Unannounced Care Inspection Report
5 January 2017

Benbradagh

Type of service: Residential care home
Address: 59 Tirgarvil Road, Upperlands, Maghera, BT46 5UW
Tel no: 0287964 2238
Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Benbradagh Residential Home took place on 5 January 2017 from 9.45 to 13.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

No requirements or recommendations were made in relation to this domain.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Lisa McGilligan, senior care assistant, in charge on the day and Chris Ramrachia, registered manager, by phone the following day, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 July 2016

2.0 Service details

Registered organisation/registered person: Benbradagh	**Registered manager:** Mr Chris Vijendra Ramrachia
Person in charge of the home at the time of inspection: Lisa McGilligan, senior care assistant	**Date manager registered:** 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia 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

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP of the last inspection and incident/accident notifications to RQIA since that date.

During the inspection the inspector met with 12 residents, three care staff, one maintenance person and one catering staff. There were no visiting professionals and no resident's visitors present at the time.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Four resident's care files

- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; and accidents and incidents
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01/09/16

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21/07/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 20.11 **Stated:** First time **To be completed by:** 30 July 2016	The registered provider should ensure there are no omissions in the monthly monitoring visits. It is recognised that just one month had been missed.	**Met**
	Action taken as confirmed during the inspection: The record of monthly monitoring inspections showed that these were complete and up to date	

4.3 Is care safe?

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records was undertaken at the last inspection and showed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. These records were not examined at this inspection.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Training provided for staff since the last inspection included -:

- "Safeguarding" x 2 sessions in August and September 2016
- "COSHH" x 2 sessions in September and October 2016
- "A Person Centred Approach to Care Planning" in October 2016

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; records of competency and capability assessments were retained. These records were reviewed at the previous inspection and found to be robust and comprehensive. The records were not examined at this inspection.

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

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. A notice was on view which identified the safeguarding champion in the home. Staff 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 senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse. The senior care assistant confirmed that she was aware of the need to promptly refer to the relevant persons and agencies for investigation if any instance of alleged abuse was made.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the

home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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).

Accidents and incidents are recorded and the senior care assistant confirmed that it is the homes policy to contact residents' G P s in the event of all accidents. On the information given by the home the G P may visit the resident and/or provide advice on further treatment.

The Falls Risk Assessment Tool is used to monitor and assess the mobility of residents at risk of falls. A close observation chart is commenced for any resident who has a fall.

An alert mat is in place for one resident. Records showed that this had been assessed as required for the resident's safety by the multi-disciplinary team.

The front door is accessed by a key code. Observation on the day showed that residents were aware of the code and several were seen to leave and re-enter the home independently.
A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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. 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.

The senior care assistant reported that there had been no outbreaks of infection since the last inspection. 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.

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

Much environmental improvement had been undertaken since the last inspection. This included new double glazed windows throughout the home. Redecoration had been undertaken internally and new floor coverings had been provided in bedrooms and corridors. The result looked well and residents were keen to point out these improvements to the inspector.

Inspection of the external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards

to the health and safety of residents, visitors or staff. Discussion with the maintenance person confirmed that risk assessments and action plans were in place to reduce risk where possible. For example, shrubs adjacent to where residents like to sit outside had attracted wasps. These shrubs had been removed by the maintenance person in the interest of safety.

The home had an up to date fire risk assessment in place dated 29 June 2016 and any recommendations made as a result were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 15 November 2016. Fire drills were completed most recently on 15 November 2016 and 3 January 2017. Records were retained of 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 (PEEPs) in place.

Comments received from residents and staff included:

- “The staff kind? you wouldn’t get better anywhere”(resident)
- “Whatever you need you just ring the bell”(resident)
- “I’m here these many years and I wouldn’t want to be anywhere else”(resident)
- “We get lots of training and I’ve had my appraisal this year”(staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

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, falls, nutrition 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 and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Training had been provided, since the last inspection, on the principles underpinning a person centred approach to care. Staff confirmed that the training was helpful and assisted them to provide care based on individual preferences and well as needs. This is commendable.

The senior care assistant confirmed 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) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The senior care assistant confirmed 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. The staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

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.

Comments received from residents and staff included:

- "Residents don't really have to do anything they don't want, I mean they can stay up to whenever they want or have a lie in in the mornings or have their meals at whenever suits them" (staff)
- "You'll not find any complaints here" (resident)
- "We had a lovely Christmas in here" (resident)
- "I hope to be returning to my own home soon but nobody could fault this place, that's for sure" (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

The senior care assistant confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The senior care assistant, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and demonstrated how residents' confidentiality was protected in the practice observed on the day. This was evident in staff response to requests for personal assistance which were dealt with in a gentle and discreet manner.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One member of staff had recently completed an accredited dementia awareness course. As part of the coursework the staff member had undertaken a piece of work in the home focussing on social activities. This was specifically in enabling residents to regain old skills and to teach them relaxation skills. An impact evaluation of this initiative showed that the use of PRN sedatives for some residents had greatly reduced over the period. This is commendable practice.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The home had an open visiting policy and many community groups had visited in the Christmas season.

Comments received from residents and staff included:

- "It was great here at Christmas we had a party and I loved the accordion band who played"
- "The girls (staff) are the kindest ever" (resident)
- "We just want the residents to be properly cared for and enjoy their life especially those folk who never have any visitors"(staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

The management arrangements and governance systems in place within the home were found to be in line with good practice. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Several of the mandatory training sessions are provided via E learning. The senior care assistant confirmed that learning was evaluated during each individual supervision session.

A monthly monitoring visit 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, trust representatives and RQIA to read.

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 senior care assistant confirmed 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Comments received from residents and staff included:

- "This is a good home and the manager is approachable about any ideas which will benefit residents" (staff)
- "I would say this is a well-run place (resident)
- "I had a relative in another home years ago but it was not nearly as good as this" (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.

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