

Unannounced Care Inspection Report 21 February 2017



Balloo House

Type of service: Residential Care Home
Address: 40 Donaghadee Road, Groomsport, BT19 6LH
Tel no: 028 9146 4430
Inspector: Kylie Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Balloo House took place on 21 January 2017 from 10:30 to 18:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

One recommendation was made in regard to fitting a swing free hold open device to doors which require to be held open.

Is care effective?

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

One recommendation was made in regard to developing a policy and procedure on care reviews.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Cara Ramrachia and Caoimhe McClland deputy managers, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 September 2016.

2.0 Service details

Registered organisation/registered person: Balloo House/Chris Vijendra Ramrachia	Registered manager: Mrs Shirley Ramrachia
Person in charge of the home at the time of inspection: Cara Ramrachia, deputy manager	Date manager registered: 17 July 2012
Categories of care: I - Old age not falling within any other category DE – Dementia (9 residents) SI - Sensory impairment (2 residents)	Number of registered places: 30

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accident and incidents.

During the inspection the inspector met with 13 residents, two deputy managers, three care staff, two ancillary staff and one resident's visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Four staff recruitment files
- Three resident's care files
- The home's Residents' Guide
- A number of policies and procedures
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities

Eighteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 13 September 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time To be completed by: 13 September 2016	The registered provider should ensure that one reference is obtained from the applicant's present or most recent employer prior to an offer of employment being made. Action taken as confirmed during the inspection: Inspection of four recruitment files evidenced that this recommendation is being adhered to.	Met
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by:	The registered provider should ensure the following: <ul style="list-style-type: none"> • the adult safeguarding policies and procedures are reviewed to include the name of the safeguarding champion and the terminology be updated to reflect the regional guidance • the complaints policy is reviewed to reflect the range of external agencies who can be 	Met

30 November 2016	<p>contacted in order to report complaints</p> <ul style="list-style-type: none"> the whistleblowing policy is reviewed to reflect the range of external agencies who can be contacted by staff to in order to report poor practice, if necessary <p>Action taken as confirmed during the inspection: Discussion with staff and inspection of the policies confirmed that these had been reviewed and were up to date.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 20.9</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that the home's Residents Guide is reviewed to describe any restrictions employed within the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the deputy managers and inspection of the home's Residents Guide confirmed that it adequately described any restrictions employed within the home.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2016</p>	<p>The registered provider should ensure that appropriate daily records are maintained for residents.</p> <p>Action taken as confirmed during the inspection: Inspection of three care records confirmed that appropriate daily records are maintained.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 20.12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that questionnaires used in all future annual consultations are amended to specify the period of the consultation.</p> <p>Action taken as confirmed during the inspection: Discussion with the deputy managers and inspection of a draft questionnaire confirmed that the period of consultation is specified.</p>	Met

4.3 Is care safe?

The deputy managers confirmed 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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and a review of returned staff views questionnaires 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.

Discussion with the deputy managers and review of four staff personnel files 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 (where applicable).

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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.

The deputy managers confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy managers 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 deputy managers confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, a stair gate and external doors are alarmed. Discussion with the deputy managers 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 Residents Guide identified that restrictions were adequately described.

The deputy managers confirmed there were risk management policy and procedures in place.

The deputy managers confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection supported this confirmation.

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 deputy managers reported that the outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreaks had been reported to the Public Health Agency, trust and RQIA with appropriate records retained. Staff displayed understanding in regard to how the outbreaks had impacted on residents and the effectiveness of measures put in place to minimise isolation and provide reassurance.

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.

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. One hazard was identified pertaining to the wedging of a bedroom door. A recommendation was made to fit swing free hold open devices as required. Discussion with the deputy managers 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 21 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The last fire drill had been completed on 25 January 2017. Records were retained of staff who participated and any learning outcomes. 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.

Staff spoken with during the inspection made the following comments:

- "My induction was very good, better than any other place I've worked in."
- "The team is great, they use their initiative and the registered manager is fantastic."

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

A comment received from a residents' representative was as follows:

"I am confident that every reasonable precaution to keep residents safe is taken."

Areas for improvement

One area for improvement was identified in relation to fitting swing free hold open devices where required.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the deputy managers 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. The staff training schedule evidenced that training in equality and diversity and in person-centred care will take place this year.

A number of care reviews were overdue and the deputy managers confirmed that they had liaised with the appropriate trusts to request reviews. Discussion took place regarding care reviews for residents who may be self-funding. It was confirmed that the home would arrange these reviews. The home did not have a policy and procedure on care reviews and a recommendation was made.

Discussion took place regarding the range of audits currently undertaken in the home. These include falls and care records. The inspector advised the deputy managers to further develop this area.

Records were stored safely and securely in line with data protection.

The deputy managers confirmed 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 deputy managers and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care. Minutes of resident and/or their representative 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.

Residents and a relative spoken with during the inspection made the following comments:

- “They do have that (care reviews).” (Resident)
- “The cleanliness is great. I like my food and it’s very good.” (Resident)
- “Communication is very good. I’m reassured that they ring straight away.” (Relative)

Six completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a resident’s representative was as follows:

“I am very satisfied that any comment I make to staff is taken seriously and acted upon.”

Areas for improvement

One area for improvement was identified during the inspection in relation to developing a policy and procedure on care reviews.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The deputy managers confirmed 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. For example the menu was displayed in a written and pictorial format.

The deputy managers, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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. They were able to demonstrate how residents’ confidentiality was protected.

The deputy managers and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff, residents, representatives 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. For example, residents’ meetings, annual reviews, monthly monitoring and the annual satisfaction survey.

Discussion with staff, residents, and/or their representatives, 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. For example family and friends were invited to participate in a range of Christmas activities including a carol service and party; some residents went out to see a local panto at Halloween; some residents visited a local town to see Christmas shops.

Residents spoken with during the inspection made the following comments:

- “They close the door. They always come and chat through the day.”
- “They really look after us very well.”
- “I’m satisfied with the staff and the food.”
- “The staff are very good. They know us.”
- “They are all very nice and you ask and they do it.”

Six completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident/resident’s representative commented:

- “My resident has reported staff being very empathetic on occasion.”
- “...brilliant events on over Christmas, especially the carol activity.”
- “Shirley (the registered manager) is very approachable and staff are no different.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The deputy managers outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

Discussion with staff confirmed that they had received training on complaints management and 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. An audit of complaints was used to identify trends and to enhance service provision.

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 quality improvement which included regular audits and satisfaction surveys.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was evidence of managerial staff being provided with additional training in governance and leadership. Following the inspection the registered manager informed the inspector that the deputy managers are keeping a reflective practice diary to support their learning and development. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous 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 Residents Guide.

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 RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy managers and staff confirmed that there had been no adult safeguarding issues in the last year. The deputy managers confirmed that there were effective working relationships with internal and external stakeholders.

Staff confirmed that the home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding this. The deputy managers confirmed that staff could also access line management to raise concerns 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.

Staff spoken with during the inspection made the following comments:

- “It’s a really well run home. I am excited to be working here.”
- “Staff are supported to do QCF at different levels. We have five staff doing level three at the moment.”
- “The induction was very good. I felt like I learned quite a lot. It’s all about promoting independence.”

Six completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cara Ramrachia and Caoimhe McClelland, deputy managers, as part of the inspection process. The inspector spoke to Shirley Ramrachia, registered manager following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that any fire door required to be held open for operational reasons, is fitted with an appropriate hold open device, suitably linked to the premises fire detection and alarm system. The provision of a 'swing free' type door closer would be considered the most appropriate device for use on bedroom doors.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should develop a policy and procedure in regard to care reviews.</p> <p>Response by registered provider detailing the actions taken: Further discussion with the Fire Risk Assessor confirmed that a 'swing free' type of door closer linked to the alarm system would be the most appropriate type for use on bedroom doors. Therefore any fire door required to be held open for operational reasons will be fitted with this specific type.</p> <p>Response by registered provider detailing the actions taken: The Care Review Policy has been reviewed and updated.</p>



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