

Unannounced Care Inspection Report 20 February 2018



Balloo House

Type of Service: Residential Care Home
Address: 40 Donaghadee Road, Groomsport, BT19 6LH
Tel No: 028 9145 4430
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 30 places that provides care and support for residents who are older in age or have a dementia or a sensory impairment.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Balloo House Responsible Individuals: Mr Chris Ramrachia Mrs Shirley Ramrachia | Registered Manager: Mrs Shirley Ramrachia |
| Person in charge at the time of inspection: Caoimhe McClelland, Deputy Manager until 15.00 and Shirley Ramrachia, Registered Manager thereafter. | Date manager registered: 17 July 2012 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia SI – Sensory Impairment | Number of registered places: Total number: 30 places comprising: 30 – RC-I 09 – DE 02 – SI |

4.0 Inspection summary

An unannounced care inspection took place on 20 February 2018 from 11.45 to 18.00.

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

Evidence of good practice was found in relation to staff recruitment, induction, training, the environment, listening to and valuing residents and governance arrangements.

Whilst the manager agreed to follow up on some comments made by residents, no areas requiring improvement were identified.

Residents said that they felt safe in the home, that staff were approachable and compassionate in their interactions. There were positive views expressed in regard to the quality of food but some mixed views in regard to choice at tea-time and the frequency of activities in the home. The registered manager gave assurances that she would address issues raised; these will be followed up at the next inspection.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, the responsible individual, a deputy manager, seven residents, one care staff and three ancillary staff.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information was provided to enable staff to complete an electronic questionnaire. Four questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Induction records for four new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff recruitment records
- Three resident's care records
- The home's Statement of Purpose and Residents Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Annual Quality Review report 2017
- Minutes of recent residents' meetings
- Minutes of staff meeting
- Evaluation report from annual quality assurance survey

- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 10 August 2017

| 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 8.6 Stated: First time | The registered person shall ensure that care records contain a recent photograph of the resident. Ref: 6.5 | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of three care records. | |

| | | |
|--|---|------------|
| Area for improvement 2 Ref: Standard 23 Stated: First time | The registered person shall ensure that staff complete training in sensory awareness. Ref: 6.7 | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of training records. Discussion with the registered manager confirmed that there were plans to cascade this training to all staff. | |
| Area for improvement 3 Ref: Standard 20.11 Stated: First time | The registered person shall ensure that reports of monthly monitoring visits are completed contemporaneously. Ref: 6.7 | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of monthly monitoring reports. | |

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager reported the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and review of supervision schedule confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff reported that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager, staff and review of staff personnel records confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to reported that they were registered with the Northern Ireland Social Care Council.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the operational procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager reported that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, stair gate and alarmed external doors. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described. The inspector advised that the organisation structure is updated to reflect the change in senior care assistants.

The registered manager reported that there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

The registered manager reported that equipment and medical devices in use in the home were well maintained and regularly serviced and observation of equipment reflected this assurance.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was good to note that the activity store had been re-arranged to enable staff to locate activity resources more easily to promote and encourage the frequency of use.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 4 April 2017 and all recommendations were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 31 January 2018. Records were retained but did not detail staff who participated and any learning outcomes. The registered manager gave assurances that this would be addressed immediately. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Residents spoken with during the inspection made the following comments:

- "They look in on you during the night."
- Yes (I feel safe) I definitely do. The girls are great."

Staff spoken with during the inspection made the following comment:

- "We get supervision twice a year and an annual appraisal. Every month we do a different training online."

Four completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

Discussion with the registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager reported that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift

handovers. The registered manager and staff stated that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents' spoken with during the inspection made the following comments:

- "A girl comes in at 06.30 and helps me. I'm awake and want to get up."
- "You've only to ask and the staff are there."

Staff spoken with during the inspection made the following comment:

- "We had one (a staff meeting) last week. They are really good and (the registered manager) asks what can we improve on."
- "We were on top of it (recent outbreak)."
- "It's (team work) very good, everyone get on very well."
- "Handovers are really in-depth."

Four completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

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 care compassionate?

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

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with the registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents reported that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them including for example, residents' meetings, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I think it's (the standard of care) very good. I'm happy, the food is good, it's very clean and I just said I was staying here. I'm content. I couldn't find fault with it at all."
- "There is reminiscence and it's great. There isn't a lot of activities but we do board games and bingo, it's great."
- "Not a lot goes on during the day but if it's a good day, people want out for a walk."
- "I enjoy my breakfast every morning...too many sandwiches at tea-time...the soup is nice...I would like a fry some-time."

The comments in regard to activities was discussed with the registered manager who acknowledged that activities had been restricted during a recent outbreak in the home. The registered manager reported that arrangements are being made to increase activity provision during the day and in the evening.

The registered manager stated that the menus were being reviewed at present and had been discussed at the recent residents meeting. The registered manager gave assurances that she would review the tea-time menu and reported that quite often the chef will make whatever residents want at that time.

The issues raised above will be followed up at the next care inspection.

Staff spoken with during the inspection made the following comments:

- “There is a different choice (of meal) every day and they can get an alternative.”
- “We tried to get them out for a coffee recently, but they wouldn’t go.”

Four completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A resident’s representative commented:

- “(My relative) got a new lease of life when he moved into Balloo and staff were always very helpful, supportive and caring...with him and us during his latter days”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 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 registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager and deputy managers were attending a series of training days in regard to recruitment and areas pertaining to management of staff. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager advised that the registered provider was kept informed regarding the day to day running of the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager reported that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager stated that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

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



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