The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Balloo House Care Home

Provider: Balloo House Care Ltd

Date of Inspection: 27 October 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Balloo House Care Ltd
Responsible Individual:	Mrs Shirley Ann Ramrachia
Registered Manager:	Miss Selina Leyland
Service Profile – This home is a registered residential care home which provides health and social care for up to 30 residents. The home provides care for a maximum of nine residents living with dementia; a maximum of three residents with sensory impairment can also be accommodated. Residents' bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 21 August 2025 from 10.00 am to 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; management of risk, management of the environment, cleaning of resident equipment and the governance arrangements relating to the home environment.

As a result of this inspection all previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Observations of residents found that they appeared content in their environment and in their interactions with staff. Residents were able to make their own choices and decisions, where possible. Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Comments included: "Everyone is so friendly. It is a lovely home to live in", "There is nothing to complain about. Everything is very good" and "I have been here over three years. It is vastly superior to my previous home. I like the friendly and conscientious staff, they have a sense of humour. The food is high class."

Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with said that the care provided to residents was important to them and was of a good standard. Staff were observed to be very vigilant and attentive to residents.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "This is the best care home I have worked in" and "I like working here because it is family run, it is homely and we are respected. We work in the resident's home."

We did not receive any questionnaire responses from residents or visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

Staff said there was good teamwork and that they felt well supported in their role. Staff were always available and responded promptly to residents' needs. Staff knew what they were required to do each day in order to ensure they met the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that the levels and skill mix of staff on duty met residents' needs.

3.3.2 Quality of Life and Care Delivery

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. Review of two falls confirmed that the residents care plan, risk assessments and body map were not consistently reviewed following a fall. In addition, daily progress notes did not consistently comment on the status of the resident following an unwitnessed fall or head injury. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Staff were knowledgeable in relation to the residents' specific needs in relation to nutrition.

The importance of engaging with residents was well understood by the staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax.

Activities for residents were provided which included both group and one to one activities. For those residents who preferred not to participate in the planned activity, staff were observed sitting with them, engaging in discussion, playing games or going for a walk. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. An activity planner displayed highlighted events such as knit and natter, movie night, yoga, arts and crafts, trips to the shopping centre, music, chair dancing and singers.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. The details of care plans were shared with residents' relatives, if this was appropriate.

Care records relating to the management of weight loss for an identified resident had not been updated to ensure they continued to meet the residents' needs. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. However, some of these entries contained repetitive statements which were not person centred. In addition, some of the records examined were missing dates and times while a number of gaps in recording was noted. Shortfalls in record keeping was discussed with the manager who agreed to meet with staff and monitor through their audit systems. This will be reviewed at a future care inspection.

It was observed that confidential information relating to resident care was accessible in an office which was unlocked. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy and well maintained internally. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Concerns about the management of risks to the health, safety and wellbeing of residents were identified. A domestic cleaning trolley was unsupervised allowing potential resident access to substances hazardous to health. A sharps box and denture cleaning tablets were also identified in areas of the home which were accessible to residents. This was discussed with staff who took immediate action. An area for improvement was identified.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not take opportunities for hand hygiene particularly after contact with residents and the residents' environment. A number of staff were not bare below the elbow. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Selina Leyland has been the manager in this home since 26 September 2022.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

A review of the records of accidents and incidents which had occurred in the home found that these were generally managed correctly. However, there was evidence that at least two notifiable events had not been submitted to RQIA. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of falls, IPC practices, care records, adult safeguarding events and notifiable events. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Selina Leyland, Registered Manager, and Mrs Shirley Ann Ramrachia, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 19 (5) **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure that staff lock office doors to ensure resident information is only accessible to those with permission. Ref: 3.3.3
	Response by registered person detailing the actions taken: This office door is now locked when unoccupied.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: A designated, cleaning caddy is now used by the housekeeping team to store and transport cleaning products safely. The sharps container has been relocated from the medication room to a secure, locked medication cupboard to prevent unauthorised access. Management will enhance staff awareness of environmental hazards through routine "walk arounds" conducted by the Manager, each time accompanied by a different staff member to promote shared responsibility and observational learning.
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure that a system is implemented to monitor staff knowledge and practice regarding hand hygiene and being bare below the elbow. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: A structured monitoring system system will be implemented to assess staff knowledge and adherance to hand hygiene protocols and bare below the elbows standards. When deficits are identified, targeted action plans will be developed and implemented to support improvement and ensure compliance.

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 3.3.5
	Response by registered person detailing the actions taken: IPC audits are conducted monthly, with findings reviewed promptly to maintain hygiene standards. Care records will be audited monthly to ensure documentation is accurate and person centred. Falls and head injury records will be monitored with incident reviews and risk reduction strategies. Weight monitoring will be reviewed monthly with escalation protocols in place for any significant changes. Governance meetings will be held monthly and used to drive continuous improvement through targeted action plans and staff training.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure that care records relating to the management of falls and head injuries are completed in keeping with best practice guidance. Ref: 3.3.2
	Response by registered person detailing the actions taken: A structured post-fall assessment protocol is used in keeping with best practice guidance. All falls are documented using a standardised template to ensure consistancy and completeness. Monthly audits of incident and accident records will be conducted to ensure outcomes are actioned.
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 27 October 2025	The registered person shall ensure care plans are updated to reflect changes to residents' assessed needs. This area for improvement is made with specific reference to management of weight loss. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans will include details of dietary preferences, support strategies and escalation protocols for unplanned weight loss. Monthly weight audits are in place with outcomes and actions reviewed during clinical governance meetings.

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