

**Unannounced Care Inspection  
of  
Balloo House**

**24 October 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 24 October 2015 from 11.30 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. No areas for improvement were identified during the inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Shirley Anne Ramrachia	<b>Registered Manager:</b> Shirley Anne Ramrachia
<b>Person in charge of the home at the time of inspection:</b> Lorraine Ware, Assistant Manager until 14.00. Shirley Anne Ramrachia, Registered manager from 14.00 to the conclusion of the inspection.	<b>Date manager registered:</b> 17 July 2012
<b>Categories of care:</b> RC-SI, RC-DE, RC-I	<b>Number of registered places:</b> 30
<b>Number of residents accommodated on day of inspection:</b> 29	<b>Weekly tariff at time of inspection:</b> £470 - £533

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/ processes

Prior to inspection we analysed the following records: the incidents register, the returned Quality Improvement Plan from the previous care inspection and six returned resident questionnaires.

During the inspection we met with five residents individually and greeted others. We also met with two care staff, two ancillary staff, the assistant manager and the registered manager.

We inspected the following records during the inspection: three care records, fire safety records, staff training records, accident and incident records and policies and procedures associated with the areas inspected. Staff and resident questionnaires were distributed during the inspection.

Following the inspection there were six resident questionnaires and two staff questionnaires returned and analysed by us within the required timescale.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 23 July 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of requirements and recommendations from the last Care inspection

Previous inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (4) (e) (f)	The registered person shall; 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 of saving life. <ul style="list-style-type: none"> <li>• Confirm that all identified staff completed training in fire safety scheduled.</li> <li>• Ensure all staff complete training in fire safety twice every year.</li> <li>• Ensure all staff participates in a fire evacuation drill once per year.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed staff training records and confirmed this recommendation had been met.	
Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35	The registered person should ensure that; <ul style="list-style-type: none"> <li>• Contenance products in communal facilities are stored in enclosed containers.</li> <li>• That toilet rolls are fitted in all toilets</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following our observation of the environment, we confirmed that this recommendation was met.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 10.7	<p>The registered person should;</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Provide further detail on emergency fire procedures; review the complaint timescales and procedure to ensure compliance with DHSSPS Complaints in Health &amp; Social Care (2009)</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> We inspected the Statement of Purpose and confirmed this recommendation had been met.</p>	<p><b>Met</b></p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 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"> <li>• Reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act.</li> <li>• Include the need for Trust involvement in managing behaviours which challenge.</li> <li>• Detailed that RQIA must be notified on each occasion restraint is used</li> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust and relatives</li> <li>• Agreed and recorded response(s) to be made by staff are stated in the care plan.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> We inspected the policy and confirmed that this recommendation had been addressed.</p>	<p><b>Met</b></p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 23	All relevant staff should complete training in; <ul style="list-style-type: none"> <li>Managing behaviours which challenge to include a human rights approach</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected the staff training record and confirmed that this recommendation had been addressed.	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected the Statement of Purpose and confirmed this recommendation had been met. We advised the manager that the gate at the top of a staircase should be included as a restrictive practice.	
<b>Recommendation 6</b>  <b>Ref:</b> Standard 5	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following inspection of a report completed by the home and associated records, we confirmed this recommendation had been addressed.	

### Areas for improvement

There were no areas for improvement identified.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is care safe? (Quality of life)**

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

Following an inspection of three care records we confirmed that assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The care records we inspected were kept up to date to accurately reflect the residents' needs and preferences. The needs assessments and care plans were appropriately signed.

Care records detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. The spiritual and cultural wishes of the residents were recorded. Where there had been discussion with the general practitioner relating to a care pathway, staff confirmed to us that this would be documented within the care records.

#### **Is care effective? (Quality of management)**

The home had a policy and procedure relating to dying and death of a resident. The home had a copy of the current best practice guidance. Following discussions with staff and an inspection of staff training records, we confirmed that training in palliative care had been completed.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.)

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff reported to us that they would liaise closely with district nursing staff and others to ensure appropriate management of care. The registered manager and staff were knowledgeable about making notification of a death to all relevant parties in a timely manner.

Staff confirmed to us that there had been residents in need of palliative care or who had died in the home in recent years. Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

#### **Is care compassionate? (Quality of care)**

Staff members we interviewed confirmed that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin compassionate care within the home. Staff were knowledgeable about how to create a suitable environment and deliver care to a resident at the end of life.

Staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Staff confirmed to us that resident's belongings would be handled with care and his or her representative consulted and assisted with their removal from the home.

## Areas for improvement

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

### 5.4 Theme: Residents receive individual continence management and support

#### Is care safe? (Quality of life)

In our discussions with staff they were able to demonstrate their knowledge and understanding of continence care. We inspected three care records and confirmed that an assessment and care plan was in place relating to continence management. Staff were able to describe to us the system of referral for specialist continence assessment. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the environment and discussions with staff, we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

#### Is care effective? (Quality of management)

The home had policies and procedures and a guidance document relating to continence management. The home had copies of current best practice guidance. Staff confirmed to us that they had received appropriate information, training and guidance. Staff were knowledgeable regarding where further guidance and advice could be sought.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. During our inspection of the home, no mal-odours were present.

#### Is care compassionate? (Quality of care)

Through our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provides care and support in a sensitive, kind and caring manner.

In our discussions with staff, they were able to recognise the potential loss of dignity associated with incontinence. Staff described to us how care is delivered in a compassionate manner. Staff articulated those values that underpin compassionate care within the home as they related to continence management and support.



## Areas for improvement

There were no areas of improvement identified within this theme. This theme was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.5 Additional areas examined

### 5.5.1 Residents' views/questionnaires

We met with five residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. No complaints or issues of concern were raised with us. A total of 10 residents' questionnaires were returned to RQIA.

Some comments included:

- "We had beautiful crumble today. The cook (female) makes lovely scones."
- "It is brilliant. It is a home from home. Couldn't be in a better spot."
- "Staff are very thoughtful and care is good."
- "All grades of staff in this care home are great. The care home is clean and well maintained."

### 5.5.2 Resident representatives' views

Whilst we did not meet with any resident representatives during the inspection, it was clear that they had assisted some residents to complete questionnaires returned to us. Representatives had provided their own comments within these questionnaires.

Some comments included:

- "My family can visit at any time and if they can't, the staff answers all phone calls with compassion. Balloo work with us to ensure that dad has the best quality care 24/7. Our experience has been exceptional and we feel very fortunate to have dad in such a happy and caring environment."
- "Visitors are always made to feel very welcome. My mother is always well groomed and staff are extremely quick to note and report to me should anything be wrong. I am generally extremely happy with the care my mother receives."

### 5.5.3 Staff views/ returned questionnaires

We met with two care staff and the manager individually. We spoke informal with two ancillary staff together. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. No complaints or issues of concern were raised with us. Two staff questionnaires were returned and analysed by us. Satisfaction was indicated in regard to all areas examined within the questionnaire.

#### 5.5.4 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard.

#### 5.5.5 Care practices

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.5.6 Accidents/ incidents

We inspected a selection of accident and incident records from 10 June 2015 to the date of the inspection. We confirmed that these had been reported and managed appropriately.

#### 5.5.7 Complaints/ compliments

We inspected complaint records and following discussion with the registered manager confirmed that these had been managed appropriately. We inspected two compliment records made by residents' representatives, which expressed positive views of the care and support received by their relative.

#### 5.5.8 Fire safety

The home had a current fire risk assessment. Inspection of staff training records and discussion with staff confirmed that staff had received fire safety training twice yearly. Fire safety check records were up to date. The last fire drill had been undertaken on 22 April 2015. The registered manager assured us that fire drill practices would be held throughout the year on a regular basis. There were no obvious fire risks.

#### Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Shirley Ramrachia	<b>Date completed</b>	09-12-15
<b>Registered Person</b>	Chris Ramrachia	<b>Date approved</b>	09-12-15
<b>RQIA Inspector assessing response</b>	Kylie Connor	<b>Date approved</b>	16/12/15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**