plan that identifies their specific needs in an emergency. We are currently researching other means of alerting Residents with hearing loss to Fire Alarm sounding.	By return of QIP

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 email 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	X	Kylie Connor	6/3/15
Further information requested from provider			