



The Regulation and  
Quality Improvement  
Authority

**Ballymacoss House Residential Home**

**RQIA ID: 1577**

**1 Johnston Way**

**Knockmore Road**

**Lisburn**

**BT28 2XE**

**Tel: 0289260 3534**

**Inspector: Alice McTavish**

**Inspection ID: IN022392**

**Email: [ballymacoss@cedar-foundation.org](mailto:ballymacoss@cedar-foundation.org)**

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**Unannounced Care Inspection  
of  
Ballymacoss House Residential Home**

**30 June 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 30 June 2015 from 14.05 to 17.25. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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	1

The details of the QIP within this report were discussed with the person in charge Elizabeth Braithwaite and with the registered manager Colette Speight by telephone on the day following the inspection. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> The Cedar Foundation	<b>Registered Manager:</b> Colette Speight
<b>Person in charge of the home at the time of inspection:</b> Krystyna Pawlak, practice leader Elizabeth Braithwaite, practice leader	<b>Date Manager registered:</b> September 2012
<b>Categories of care:</b> RC-PH	<b>Number of registered places:</b> 12
<b>Number of residents accommodated on day of inspection:</b> 11	<b>Weekly tariff at time of inspection:</b> £696.78 - £704

### 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/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents submitted to RQIA.

We met with six residents, three members of care staff and one visiting professional.

We inspected four care records, complaints and compliments records, staff training records, accident and incident records and fire safety records.

### 5. The inspection

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

The previous inspection of the home was an announced care inspection dated 8 January 2015. The completed QIP was returned and was approved by the care inspector.

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

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 10.1</b>	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. <ul style="list-style-type: none"> <li>Reference to this is made in that policy and procedure documents should be updated to include that senior staff, the Trust and relatives should be notified of any uncharacteristic behaviour and that RQIA must be notified on each occasion restraint is used.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the policy and procedure document confirmed that this had been updated accordingly.	

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

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

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

We inspected residents' care records and could confirm that needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were signed by the resident or their representative.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. We noted the high quality of person centred care plans. This was to be commended.

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

The home had recently updated policy and procedures relating to dying and death of a resident. We noted that these did not reference current best practice guidance. We made a recommendation in this regard.

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). Notification of a death is made to all relevant parties in a timely manner.

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 indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The person in charge described how a resident had been cared for at the end of life. The medical needs of the resident had been met by the GP and the district nursing team and the care needs were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the person in charge she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is

handled with care and respect and in accordance with his or her recorded social, cultural and religious preferences. Residents would be given the option to attend the funeral.

The person in charge confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards in which relatives expressed gratitude for the compassion and kindness shown to the residents during illness and at death.

#### **Areas for improvement**

There was one area of improvement identified from the standard inspected. This standard was assessed to be safe, effective and compassionate.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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### **5.4 Theme: residents receive individual continence management and support**

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

The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that person centred assessments and care plans were in place which related to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date and reflected the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion 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. Gloves, aprons and hand washing dispensers were available throughout the home. 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 a written policy and procedures relating to continence management and promotion. We noted that these did not reference current best practice guidance. We made a recommendation in this regard. We included this area in the recommendation already made in section 5.3.

We noted that staff had received training in continence care. Staff confirmed that support for more complex continence needs can be obtained from the specialist community nursing team.

We inspected four care records and noted that two residents had complex needs in regard to continence care. The continence needs of these residents were comprehensively documented and infection control measures had been fully considered. We noted appropriate liaison with the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

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

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### **Areas for improvement**

There was one area of improvement identified from the theme inspected. This theme was assessed to be safe, effective and compassionate.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.5 Additional areas examined**

### **5.5.1 Residents' views**

We met with six residents individually and in groups. 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.

Some comments included:

- "Living here is very good. I get very good care and I really like it."
- "I'm happy here"
- "I'm getting on ok, I'm doing well."
- "Sure, you couldn't be in a better place; they (staff) are great."

### **5.5.2 Staff views / staff questionnaires**

We met with three staff members who 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. The information contained in nine returned staff questionnaires also confirmed satisfaction with these areas.

Some comments included:

- "We try to provide the sort of care we would expect for our own family members. The residents are a settled group and tend to live here for a long time; the staff also tend to stay here for years – that provides a stability for the residents, they feel secure in their own home. The residents are looked after extremely well and the staff team is a happy and supportive one."

### **5.5.3. Visiting professional's views**

We spoke with one visiting professional who spoke positively about the care provided to residents.

Some comments included:

- “I have only been here a few times but I have found that there appears to be enough staff available and the staff are knowledgeable about the care needs of the residents. The residents seem to be happy and content with the care given here. I have no concerns about Ballymacoss House and it is always clean and comfortable.”

#### **5.5.4. Environment**

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

#### **5.5.5 Staffing**

At the time of inspection the following staff members were on duty:

1 practice leader (replaced during afternoon shift change)  
 2 support workers  
 1 cook  
 1 driver  
 1 domestic

One practice leader and two support workers were scheduled to be on duty later in the day. One practice worker and one support worker were scheduled to be on overnight duty. The person in charge advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### **5.5.6 Care practices**

In our discreet observations of care practices we were satisfied 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.

#### **5.5.7 Accidents / incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

#### **5.5.8 Complaints / compliments**

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

#### **5.5.9 Fire safety**

The home had a current Fire Safety Risk Assessment. Our review of the staff training records evidenced that fire training had been provided to staff twice annually. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

#### **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
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Colette Speight, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2015	The registered manager should ensure that policies and procedures relating to dying and death and to continence care are updated to reflect current best practice guidance.
	<b>Response by Registered Person(s) detailing the actions taken:</b> Policy and procedure relating to death and dying has been updated to reference GAIN guidelines for palliative and end of life care. Continence Care Policy and procedure has been updated to reflect current best practice.

<b>Registered Manager completing QIP</b>	Colette Speight	<b>Date completed</b>	29:07:15
<b>Registered Person approving QIP</b>	Eileen Thomson	<b>Date approved</b>	18/08/15
<b>RQIA inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	18 August 2015

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

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.