



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Ballymacoss House

Establishment ID No: 1577

Date of Inspection: 5 September 2014

Inspector's Name: Alice McTavish

Inspection No: IN016896

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Ballymacoss House
Address:	1 Johnston Way Knockmore Road Lisburn BT28 2XE
Telephone Number:	(028) 9260 3534
E mail Address:	ballymacoss@cedar-foundation.org
Registered Organisation/ Registered Provider:	Ms Eileen Marian Thomson The Cedar Foundation
Registered Manager:	Ms Colette Speight
Person in Charge of the home at the time of Inspection:	Ms Colette Speight
Categories of Care:	RC-PH
Number of Registered Places:	12
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	Primary Announced Inspection 8 November 2013
Date and time of inspection:	5 September 2014 9.30am
Name of Inspector:	Alice McTavish

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9: Health and social care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Ballymacoss House is run by the Cedar Foundation, a voluntary organisation, and is situated in a residential area on the outskirts of the city of Lisburn within the South Eastern Health and Social Care Trust area.

Ballymacoss House is a purpose built facility accommodating twelve residents with physical disability. Accommodation is provided in twelve single bedrooms with en-suite facilities, snack kitchen for residents' use, a spacious dining room, sitting room, small sun room and additional toilets and bathrooms. Each resident's bedroom has direct access to outside space.

Residents' meals are prepared in the main kitchen and there are laundry facilities on the premises.

There is a small car park and gardens to the front, sides and back of the building.

SUMMARY

This secondary unannounced inspection of Ballymacoss House was undertaken by Alice McTavish, care inspector, on 5 September 2014 between the hours of 9.30am and 1.45pm. This summary reports the position in the home at the time of the inspection.

The manager was on duty and was available throughout the inspection for discussion and for feedback at the conclusion of the inspection.

The previous care inspection undertaken in November 2013 resulted in five recommendations. Based on the submitted information in the returned quality improvement plan (QIP) and the findings of this inspection, it was concluded that all the recommendations had been fully addressed.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards. The inspector focused on one standard outlined in the DHSSPS Residential Care Homes Minimum Standards (2011) Standard 9: Health and social care.

All six criteria within this standard were examined. Evidence used to assess compliance included examination of three selected care records and discussions with five residents and three staff members. All six areas examined were assessed as compliant.

During the inspection the inspector moved freely around the home and conversed with five residents informally. Residents were relaxed in their surroundings and were very positive in their comments about the care delivered in the home.

A review of staffing levels found that staff were on duty in sufficient numbers to provide care for the needs of the persons accommodated. All staff members consulted demonstrated knowledge of each resident's health care needs and were aware of the action to take in the event of a health care emergency.

The home was found to be clean and fresh smelling with suitable heating and lighting. During the tour of the building it was observed that all fire doors were free from obstruction and there were no obvious hazards.

No requirements and no recommendations were made as a result of the unannounced inspection.

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 16.3	<p><u>POVA Training</u></p> <p>Ensure training is organised for those staff unable to attend the arranged date.</p>	<p>Discussion with the registered manager and review of staff training records confirmed that all staff members have attended Protection Of Vulnerable Adults training.</p>	<p>Compliant</p>
2	Standard 19.1	<p><u>Policy</u></p> <p>Review and revise the home's policy on Recruitment and Selection dated 14 September 2007.</p>	<p>A review of the policy document confirmed that it has been reviewed.</p>	<p>Compliant</p>
3	Additional matters	<p><u>Resident ID</u></p> <p>Review the process of allocation of resident ID's as discussed.</p>	<p>Resident identifiers have been updated and are now being used as unique identifiers for form 1(a), Statutory Notification of Events to RQIA.</p>	<p>Compliant</p>
4	Additional Matters	<p><u>Fire Risk Assessment</u></p> <p>Make a record of the action taken to address the recommendations documented in the home's Fire Risk dated 29 July 2013.</p>	<p>A review of the returned Quality Improvement Plan and discussion with the registered manager confirmed that the immediate actions to address the recommendations documented in the Fire Risk Assessment dated 29 July 2013 had been taken. A recent Fire Risk Assessment had been undertaken on 27 August 2014.</p>	<p>Compliant</p>

5	Additional Matters	<p><u>First Aid Training</u></p> <p>Ensure mandatory staff training in First Aid is provided annually.</p>	<p>Discussion with the registered manager and with staff members confirmed that First Aid training is now being provided annually.</p>	<p>Compliant</p>
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STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
Three care records were examined; all noted individual resident's General Practitioner (GP), optometrist and dentist. In one instance a resident, dissatisfied with the services of a GP, was informed on the choices of more local GPs and was assisted to register with a different GP practice.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with three staff members in relation to specific residents' needs indicated that staff members are knowledgeable of residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates, during handover reports, of any changes in a resident's condition and confirmed that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The three care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments and that these are regularly monitored and reviewed. There was evidence of liaison with a wide range of primary health and social care services and these were clearly recorded. A separate sheet is maintained in each resident's care record to specifically detail professional contacts. Staff on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Review of care records and discussion with the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's daily progress notes. Representatives are kept fully informed of any follow up care during annual care reviews. The inspector gave advice that a separate contact record could be placed in residents' care records detailing contact with representatives; this will allow for easier cross referencing and ensure that timely exchange of information between health care professionals and representatives is maintained.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of three care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments. This is assured through the use of Information Transfer Sheets, noting when appointments are due and attended, also any admission to and discharges from hospital.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance of staff. In one instance, where there were specific indications regarding the safe wearing of spectacles, this was clearly recorded within the care plan. A record is maintained of wheelchair servicing and cleaning.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' Views

There were twelve residents accommodated in the home. The inspector spoke individually with five. All residents spoke positively in regard to the care provided by staff and one resident expressed enthusiasm for moving to a supported living arrangement in future. No residents raised any concerns with the inspector.

Some comments received -

"The staff look after me very well. I couldn't be living in a better place"

"I really like living here."

Care Plans

Three care plans were reviewed. Whilst it is commended that care records are very comprehensive, it was advised that these are updated to reflect the support required by one resident to meet their specific continence needs.

Staffing

On the day of inspection the following staff were on duty;

- 1 Manager
- 1 Senior support worker
- 2 Support workers
- 1 Catering staff
- 1 Domestic staff
- 1 Administrative staff
- 1 Driver

Confirmation was provided that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents.

Observation of staff practice on the day found it to be caring, timely and good humoured. The staff members on duty demonstrated that they were knowledgeable in regard to residents' health care needs and the action to take in the event of a health care emergency.

Staff Views

The staff members who spoke with the inspector made positive comments in regard to the training provided. Staff confirmed that the manager and senior staff were always available for support and assistance. Staff all expressed how much they enjoyed working in the home and felt that their contributions were valued.

Monthly visits by the Registered Provider (Regulation 29)

Records relating to the visits by the responsible person were examined. The reports were found to be maintained in an informative and detailed manner, were up to date and were in accordance with Regulation 29.

Fire Prevention

Examination of the fire risk assessment found it had been reviewed in August 2014. The registered manager confirmed that monthly fire drills are undertaken, that all staff members are appropriately trained and that this training is regularly maintained.

Environment

An examination of the premises found the home to be clean, warm and bright with no mal odours noted. Each resident's room was comfortably furnished, individually decorated and personalised. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

QUALITY IMPROVEMENT PLAN

The findings of this inspection were discussed with Ms Colette Speight and resulted in no requirements or recommendations being made.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced inspection of **Ballymacoss House** which was undertaken on **5 September 2014** and I agree with the content of the report. Return this QIP to Independent.Healthcare@rqia.org.uk.

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

NAME OF REGISTERED MANAGER COMPLETING	Colette Speight
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Eileen Thomson

Approved by:	Date
Alice McTavish	22 October 2014