

Unannounced Care Inspection Report 3 May 2018



Benbradagh

Type of Service: Residential Care Home
Address: 59 Tirgarvil Road, Upperlands, Maghera, BT46 5UW
Tel No: 028 7964 2238
Inspector: Ruth Greer

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for twenty two persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Benbradagh Responsible Individuals: Chris Ramrachia Shirley Ramrachia	Registered Manager: Chris Ramrachia
Person in charge at the time of inspection: Lisa Mc Gilligan, deputy manager at the beginning of the inspection Chris Ramrachia, registered manager joined at approximately 11.00.	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia for two persons MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years SI - Sensory impairment	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 3 May 2018 from 10.10 to 14.40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the care records, staff training and a person centred ethos of care provision.

One area requiring improvement was identified. This was in relation to a risk assessment of radiator temperatures.

There were twelve residents accommodated on the day of the inspection. They said they were happy in the home, the food was good and that staff were kind.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Chris Ramrachia, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent medicine management 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: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, ten residents and four staff. There were no visiting professionals and no residents' visitors/representatives present.

Questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider

- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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 the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced medicines management inspection.

There were no areas for improvement made as a result of that inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. There was a low turnover of staff in the home.

No concerns were raised regarding staffing levels during discussion with residents, and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. In discussion, it was advised that competency assessments were reviewed and up dated (if necessary) at staff annual appraisals.

Review of the recruitment and selection policy and procedure, dated January 2017, confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that no staff were recruited since the previous inspection therefore staff files were not reviewed on this occasion.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. A review of a managerial audit confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). A record of a managerial audit of the status of staff registration was reviewed and found to be satisfactory. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy, dated March 2017, was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) was discussed. The deputy manager is the designated safeguarding champion. She has undertaken an e learning programme and is also due to attend a Trust provided training session for the role.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. Staff had been provided with training on Child Protection on 14 September 2017. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there were no all suspected, alleged or actual incidents of abuse. Any allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of an entrance keypad systems, and management of smoking materials. The care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an Infection Prevention and Control (IPC) policy and procedure in place dated May 2017 which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities on 8 February 2018. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The deputy manager reported that she was aware of the "Falls Prevention Toolkit" and was using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. A monthly return of the falls audit is made to the Trust falls management team in line with best practice guidance. Records showed that training for staff in falls prevention was scheduled for June 2018.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that the radiators on the ground floor communal areas were very hot to touch. On further investigation the registered manager advised that a workman who had been in the home to undertake plumbing work had turned up the thermostat. This had not been noticed and was re-set before the inspector left the home. A regular audit of radiator surface temperatures should be undertaken with the outcome recorded. There were no other obvious hazards to the health and

safety of residents, visitors or staff. A malodour was noted in one bedroom. A review of the care plan for the resident in the room showed that this was being managed appropriately. The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly.

The home had an up to date Legionella risk assessment in place dated 20 February 2018. There were no recommendations made as a result.

It was established that three residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had not been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 13 December 2017. No recommendations had been made as a result. On the day of the inspection an officer from NIFRS was undertaking an examination of the premises. No areas of concern were raised by his inspection.

Review of staff training records confirmed that staff completed fire safety training most recently on 13 December 2018. Fire drills were completed on a regular basis most recently on 16 March 2018. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Comments received from residents and staff included:

- "I just decided to come here for good. I had been here for respite and this move has been a very pleasant one." (resident)
- "We are safe in here and it's lovely not to have to think what to make to eat. Lovely food is just set down in front of you, it's great." (resident)
- "The residents are well cared for and staff always have their best interests at heart." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management.

Areas for improvement

One area was highlighted for improvement in relation to the monitoring of hot surface temperatures.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection. A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents were encouraged and enabled to be involved in the assessment, care planning and review process, the care notes were produced in pictorial form as well as written. There was evidence that this practice empowered residents to understand and participate in the process. This is recognised as good practice and is commendable.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example getting up/going to bed times, choices at mealtimes and the freedom to spend the day the way each resident wishes.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meeting on 21 February 2018 and resident meeting on 19 February 2018 were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, visits by Registered Provider reports, latest RQIA inspection reports, resident meeting minutes and photographs of special events in the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. For example one resident advised that he had had an abrasion on his foot. Records showed that a podiatrist had visited to assess the issue.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents and staff included:

- “I couldn’t be better care for, I’m cared for far too well.” (resident)
- “Lisa (deputy manager) is just a brilliant girl.” (resident)
- “We would send for the doctor if there was the slightest doubt that a resident was unwell.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff, and residents confirmed that residents' spiritual and cultural needs were met within the home. One resident attends his place of worship each week. A fortnightly religious service is held in the home. A representative from the Legion of Mary attends each week to provide communion.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme were all written in a pictorial format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. These include bowls, quizzes, exercises and darts. Arrangements were in place for residents to maintain links with their friends, families and wider community. There are no visiting restrictions and families are welcome at any reasonable time.

Comments received from residents and staff included:

- "I never find the day long, there is always someone to chat to." (resident)
- "I never feel afraid to ask for what I need because the staff are so agreeable." (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the deputy manager is currently undertaking KSF level 5 training. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the registered 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 further 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall introduce a system to monitor hot surface temperatures in the home.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>System has been put in place to record hot surface temperature. The thermostatic temperature valve has been set at 22.5 (degree) and staff to check daily making sure it does not exceed and record accordingly.</p>

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



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