

Primary Announced Care Inspection

Service and Establishment ID: Benbradagh (1342)

Date of Inspection: 16 July 2014

Inspector's Name: Ruth Greer

Inspection No: 17749

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Benbradagh (1342)
Address:	59 Tirgarvil Road, Upperlands, Maghera, BT46 5UW
Telephone number:	0287964 2238
Email 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:	Mr Chris Ramrachia
Categories of care:	RC-I, RC-MP/RC-MP(E), RC-DE, RC-SI
Number of registered places:	22
Number of residents accommodated on day of Inspection:	14
Scale of charges (per week):	Trust rates - no additional top up
Date and type of previous inspection:	7 January 2014 Secondary unannounced inspection
Date and time of inspection:	16 July 2014 10:00 to 15:30
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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider (Mr Ramrachia is also registered manager)
- Examination of records
- Observation of care delivery and care practice

- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	14
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	21	4 in time for inclusion in this report

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

7.0 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 (for a maximum of 2 persons)
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years (for (2 persons)

8.0 Summary of Inspection

This primary announced care inspection of Benbradagh was undertaken by Ruth Greer on 16 July 2014 between the hours of 10:00 and 15:30. The registered manager Mr Ramrachia 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. Review of documentation, observations and discussions demonstrated that action had been taken to ensure compliance with the recommendation. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Ramrachia in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, 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, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Benbradagh was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate/comprehensive records were maintained. The evidence gathered through the inspection process concluded that name of home is add compliance with this standard.

Resident, representatives, staff and visiting professionals consultation

During the course of the inspection the inspector met with residents, representatives, staff and visiting professionals. Questionnaires were also completed and returned by staff.

In discussions 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 indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

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 well maintained

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One recommendation was made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the registered provider/manager for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7 January 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.2	The registered person should confirm to the RQIA that staffing/levels and designations meet the required standards at all times.	This information was forwarded to the RQIA as requested and re visited at this inspection. Evidence was found that staffing levels/designations of staff on duty are satisfactory.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff assess each Resident using comprehensive risk assessments and document individual Residents usual conduct, behaviour & means of communication. Care plans are devised that prescribe responses and interventions of care staff that prompt positive outcomes for Residents	Substantially compliant
Inspection Findings: The home had a policy on Challenging behaviours in place. A review of the policy and procedure identified that it reflected the Deprivation of Liberties Safeguards (2008) and guidance from S C I E in relation to restraint. The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. A recommendation has been made that the procedure is further developed to include more specific details for staff in the context of Benbradagh Observation of staff interactions, with residents, identified that informed values and knowledge of individual residents ensured that the restrictive practices are not used in the home. A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Dealing with Dementia and Challenging Behaviours on 30 May 2014 and 7 July 2014 which included a human rights approach. A review of 4 residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed in relation to residents (2) who smoke. No bedrails are used in the home.	Substantially compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff confirmed the training identified above and are supported in their work by management.</p>	
<p>Criterion Assessed:</p> <p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff have had First Aid Training that includes a section on assessing uncharacteristic behaviour that may have a medical origin i.e unstable diabetes, stroke, infection etc. Staff are aware of procedure to inform the person in charge, document & monitor the situation and refer to relevant professional.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The policy and procedure included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Care plans are reviewed and evaluated regularly and care is detailed in conjunction with the Resident and where appropriate the Residents representative. Particularly when a consistent approach and responses to a Residents behaviour are required.	Substantially compliant
Inspection Findings: A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident and / or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment If a Resident has a specific behaviour management problem a care review would be arranged involving , Care Manager, trained professional, Care staff, Resident and /or representative(If consent given) to decide if this is an appropriate care setting to provide this in the first instance.	Substantially compliant
Inspection Findings: The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Training is carried out yearly for staff in "Challenging Behaviour" and "Dementia" .	Substantially compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training as highlighted above on 30 May 2014 and 7 July 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings.	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Incident forms are completed and faxed to the RQIA as per policy and procedure. If appropriate a multidisciplinary care review will be arranged to discuss if the care setting is still appropriate to meet the Resident care needs.	Compliant
Inspection Findings:	
A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan in relation to behavioural issues. Incidents recorded and forwarded to the RQIA were in relation to residents' ill health (physical) and falls. The record showed that families and Trust had been informed appropriately.	Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Individual's rights are respected all times, a Resident may agree to certain restrictions on their right to freedom eg. smoking in designated areas in seeking to maintain a safe environment. Further justification for restraint as a last resort would be to prevent a crime or an act of self defence as per our restraint policy. ongoing POVA training also addresses this	Substantially compliant
Inspection Findings:	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was not used in the home and would only be considered as a last resort to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Staff informed the inspector that such an occasion has not arisen in the home to date.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment We have a daily programme of activities for our Residents and these are recorded and documented. Our assessment identify Residents needs and interests and we try include these in our activity programme.	Substantially compliant
Inspection Findings: The home had a policy on the provision of activities. A review of 4 care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities reflect our Residents spiritual needs: Childrens Visits, Bingo, knitting, Warship, Games. Residents enjoy going out to garden centre in good weather. Coach trip to the coast. There are also exercises & co-ordination activities. We host Music & Buffet evenings for family & friends of Residents.	Substantially compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised each day. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. It was noted that activities discussed / suggested at residents' meetings had been included in the programme.	Compliant
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are discussed and ideas are shared at Residents meeting. All Residents are given the opportunity to be involved if they wish. Some Residents need encouraging, prompting and support.	Substantially compliant
Inspection Findings:	
A review of the record of activities provided and a review of the minutes of residents' meetings identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. In discussion with residents they confirmed that they choose what activity they take part in. Several residents informed the inspector that they like bingo because "there is a prize". Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment All programme of activities are displayed in the hallway, staff rooms and office	Substantially compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the downstairs hall way and upstairs. These locations were considered appropriate as the areas were easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment All Residents are given the opportunity to participate in activities, some prefer to observe, a few choose not to participate. Residents have their own favourites. Equipments, aids are used to facilitate participation where appropriate and staff are involved to support as required.	Substantially compliant
Inspection Findings: The home employs an activity co coordinator for a number hours each week. Activities are provided each by designated care staff. Staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included games, DVDs, CDs quizzes etc. The home produces a daily print out each day from archived material which collates special events for that day through different decades. This provides a discussion topic for residents / staff. There was confirmation from the registered manager that the home provides the resources for activities.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme takes into account the needs and abilities of the Residents participating. A record sheet of daily activity is recorded and kept in file. This include resident choice of activities, duration and clients who did not participate.	Substantially compliant
Inspection Findings:	
Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in social activities.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Hair dresser provides skills certificate and liability insurance certificates.	Compliant
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home (apart from the hairdresser). Therefore, this criterion was not applicable on this occasion in relation to social and recreational activities.	Not applicable

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities are carried out by our staff. If an activity was provided by a person who was contracted in to do so, a System of handover would be put in place prior to commencing activity.	Substantially compliant
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Records are kept for all daily activities that take place in the home. A folder has been created which include inventory of all games and records of all residents hobbies and likes and dislike.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our activities programme is reviewed twice a year and discussed at Residents meeting. Our "Getting to know you" document assists us in planning activities based upon Residents hobbies and Interests. We have recently purchased life story books which we will implementing for all our residents.	Substantially compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in April 2014 The records also identified that the programme had been reviewed at least twice yearly. The registered manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all residents both individually and in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/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. One (respite) resident told the inspector that the home was good "you couldn't get better" but that he wished to move to his home town at Portrush. The registered manager confirmed that he is working with the care manager and the resident to review the matter. One resident said "I just love it". A resident stated that he enjoys the freedom to go out for walks which he does daily and told the inspector "the girls are lovely and the food is great."

11.2 Relatives/representative consultation

There were no relatives available to speak with the inspector on the day of this inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with four staff of different grades and reviewed four staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included "staff here really care for the residents" "very friendly, happy environment to be in".

One comment is a questionnaire related to the rota system in the home. The issue was discussed with the registered manager and left with him to progress.

11.4 Visiting professionals' consultation

There were no visiting professionals on the day of the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home the deputy manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector 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.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

An estates officer from the RQIA undertook and inspection of the home on 7 May 2014 and examined the arrangements for fire safety. Any matters arising will be followed up under the separate cover of his report. Therefore fire safety was not examined at this care inspection.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Ramrachia who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Ramrachia 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Benbradagh

16 July 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 Mr Ramrachia 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 (2008), 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 10.1	The policy / procedure in relation to challenging behaviours should be developed to include more specific guidance for staff.	First	ACKNOWLEDGE POLICY - PROCEDURE IN RELATION TO CHALLENGING BEHAVIOURS HAVE BEEN REDEVELOPED AND IMPLEMENTED. NEW POLICY DOCUMENT HAS BEEN CIRCULATED FOR ALL MEMBERS OF STAFF TO READ	Within 4 weeks

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	CHRIS RAMARETHA
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	SHIRLEY RAMARETHA

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Rett (Reese)	22/9/14
Further information requested from provider			