

**Unannounced Care Inspection
of
Benbradagh**

12 February 2016

1.0 Summary of inspection

An unannounced care inspection took place on 12 February 2016 from 10 30 to 14 30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being met. Areas for improvement were identified in relation to staffing levels and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/enforcement taken following the last inspection

There were no requirements or recommendations as a result of the previous inspection on 25 August 2015

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the Chris Ramrachia as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Chris Ramrachia
Person in charge of the home at the time of inspection: May Dripps, senior care assistant Chris Ramrachia, joined the inspection at 12 30	Date manager registered: 1 April 2005
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: 14	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met.

Standard 8 - Resident records and reporting arrangements

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents and correspondence from the home and the Trust in relation to the reporting of accidents from the date of the previous inspection.

During the inspection we met with nine residents, two care staff and two ancillary staff. There were no resident's visitors/representatives present.

The following records were examined during the inspection: Four care files, accident record, staff rota, and staff training.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 25 August 2015. No requirements or recommendations were made from the previous inspection.

5.2 Standard 8: Residents Records and Reporting Arrangements

Is care safe? (Quality of life)

Four residents' files were chosen for review. All contained a recent photograph of the resident. The assessment and care plans had been signed by the resident and/or their representative. The home receives an initial assessment at the time of referral. A senior staff member visits the prospective resident before admission to assess his/her suitability for admission to the home. Information was noted within the care files about the resident's life history and of the person (s) in their family to be contacted where required. Daily progress notes are maintained and these were found to reflect any changed or unusual circumstances in behaviour or health and the actions taken by staff to deal with these. The care notes reflected the contact with other professionals or agencies involved with the resident's care. Care notes showed where risk had been identified and set out the care plan to deal with that risk. An inventory is made of all belongings brought to the home by new residents.

Is care effective? (Quality of management)

We examined the home's accident policy which had been reviewed in December 2015. The policy provided guidance for staff in the event of accidents/ falls including who to contact and the reporting arrangements required to other agencies. Refresher training had been provided for staff on the management and reporting of accidents in December 2015. Staff with whom we spoke were aware of the process in dealing with any accident in the home. This was evidenced later in the inspection as we observed staff's handling and management of a situation where a resident fell in the home. Senior staff contacted the resident's family and the

emergency services. The incident was dealt with professionally and correctly. The required records were completed once the resident had been transferred to hospital.

Is care compassionate? (Quality of care)

There was evidence that staff were compassionate in dealing with a resident who sustained an accident. They also provided support to other residents who were anxious. The situation was handled calmly and with care. Staff with whom we spoke felt that the care in the home is compassionate and that due to the small numbers of residents accommodated staff can get to know them all individually. Observation of practice on the day, in addition to discussions with residents and staff, confirmed that care is provided in a respectful, dignified and friendly manner.

Areas for improvement

There were no areas for improvement identified specifically with the standard inspected. However a requirement in relation to staffing levels which impacts on all areas has been made. Details can be seen at point 5.3.1 below.

Number of requirements:	0	Number of recommendations:	0
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5.3 Additional areas examined

5.3.1 Staffing

The following staff were on duty –

Senior care assistant x1

Care assistant x1

Domestic x1

Cook x1

The manager came on duty at approximately noon. He stated that there are normally three care staff on duty and this was supported by our examination of the duty rota. However, on the day, there were just two care staff one of whom was undertaking the managerial role. This does not meet the minimum requirements and was exacerbated on this occasion by an accident to a resident. A requirement has been made that staffing levels must at all times meet the needs and numbers of the residents accommodated.

5.3.2 Residents

We spoke with many of the residents who, in accordance with their capabilities confirmed that they are happy in the home. Residents were aware that one of their peers had had an accident and that staff on duty were busy with this situation. One resident explained that he had not received his morning medication on time but that he “understood” why this was later than usual. Residents spoke well of staff attitude and of the standard of the food provided. Some comments made included –

“The girls (staff) are lovely; they’d do anything for you”

“The food is lovely and plenty of it”

“This is a good place; I’ve been here for years and am very happy”

5.3.3 Environment

The home was warm, bright and clean. Internal décor was satisfactory. Residents' have personalised their own rooms. There were no malodours or health hazards noted on an examination of the environment.

Areas for improvement

The registered manager must review staffing levels to ensure that, at all times, these are adequate to meet the needs and numbers of residents accommodated.

Number of requirements:	1	Number of recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Chris Ramrachia, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 20 (1)
(a)

Stated: First time

To be completed by:
12 February 2016 and
on going

The registered manager must review staffing levels and confirm that these will, at no time, fall below the levels required to meet the needs and numbers of the residents accommodated.

Response by Registered Person(s) detailing the actions taken:

The Registered Manager undertook an immediate review of Residents' dependency levels. The review identified a higher than usual dependency level for one resident. In order to support this care need additional staffing levels were introduced. This will be kept under review.

Registered Manager completing QIP	Chris Ramrachia	Date completed	28-03-2016
Registered Person approving QIP	Shirley Ramrachia	Date approved	28-03-2016
RQIA Inspector assessing response	RuthGreer	Date approved	30 03 2016

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address