



Unannounced Care Inspection Report 17 October 2019



Balloo House

Type of Service: Residential Care Home
Address: 40 Donaghadee Road, Groomsport, BT19 6LH
Tel No: 028 9146 4430
Inspector: Debbie Wylie

www.rqia.org.uk

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 registered residential care home which provides care for up to 30 residents in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Balloo House Responsible Individual: Chris Vijendra Ramrachia	Registered Manager and date registered: Shirley Ann Ramrachia 17 July 2012
Person in charge at the time of inspection: Caomhe McClelland	Number of registered places: Total number 30 comprising: 19 – RC - I 09 – RC - DE 02 – RC - SI
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia SI – Sensory impairment.	Total number of residents in the residential care home on the day of this inspection: 29 1 empty bed

4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 10.00 hours to 17.00 hours.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and pharmacy 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 staffing, induction, training, adult safeguarding, activities, the home's environment, record keeping, patient centred care, communication between residents, staff and other key stakeholders, activities, the dining experience, culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives, taking account of the views of resident, governance arrangements, management of incidents, maintaining good working relationships and oversight of staff registration with their professional body.

Areas requiring improvement were identified in relation to staff recruitment, infection prevention and control, the home's environment and the health and welfare of residents.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others, with staff, care plans and risk assessments for falls and pressure relieving devices

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*4	2

*The total number of areas for improvement include one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Caomhe McClelland, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, notifiable events, registration information and any other written or verbal information received

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned including two from relatives. Three stated they were very satisfied and one stated they were satisfied that the care provided was safe, effective, compassionate and well led.

During the inspection a sample of records was examined which included:

- staff duty rotas from 23.09.2019 to 17.10.2019
- staff training schedule and training records
- 2 staff recruitment and induction records
- 1 Staff competency and Capability assessment
- 3 residents' records of care
- complaints records
- governance audits/records
- accident/incident records
- monthly monitoring reports from June 2019 – September 2019
- RQIA registration certificate
- evidence of NISCC registration checks
- fire risk assessment
- fire drills and training records
- firefighting equipment maintenance records
- infection prevention and control hand hygiene audits

Two areas for improvements identified at the last care inspection were reviewed. One area was assessed as met and assessment of compliance recorded as not met for the second area.

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 the last care inspection dated 5 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall review and improve the accident and incident audit template to evidence analysis for themes and trends and record action taken to minimise the risk where possible; to improve the template used to manage residents' weight to evidence analysis and action taken. Ref: 6.4	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the homes accident and incident audit template and found it had been reviewed to identify themes and trends and action taken to minimise the risk where possible. The template used to manage residents weight showed evidence of analysis and action taken.</p>	
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Areas for improvement from the last Pharmacy inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines requiring cold storage are securely stored.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined the medicines cold storage area and found this area for improvement has not been met. This is discussed further in 6.3 of this report</p> <p>This area for improvement is not met. It is now stated for a second time.</p>	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On the day of the inspection the home was warm, well lit, free from malodours and well-presented throughout. Communal areas were uncluttered and tidy with fresh juice and water for residents to avail of. Seating and furniture in both sitting and dining areas were well maintained and in good working order. There was a relaxed atmosphere in the home with residents and staff chatting and interacting.

Residents were supported by staff in an attentive, calm and timely manner. No concerns regarding staffing levels were raised by staff, residents or management and this was also evidenced on inspection of the staff rota which reflected appropriate levels of staff on duty on the day of inspection. Discussion with the deputy manager confirmed that staffing levels and skill mix were based on the residents' assessed needs.

The hours worked by the registered manager were recorded on the staff rota however there was no way of identifying the person in charge. A colour key code was added to the rota to address this and a copy has been forwarded to the inspector.

Registration with the Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) is necessary to ensure that nursing and social care staff are safe practitioners and adhere to the appropriate codes of practice. Review of the registration records assured the inspector that the appropriate arrangements were in place to confirm that all staff are registered with their relevant professional body.

An inspection of one staff capability assessment confirmed that this had been completed fully and was signed and dated by the registered manager. Inspection of one recruitment record showed that the recruitment process was not of a robust nature. Gaps in employment history had not been addressed, the reference from the last employer was not clear and the interview notes had not been signed.

This has been highlighted as an area for improvement to comply with the regulations.

Residents presented well and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken. Residents told us:

"They look after me really well here."

"The hairdresser comes in every Wednesday."

"If you're going to retire this is the place for you."

Residents' bedrooms were well decorated and personalised to their own taste. Bedding and mattresses were of a good standard and were both tidy and clean. Call systems in residents' bedrooms were noted to be in place for residents use. A pull chord for the light in one bathroom had no cover applied to it and a wheelchair was stored in the same bathroom. Following discussion with the manager the pull chord had a cover put on and the wheelchair was removed. One nebulizer mask was noted to be drying in a resident's ensuite bathroom. The manager advised the resident had put it there after use but this will be discussed with the resident immediately. On inspection of the residents' ensuite bathrooms it was noted that there was no access to paper towels or liquid soap.

This has been highlighted as an area for improvement to comply with the standards.

During inspection of the residents' bathrooms it was also noted that two shower chairs had plastic wrapping around the legs which needed removing. The laundry room was inspected and it was noted that clean mop heads were sitting on the dirty sluice system. Two mop buckets were also noted to be sitting in the corridor unused during the inspection. This has been highlighted as an area for improvement to comply with the associated IPC regulation.

Fire exits were observed to be free from obstacles and accessible. Inspection of the fire records also confirmed that fire exits and equipment were checked regularly and that mandatory fire training and fire drills were completed by staff. The fire risk assessment was completed and up to date with actions signed as having been completed.

Medications trolleys were noted to be locked and secured to the walls safely in the treatment room. The medication fridge however was unlocked with access to medications. A storage cupboard in the corridor which was also unlocked contained a large amount of medications. This was reported to staff by the inspector and both were subsequently locked.

This has been identified as an area for improvement to comply with the regulations.

A bottle of WD40 was noted to be sitting in a TV cabinet in the corridor of the home. Inspection of the laundry room found that it was unlocked and two large bottles of laundry cleaning chemicals were sitting on the countertops.

This has been identified as an area for improvement to comply with the regulations.

Training records were inspected which confirmed that mandatory training was being completed and further training planned for any staff who still required this. This was also confirmed by the deputy manager and staff on the day of the inspection.

A copy of the homes Adult Safeguarding Policy was inspected and found to be consistent with regional guidelines and up to date. The safeguarding champion procedure was also inspected which gave clear details of the role of the safeguarding champion for the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, activities and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, infection prevention and control, the home’s environment and the health and welfare of residents.

	Regulations	Standards
Total numb of areas for improvement	4	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed good teamwork throughout the day of inspection with the deputy manager confirming that staff worked well together. The deputy manager was also observed working with staff and residents and had a good awareness of the individual care needs of residents as well as a good rapport with staff.

During the lunchtime meal residents’ individual preferences were taken into consideration by staff who asked residents regarding their individual choices. Those requiring assistance with meals were supported by staff. Meals were provided in a variety of portions as requested by residents. Food was found to be appetising and well-presented while warm and nutritious. Dining tables were set with cutlery, condiments and tablecloths and residents were observed to be enjoying their meal. A variety of drinks were offered and for those who required modified meals these were provided in an appetising manner. Those residents who preferred to eat in their rooms had meals provided on trays in a timely manner allowing for food to remain warm.

Inspection of residents care records showed that care was well documented, compassionate and patient centred. Records were stored appropriately in line with data protection/General Data Protection Regulation (GDPR). Inspection of three residents’ care records identified that consent was obtained for the use of photographs and data. Care records were up to date for most care plans and risk assessments including regular daily updates on progress. One identified set of records did not have a care plan or risk assessment in place in relation to a pressure relieving mattress. In another identified care record the risk assessment and care plan for falls had recorded different risk levels. This was brought to the attention of the deputy manager by the care inspector and immediately reviewed and updated.

This has been stated as an area for improvement to comply with the standards.

The activities scheduled on the day of the inspection were observed to be well received by the residents. Residents were observed to take part in activities in the lounge. Staff were also interacting with residents during the planned activities and this was a source of great amusement for residents. Music and singing was planned for the afternoon which residents had told the inspector was a very popular activity in the home. The activities planned were very effective in helping residents to join together as a group and enjoy each other’s company.

Visiting professionals were observed in the home throughout the day. They were familiar with the home and the residents they were visiting. A record of the visiting professionals care was also observed by the inspector to be kept up to date in residents’ records. One visiting professional told the inspector:

- “The staff here are so helpful.”
- “The residents are so happy and settled.”
- “I have no concerns about the care here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, patient centred care, communication between residents, staff and other key stakeholders, activities and the dining experience.

Areas for improvement

The following areas were identified for improvement in relation to care plans and risk assessments for falls and pressure relieving devices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection staff interactions with residents were observed to be compassionate showing knowledge of residents choices likes, dislikes and assessed needs. Residents were observed being asked by staff regarding what they wanted to do, where they wanted to sit, what accompaniment they wanted with their meals and if they wanted to take part in planned activities.

Throughout the day of inspection there were activities on-going in the home. Staff and residents took part and it was evident that both staff and residents enjoyed this. Other residents were completing jigsaws and the afternoon events included singers to entertain residents. There was a suggestions box clearly displayed on the wall at the entrance hall. The date and time was also clear and updated for residents to see and the date of the next residents meeting was clearly displayed on the lounge door. Residents told us:

“Some days singers come in and we have quizzes.”

“We sometimes go on trips if we want to.”

“They (staff) are very good to me here.”

Inspection of residents’ records identified that their consent had been obtained for use of their photographs and data showing a respect for their involvement in decisions regarding their information and how this should be used.

There was written evidence of regular residents meetings. The residents meetings were well advertised to ensure residents had an opportunity to attend and be involved in what is planned for the home.

One resident with a sensory impairment was observed to be given time to communicate with other residents and with staff. Her views and choices were taken into account during all activities within the home on the day of inspection. The records of another resident who was approaching end of life care were observed to include discussions about choice of care and plans for her decisions to be a priority for the staff in the home. Residents told us:

“You get anything you ask for here.”

“The girls (staff) are unbelievable.”

“The staff are very attentive.”

“It’s a home from home.”

“They bring me hot milk at night.”

There was evidence throughout the home of thank-you cards and compliments including photographs of residents enjoying the many activities provided by the home. Residents also discussed attendance at the local church hall where they enjoyed arts and crafts.

There was evidence that RQIA posters and resident feedback leaflets were available for residents, visitors and staff to respond to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was clearly displayed and up to date. Discussion with the deputy manager and staff identified that the home was operating within its registered categories of care.

Interaction between the deputy manager and staff was observed to be relaxed and respectful with good communication and discussion throughout the day of inspection. Staff were observed to be working well as a team with good knowledge of residents care needs. There was documented evidence of regular staff meetings throughout the year with good attendance from staff. Ancillary staff were also observed throughout the inspection and had an excellent knowledge of the home and their roles and responsibilities. One staff member told the inspector:

“I get a lot of training for my role.”

“I really love it here.”

Oversight and governance arrangements for the home were inspected in the documented inspection visits which were carried out monthly

There were no complaints documented and on discussion with the deputy manager there had been no complaints. Overview of the notifiable events register confirmed that notification was being carried out to the correct authority in a timely manner. Discussion with the deputy manager confirmed a good insight into the reporting mechanisms for any safeguarding concerns and on inspection there was an up to date policy in place.

Discussion with the deputy manager also confirmed a good insight into the procedure for responding to the QIP when required and records showed good recording of all RQIA inspections and outcomes including any actions required by the home.

Evidence of staff training was observed in the management records which included training completed and further planned training for staff. The deputy manager had a good knowledge of the requirements for mandatory training for all staff and plans in place showed that this was a priority.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, maintaining good working relationships, staff training and oversight of staff registration with their professional body.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caomhe McClelland, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that medicines requiring cold storage are securely stored</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Measures have been taken to ensure that the medication fridge remains locked at all times. Daily checks are made by management to ensure compliance. Signs have been placed in the medication room to remind staff. A meeting has been arranged for Wednesday 11th December to inform staff of this Inspection report and QIP.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that for one identified staff recruitment file there are no gaps in employment history, there is clear information relating to references and that interview documents are signed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The one identified staff recruitment file was amended accordingly with identified gaps in employment checked and recorded. The referee's position in the company was verified and corresponds with employee's application form and reference supplied. Interview documents have now been signed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that residents shower chairs are free from wrapping and clean mop heads and mop buckets are stored appropriately.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All shower chairs and raised toilet seats in the home have been checked to ensure all packaging has been removed. OT's and physio' visiting the home to deliver these items have been alerted to this too. Clean mop heads are stored in a clean area of the laundry following daily washing. This has been discussed with Housekeeping staff following an Infection control audit and has been minuted in staff meetings. Mop buckets are stored securely in the Utility room when not in use, we believe the mop bucket and cleaning trolley were currently in use when noticed.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that all chemicals are stored in a locked cupboard.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Extra storage space has been identified to ensure all chemicals are stored under the COSHH Regulations. Locks have been fitted to the laundry cupboards and laundry door</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure residents' bathrooms have liquid soap and paper towels.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All en suite bathrooms have been fitted with a paper towel dispenser and liquid soap to facilitate effective. handwashing.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that a care plan and risk assessment are in place for the use of a pressure relieving mattress for one identified resident and also that the falls care plan for one identified resident is consistent with the falls risk assessment.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The risk assessment identified the need for a pressure relieving mattress for a resident which has been documented in the residents care plan. The Falls risk assessment and Care Plan for one resident has been reviewed and amended in both documents.</p>

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



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