

# Unannounced Care Inspection Report

## 25 September 2020



## Balloo House

**Type of Service: Residential Care Home (RCH)**  
**Address: 40 Donaghadee Road, Groomsport, BT19 6LH**  
**Tel No: 028 9146 4430**  
**Inspector: Linda Parkes**

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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 residential care home registered to provide residential care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Balloo House  <b>Responsible Individual:</b> Shirley Ann Ramrachia	<b>Registered Manager and date registered:</b> Caoimhe McClelland
<b>Person in charge at the time of inspection:</b> Caoimhe McClelland	<b>Number of registered places:</b> 30  9 residents with DE (mild) plus 2 sensory
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. SI – Sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 26

### 4.0 Inspection summary

An unannounced inspection took place on 25 September 2020 from 09.50 to 18.05 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Residents' records
- Governance and management.

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
<b>Total number of areas for improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caoimhe McClelland, manager and Cara McLarnon, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with eight residents individually. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas
- statement of purpose
- residents' guide
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- one staff recruitment file
- daily cleaning schedule
- regulation 29 monthly quality monitoring reports
- complaints records
- compliments records
- incident and accident records
- resident activity records
- 2 residents' daily care charts regarding showers/baths
- 2 residents' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time	The registered person shall ensure that medicines requiring cold storage are securely stored	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the locked, medication fridge in the treatment room evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b) (c)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of one staff recruitment file evidenced that there are no gaps in employment history, there is clear information relating to references and that interview documents are signed. This area for improvement has been met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that residents shower chairs are free from wrapping and clean mop heads and mop buckets are stored appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of a selection of shower chairs throughout the home evidenced that wrapping has been removed. Clean mop heads and mop buckets were observed to be stored appropriately in the locked cleaner's cupboard. This area for improvement has been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals are stored in a locked cupboard	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager, observation of the environment and the locked Control of Substances Hazardous to Health (COSHH) cupboard, evidenced that all chemicals are stored appropriately. This area for improvement has been met.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time	The registered person shall ensure residents' bathrooms have liquid soap and paper towels.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of a selection of residents' bathrooms evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of two residents' records regarding falls evidenced that this improvement has been met. See Ref: 6.2.3 for further details.	



## 6.2 Inspection findings

### 6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

It was noted that the cleaner's store was locked appropriately. Observation of the first floor sluice room evidenced that the light was not working. This was discussed with the manager who advised she was aware of this and that she had arranged to have it repaired.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

Observation of information displayed in identified areas throughout the home, evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

It was noted in two identified bathrooms that equipment was inappropriately stored. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home for staff and were used appropriately. Dispensers containing hand sanitiser were observed to be full and in good working order.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### 6.2.2 Staffing and care delivery

A review of the staff duty rota from 14 to 27 September 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner. Staff interactions with patients were observed to be compassionate. Patients were given choice, privacy, dignity and respect.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Balloo House. We also sought the opinion of residents and their representatives on staffing via questionnaires. Six resident questionnaires were returned within the timescale specified and indicated that they were very satisfied with staffing levels in the home.

We observed the serving of the lunchtime meal. Staff wore aprons when serving meals. The food appeared nutritious and appetising and residents indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. The menu for the day was displayed in a suitable format.

Eight residents commented:

"I have been here for over three years, and I think Balloo House is by far the best out of four or five care homes I have graced. I consider myself extremely lucky to be here."

"The staff here are great, every one of them. They have helped me through difficult times."

"The staff and food is great."

"There isn't one bad one (staff). The staff are very good and Shirley (responsible individual) is fantastic."

"The food's great. They will get me what I want as I don't eat red meat. Both chefs communicate well with me regarding my choice of menu. Everything's fantastic."

"All's good. Staff are good and food is good. I'm looking forward to having sausages that I ordered for lunch."

"The food's excellent and the chef always offers extra helpings."

"Lunch was enjoyable. I'm looking forward to apple pie for dessert."

Discussion with the deputy manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Cards and letters of compliment and thanks had been sent to the home. Some of the comments recorded included:

"From the bottom of my heart I want to say thank you for all your dedication and care. You all are my heroes."

"Your professional and empathic care of ... was never taken for granted."

"Thank you each and everyone for your excellent care and ongoing kindness to my mum through these difficult times and beyond."

### **6.2.3 Resident records**

Review of two residents' care records evidenced that care plans regarding falls management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed. However, a gap was noted in the recording of one residents' daily progress notes, the day after an incident had occurred. This was discussed with the manager and an area for improvement was identified.

The manager advised that no residents in the home require the use of a pressure relieving mattress.



Weight records for two residents were reviewed from 21 August to 21 September 2020. It was noted that some staff members documented weights in stones and pounds and other staff members used kilogrammes. This was discussed with the manager as this was confusing as weights had to be converted into kilogrammes in order to establish if the resident had gained or lost weight. The manager advised she would review and address the matter.

Review of two residents' supplementary charts in relation to showers/baths were observed to be well maintained.

The manager acknowledged that residents were enabled to make decisions regarding their individual care requirements in order to meet their identified needs.

Review of residents' activity records from 18 to 23 September 2020 evidenced that they had been well documented. Good practice was observed in the records regarding if a resident wishes to decline to participate in the activity offered, that this was recorded. Staff advised at times residents declined to take part in daily activities as they like to plan their own time.

#### **6.2.4 Governance and management**

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and residents evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The statement of purpose and residents' guide for the service was reviewed. Both were informative regarding the aim, objectives and the facilities and services offered within the residential home. A copy of the statement of purpose and residents' guide was supplied to RQIA on 14 July 2020 in accordance to regulation.

A review of records confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of one staff recruitment file evidenced that it was satisfactorily maintained. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to the staff member commencing work. Clear information relating to employment history and references was recorded and interview documents were signed. A pre-employment health assessment was available to view. The manager advised that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment and that the staff member's induction had commenced and was ongoing.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Records viewed from 6 February to 27 July 2020 evidenced that staff had attended training regarding diabetic awareness, palliative care, moving and handling, fire training, food safety and hygiene, and infection prevention and control (IPC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and infection prevention and control (IPC) practices including hand hygiene,

Review of records for the week commencing 21 September 2020 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

We reviewed accidents/incidents records from 3 August to 12 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 30 July to 31 August 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Three staff members commented:

"The manager is approachable and supportive. We get good training. I've been here for eight years and love it."

"I love working here. It's like one big family."

"I've worked here for nine years. I have no concern but if I had I know the manager would sort them out as she's approachable."

### **Areas of good practice**

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between residents and staff.

### **Areas for improvement**

Four areas for improvement were identified during the inspection regarding Infection Prevention and Control (IPC) and resident daily progress records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

### 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment.

Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Correspondence received from the manager on 13 October 2020 advised that the following actions have been completed;

The electricians have repaired and replaced broken lighting in the first floor sluice room.

Plastic tubing has been applied to all pull cords within the home.

Bathrooms have been decluttered.

Posters around the home have all been laminated.

Residents' weights have been converted and documented in kilogrammes.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caoimhe McClelland, manager and Cara McLarnon, 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 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 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that residents' daily progress notes are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.  Ref: 6.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the importance of completing daily records in accordance with legislative and best practice guidance. Senior Care staff have implemented daily 'spot checks' on residents records to ensure compliance with the above. Management are undertaking care plan audits every 4 weeks to ensure records are completed in a comprehensive, accurate and contemporaneous manner.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.  Ref: 6.2.1
	<b>Response by registered person detailing the actions taken:</b> Washable covers have now been fitted to all pull cords throughout the home to prevent the spread of infection. Management and Maintenance will check that all pull cords have washable covers fitted on a regular basis.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.  Ref: 6.2.1
	<b>Response by registered person detailing the actions taken:</b> All posters and flyers within the home have now been laminated to ensure a wipeable surface to minimise the risk of infection. Posters / Flyers without a plastic coating will no longer be displayed.

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance.  Ref: 6.2.1
<b>To be completed by:</b> Immediate action required	<b>Response by registered person detailing the actions taken:</b> Equipment storage has been reassessed and a temporary storage area has been identified. Further storage space has been risk assessed, we are currently awaiting this space to be fitted with the suitable fire resistant material and a smoke alarm. Due to the Covid 19 pandemic this has been delayed.

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



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