

Inspection Report

Name of Service: Balloo Training and Resource Centre

Provider: South Eastern Health and Social Care Trust (SEHSCT)

Date of Inspection: 22 May 2025

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

1.0 Service information

Organisation/Registered Provider:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual/Responsible Person:	Ms. Roisin Coulter
Registered Manager:	Miss Susin Reid
Service Profile –	
<p>Baloo Training and Resource Centre is a day care setting situated in Bangor. It is registered for a maximum of 70 service user. It delivers a programme of day care and day time activities from Monday to Friday for adults with learning disability. The day care setting is operated by SEHSCT.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2025, between 10.05 am and 4.00 pm. It was carried out by a care inspector.

The last inspection of the day care setting was undertaken on 10 October 2023 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, some environmental improvements were required along with improvements to the process for staff recruitment. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by the day care setting was a good experience. Refer to section 3.3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

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 service 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 service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those attending and working within the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of attending and working within the day care setting.

Service users spoken with told us that they liked attending the day care setting and that they enjoyed the activities. They told us that they felt safe there and liked all the staff.

Staff described that 'all was good' in relation to the day care setting and they had no issues in relation to the care and support provided.

One staff member raised some issues that were discussed with the manager – the manager indicated that they were aware of these and some were being monitored.

The information provided indicated that there were no concerns in relation to the day care setting.

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 patients.

A review of the day care setting's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

It was noted, however, that the majority of recruitment records reviewed did not contain a full employment history for staff. This was identified as an area for improvement.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

There was a lack of administrative support within the day care setting. This impacted the workload of the manager and staff and ease of contact with the setting. RQIA acknowledges that recruitment has commenced for this vacancy but will keep this matter under review.

3.3.2 Care delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities records were reviewed on a monthly basis by the manager.

Service users were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events. Several service users were keen to tell the inspector how much they enjoyed the day care setting's recent formal in a local restaurant.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included the grounds of the day care setting, activities and summer holidays.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

3.3.3 Management of care records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that Service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided.

It was noted there was no Safeguarding Log in place within the day care setting. It would be good practice to ensure that there is a robust system in place for the recording any actions taken by staff in response to an adult safeguarding incident, and the outcomes that may arise following a referral to the adult safeguarding team. This information should be available for the manager or person in charge to review at all times and would allow for the analysis of any trends. This will be reviewed at the next inspection.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

3.3.4 Quality of management systems

There has been no change to the manager within the day care setting since the last inspection. They are also the Registered Manager of another registered day care setting. Discussion took place with the manager regarding the need for the staff rota to reflect their presence within each setting.

Service users and staff both commented positively about the manager and described them as supportive, approachable and able to provide guidance.

It was good to note that a competency assessment had been completed for staff who were left in charge of the day care setting in the absence of the manager.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

The Annual Quality Report was reviewed and was satisfactory.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was positive to note that the manager had undergone training in the management of complaints.

3.3.5 Quality and management of the environment

A review of the day care setting's environment was undertaken and the day care setting was found to be generally clean and tidy, suitably furnished, warm and comfortable and free of clutter.

The review identified that the male service user toilets were malodorous, missing some backsplash tiles, had exposed concrete in some areas and required painting. One service user told us 'I don't like the stinky toilet'. This has been identified as an area for improvement.

It was noted that the changing area for all service users was situated within the male service user toilets. This meant that when this area was in use, these toilets were not accessible to service users. RQIA is concerned about the impact of this arrangement on service user privacy and comfort. An area for improvement has been identified in this regard.

It was disappointing to note that some recommended work to soundproof the dining room ceiling that had been requested prior to the last inspection, had not yet commenced. Service users told us that the dining room can be noisy. RQIA Estates inspector has been informed of this delay. This matter will be kept under continued review.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 28 November 2024. Fire risk assessments for the setting were available for the inspection. All staff had completed fire training. During the inspection fire exits were observed to be clear of obstructions.

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	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager 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 Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21(3)(d) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that recruitment records include a full employment history.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: At the point of interview the panel chair will address any gaps in employment noted on the application form with the candidate and record same. Any issue of gaps in employment history will be highlighted to Human Resources Department for discussion and agreed action.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2025</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following maintenance issues, all relating to the male service user toilets, must be addressed:</p> <ul style="list-style-type: none"> • Exposed plaster • Malodour • The backsplash requires some replacement tiles • The entire area requires to be repainted <p>Ref: 3.3.5</p>

	<p>Response by registered person detailing the actions taken: Registered Manager had contacted Estates Department to report faults noted by the inspector and requested that works were completed. This has been resent and marked as urgent. Manager has also contacted Support Services to report malodour and will ensure this is on the cleaning schedule.</p>
<p>Area for improvement 3 Ref: Regulation 26(2)(j) Stated: First time To be completed by: 31 December 2025</p>	<p>The registered person shall ensure that suitable adaptations are made to the facilities to meet the needs of service users.</p> <p>This relates specifically to a dedicated, standalone changing area for service users.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: All available internal options have been considered, however will not address the issues in the long term. Registered Manager has contacted Estates Department who have visited and suggested adaptations, however this will require a Business Case to be completed for adaptations be carried out as soon as possible. Registered manager to commence this process</p>

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