

Inspection Report

21 December 2021



Benbradagh

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Balloo House Care Ltd Responsible Individual: Mr. Chris Vijendra Ramrachia	Registered Manager: Miss Lisa McGilligan Date registered: 09/04/2019
Person in charge at the time of inspection: Miss Lisa McGilligan	Number of registered places: 22 1. There shall be a maximum of one resident accommodated within category of care RC-MP/MP(E) 2. No more than 3 persons requiring use of wheelchair to be accommodated on the ground floor 3. A maximum of two persons in category RC-DE (Dementia) 4. A maximum of one person in category RC-SI (Sensory Impairment)
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. SI – Sensory impairment. DE – Dementia. I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 22 residents. Accommodation is over two floors with shared communal spaces and a dining room on the ground floor.	

2.0 Inspection summary

This unannounced inspection took place on 21 December 2021, from 10.00am to 1.50pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in Benbradagh.

Two areas requiring improvement were identified in relation to monthly monitoring visits and care planning and risk assessments for any resident who smokes.

RQIA were assured that the delivery of care and services provided in Benbradagh was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

4.0 What people told us about the service

Residents told us that they were well cared for. They described the staff as being helpful and friendly. Residents stated that they enjoyed the food. Comments included: "They (the staff) are all very good to me, every one of them. The food is very good too. I have no complaints." and "It's a lovely home here. I love it very much."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29.—(1) (3) and (4) Stated: First time	The registered person shall ensure unannounced monitoring visits are completed at least once a month. The person carrying out the visit shall: <ul style="list-style-type: none"> • interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of care provided in the home • inspect the premises of the home, its record of events and records of any complaints • prepare a written report on the conduct of the home. 	Partially met

	Action taken as confirmed during the inspection: Monthly monitoring visits were carried out by the responsible individual with subsequent appropriate reports. However three reports were not readily available for inspection. This has been identified as an area of improvement.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that a full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked. This must include staff's first name and surname.	Met
	Action taken as confirmed during the inspection: Review of the duty rota confirmed that these records were appropriately maintained.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: Review of staff training records confirmed that mandatory training requirements were being met on an up-to-date basis.	
Area for improvement 3 Ref: Standard 6.7 Stated: First time	The registered person shall ensure that individual care plans highlight any behaviour which may pose a risk for the resident. This is specifically in relation to residents who may present with distressed reactions including exit-seeking behaviour.	Met
	Action taken as confirmed during the inspection: This care plan has been acted upon.	

Area for improvement 4 Ref: Standard 12.12 Stated: First time	The registered person shall ensure that, where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a sufficiently detailed record is kept of all food and drinks consumed.	Met
	Action taken as confirmed during the inspection: These records were appropriately in place.	
Area for improvement 5 Ref: Standard 27.1 Stated: First time	The registered person shall address the environmental deficits referred to in section 6.2.4 of this report.	Met
	Action taken as confirmed during the inspection: These areas have been addressed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment files evidenced that enhanced AccessNI checks had been sought and received prior to staff commencing employment and that the recruitment process was completed in accordance with legislation.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a planner in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable.

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One resident made the following comment; "The staff are great and so is Lisa (the manager). I am very happy here."

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and relaxed. Residents appeared settled in their surroundings and were able to choose how they spent their day. Residents were observed in communal areas such as the lounge and dining area while they conversed with other residents; other residents were observed spending time in their own bedrooms. Residents were bright and alert and happy to engage in conversation throughout the inspection.

Staff were observed to be skilled in communicating with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Detailed and comprehensive care plan evaluations were retained in residents' care records. These provided up to date information about each resident and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers.

An area of improvement was identified to ensure that any resident who smokes has an individualised care plan and risk assessment, in accordance with current safety guidance in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and the overall dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a

meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified resident's weight loss.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining room. The home was clean, warm and well maintained. The home was also nicely decorated for the Christmas festive period.

Residents' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the fire safety checks in the environment.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and the manager advised that any outbreak would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Positive interactions were observed between staff and residents throughout the inspection. Residents spoke positively about the care they received in Benbradagh and were complementary towards the staff. One resident made the following comment; "It's very good here. I can't see any faults."

There was an activity schedule in place outlining the activities on offer for the week. Staff indicated that activities were important to them and that the residents were encouraged to participate. Staff also advised that they prioritise one to one discussion with residents throughout the day and viewed this as an important aspect of their role.

The genre of music played was appropriate to the age group and tastes of residents.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Lisa McGilligan has been the registered manager since 9 April 2019.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. However reports for July, August and October 2021 were not readily available for inspection, despite assurances received that these had been completed. This has been stated as an area of improvement for a second time.

6.0 Conclusion

As a result of this inspection two areas for improvement were identified in respect of monthly monitoring visits and care planning and risk assessments for any resident who smokes. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Lisa McGilligan, Registered Manager, as part of the inspection process. The timescales for

completion commence from the date of inspection. * Includes one that has been stated for a second time.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16(1) Stated: First time To be completed by: 21 January 2022	<p>The registered person shall ensure that any resident who smokes has an individualised care plan and risk assessment, in accordance with current safety guidance.</p> <p>Ref: 5.2.2</p>
	Response by registered person detailing the actions taken: Risk assessment completed for all clients who smoke. A weekly review of each individual clients have now been implemented.
Area for improvement 2 Ref: Regulation 29 Stated: Second time To be completed by: 22 December 2021	<p>The registered person must ensure that Regulation 29 visits are carried out monthly and reports of same are maintained in the home on an up-to-date basis.</p> <p>Ref: 5.1 and 5.2.5</p>
	Response by registered person detailing the actions taken: Acknowledge and Monthly Provider report are updated and will be maintain on a monthly basis.

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



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