



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Benbradagh
RQIA Number: 1342
Date of Inspection: 11 December 2014
Inspector's Name: Ruth Greer
Inspection ID: IN017772

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Benbradagh
Address:	59 Tirgarvil Road Upperlands Maghera BT46 5UW
Telephone number:	028 7964 2238
E mail address:	cramrachia55@btinternet.com
Registered Organisation/ Registered Provider:	Mr Chris Vijendra Ramrachia Mrs Shirley Ann Ramrachia
Registered Manager:	Mr Chris Vijendra Ramrachia
Person in charge of the home at the time of inspection:	Mrs Ethel Lagan (Senior Care Officer)
Categories of care:	RC-MP, RC-MP(E), RC-SI, RC-DE, RC-I
Number of registered places:	22
Number of residents accommodated on Day of Inspection:	15
Scale of charges (per week):	Trust rates - no top up fee is added
Date and type of previous inspection:	Announced primary care inspection 16 July 2014
Date and time of inspection:	11 December 2014 10:00 and 13:30
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Lagan, person in charge of the home at the time
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Benbradagh Residential Care home is situated in the village of Upperlands in Co Londonderry. The residential home is owned and operated by Mr and Mrs Ramrachia. The current registered manager is Mr C Ramrachia.

Accommodation for residents is provided single rooms on both the ground and the first floors. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on either side of the entrance hall.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 22 persons under the following categories of care.

Residential care

I	Old age not falling into 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

7.0 Summary of inspection

This secondary unannounced care inspection of Benbradagh was undertaken by Ruth Greer on 11 December 2014 between the hours of 10:00 and 13:30. Mrs Lagan was available during the inspection and for verbal feedback at the conclusion of the inspection.

One recommendation made as a result of the previous inspection was also examined. There was evidence that the home has addressed the area as required within the timescales specified. The detail of the actions taken by the provider can be viewed in the following section.

The focus of this unannounced inspection was on standard 9 – The Health and Social Care Needs of Residents are Fully Addressed. There was evidence that the home is compliant with the requirements of this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives visiting at the time indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, visitors and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined these included the home's arrangements for the management of continence. Further details can be found in section 10.0 of the main body of the report.

One recommendation was made as a result of the secondary unannounced inspection, details can be found in the main body of the report (section 10) and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, Mrs Lagan and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 16 July 2014

There were no requirements following the previous inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 10.1	The policy/procedure in relation to challenging behaviours should be developed to include more specific guidance for staff.	As a result of this recommendation the policy was reviewed and amended appropriately.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings: Examination of a randomly selected number of care files confirmed that the contact details of outside professionals involved in the care delivery are included in the records. Residents who are in the home for a period of respite are given the opportunity to register with one of the five local GP surgeries who service the home (if their own GP is too far away geographically to attend).	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings: The home is registered to provide care for people who have dementia. Dementia awareness training is provided annually. Records show that this was last provided in September 2014. All care staff undertake KCF level 2 which commences after their induction training to the home. Staff interviewed by the inspector, in private, indicated that the staff have a good understanding of the needs of the persons accommodated in the home.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings: Records showed that referrals are made to GPs, District Nursing, Dieticians etc. where required. A template has been devised to record the visits to and from outside professionals. This was in place in the care files examined	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: Ms Lagan stated that after any hospital appointment and/or professional's visit to the resident in the home the family are contacted by phone. One of the records examined stated "Feedback re X's appointment today given to her niece by phone tonight".	Compliant
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: There are several residents who require regular visits from district nursing. A matrix is held in the senior staff office of the days and for whom the district nurse visits. A template in each care file records all visits to and from outside professionals.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: Individual equipment such as dentures and spectacles are washed daily as part of each resident's daily hygiene routine. Records show that each Sunday staff undertake a cleaning of commodes, walking aids etc. The home has a contract with an outside company to maintain and repair any wheelchairs. There is a moving and handling hoist in the home. Ms Lagan stated that this is not required by any resident at the minute. A recommendation is made that this piece of equipment should continue to be serviced.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with 14 residents individually and with others in groups. Residents were observed relaxing in the lounge/hallway area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated. A Christmas party was planned for residents and families on the evening of the inspection and several residents said they were looking forward to this.

Comments received included:

- "I would rather be at home but this is a great place, people are so kind"
- "I think to myself ,I can't eat any more ,the food is great"
- "I want to tell you about the staff - they look after me better than anyone"
- "Me and two staff decorated that big Christmas tree"

10.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated.

10.3 Staff consultation

The inspector spoke with all staff on duty and undertook private, individual interviews with a care staff member and a cook. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated an awareness and knowledge of the needs of residents. When questioned staff confirmed that they had never witnessed any unsafe practice.

Comments received included:

- "I just have started here last month and have had induction and fire training so far already"
- "The food here is the best all fresh foods are ordered in several times each week"
- "It's our job to make sure the residents are happy and get everything they want"

10.4 Visiting professionals' consultation

No professional visited the home.

10.5 Environment

The inspector viewed the home with Mrs Lagan and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. The home was decorated for Christmas and looked well.

10.6 Management of Continence

The inspector reviewed the home's arrangements for the management of continence. There are currently four residents who are assessed as incontinent. There were individual assessments and care plans available for inspection in relation to this area of care. Referrals are made to community nursing who undertake an assessment and decides the individual type and amount of products which are required. The Trust have appointed a continence promotion officer who regularly reviews individual residents. Records showed that amendments required as a result of the review are instigated.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ethel Lagan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Benbradagh

11 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Lagan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9.6	Any equipment which may be used for residents should be serviced regularly and records held that it remains fit for purpose.	One	Comment Acknowledge. All equipments which are used for the residents are regularly service and a record are maintain, However the equipment in question has not been used for the last 3years and has now been decommission and has moved out of the premises.	By 20 January 2015 and on-going.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Chris Ramrachia
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Shirley Ramrachia

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth Greer	25 2 15
Further information requested from provider			