

Inspector: Ruth Greer
Inspection ID: IN022145

Tel: 0287964 2238
Email: cramrachia55@btinternet.com

**Unannounced Care Inspection
of
Benbradagh**

25 August 2015

1. Summary of Inspection

An unannounced care inspection took place on 25 August 2015 from 09 50 to 14 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Chris Vijendra Ramrachia
Person in Charge of the Home at the Time of Inspection: Miss L McGilligan, Senior Care Assistant	Date Manager Registered: 1/4/2005
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: 13	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 and theme have been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Accident and incident notifications since the previous care inspection
- The quality improvement plan from the previous inspection

During the inspection the inspector met with 10 residents, two care staff, one domestic and one catering staff. There were no visiting professionals and no residents' visitors / representative on the day.

The following records were examined during the inspection:

- Care files (4)
- Complaints
- Accidents
- Policy on death and dying
- Policy on the management of continence
- Audit of resident and relatives satisfaction questionnaires
- Fire safety records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 9 June 2015. The completed QIP was returned and approved by the specialist inspector. The previous care inspection was unannounced and was carried out on 11 December 2014.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.6	Any equipment which may be used for residents should be serviced regularly and records held that it remains fit for purpose.	Met
	Action taken as confirmed during the inspection: This recommendation related to a hoist used for moving and handling. The hoist is no longer required and has been removed from the home.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that two residents had died since the last inspection in December 2014. One resident died in the home and one resident died, unexpectedly, in hospital. Staff who spoke with us described their role in caring for residents who are ill. Staff demonstrated knowledge of how to care for a seriously ill resident and the importance of hydration/diet and pain relief. Staff also were aware of when the needs of a very ill resident could not be met in the home and of when to contact outside professionals for a re-assessment of need to be undertaken. Staff advised us that they were aware of when to contact the G P and of the importance of keeping families regularly updated.

Is Care Effective? (Quality of Management)

We inspected the home's policies on Death and Dying and Bereavement both dated May 2015. These were comprehensive documents which referenced the Health and Social Care Boards good practice guidelines. The policies also referenced additional agencies who may have to be contacted, for example the N I Coroner, Age Concern and the Social Security Agency. The policy on death and dying provided guidance for staff in the event of a sudden and an expected death. The care files contained details of end of life wishes and of the contact details of the person designated to undertake funeral arrangements. The records of a resident who had recently deceased were inspected. These included details completed by the GP on specific medical interventions and the input of a hospice nurse in relation to the resident's end of life care.

Is Care Compassionate? (Quality of Care)

Staff informed us that they felt supported when delivering care to a dying resident. Staff who spoke with us described how the staff team worked closely with the G P and district nurses to provide end of life care to a resident who had recently died in the home. We were informed of

the staff shock at the unexpected death of a resident who had died in hospital. Both funerals were held on the same day and staff attended both.

Staff we interviewed were able to articulate the values that underpin care within the home as they relate to death and dying.

In our discussions with the senior in charge of the home she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they wish. We inspected a letter from the family of a recently deceased resident in which the family commended the home for their care. It was especially appreciated that staff were always present and at times read the Bible to the dying resident. The family stated that they and their parent were greatly comforted by this gesture.

After death the resident's room remains untouched until after the funeral. We were informed that relatives are encouraged to remove personal belongings. Staff will undertake this task if the family wish.

We inspected a sample of letters and cards from families of residents who had died. These were complimentary and highlighted gratitude for the compassion shown to their relatives at the final stages of life.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall this standard was assessed as being met safely with effectiveness and compassion.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff members confirmed that they had had training in continence management as part of their induction training. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care. Residents who had been assessed as incontinent had a care plan devised with the input of a district nurse. The care plan was reviewed annually or more frequently if any changes occurred. Continence products are disposed of in line with infection control guidelines.

Is Care Effective? (Quality of Management)

The home had policies on Bowel Care and Managing Continence both were dated August 2015. The policies contained information for staff in relation to the possible causes of incontinence and a range of possible interventions. Management undertake a monthly audit of the care plans including continence issues. Records showed that skin integrity is monitored daily for residents assessed as incontinent. We were informed that the district nurse orders continence products initially and this is repeated automatically each month. Staff stated that there is an ample supply of protective gloves and aprons. Hand sanitising products were available throughout the home.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's

dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found that residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner. There was evidence that there is a good standard of continence management in the home which was person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall the theme was assessed as being met safely with effectiveness and compassion.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents

We spoke with residents who were relaxing in their bedrooms and the communal areas of the home. Residents told us that they are happy in the home. Residents showed an ease in their surroundings and a good rapport was noted with the staff who cared for them. A selection of comments were –

“They (staff) are as good as gold”

“The food is the best you’d get anywhere”

“Staff would do anything for you”

“I just came for a temporary period but decided to stay”

We examined the returned residents’ questionnaires from an evaluation undertaken by the home in June 2015. Comments were positive in regard to all aspects of care.

5.4.2 Staffing levels/Staff views

On the day of this inspection the following staff were on duty –

Senior care assistant x 1

Care assistants x 2

Catering x1

Domestic x1

This is considered satisfactory to meet the needs and numbers of persons accommodated.

We spoke with all staff on duty. Staff confirmed that they had received a comprehensive induction and had been supernumerary to the staffing complement for their first 3 days. Staff were knowledgeable about the residents and demonstrated a caring and compassionate approach when describing their daily work. Staff spoke affectionately of the residents who recently had died and expressed their sadness at the loss to the home.

5.4.3 Environment

We found the home to be clean and tidy. The general décor was of a good standard. Residents' bedrooms were personalised to suit the preferences of the occupant. No hazards nor malodours were noted.

5.4.4 Complaints

We reviewed the complaints record. This was found to have been appropriately managed.

5.4.5 Accidents/incidents

We reviewed the accident /incident record. This was found to have been appropriately managed

5.4.6 Fire safety

A fire risk assessment of the home had been undertaken on 29 June 2015. Fire training was last provided for staff in April 2015. The fire alarm system is checked weekly and a log maintained.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Chris Ramrachia	Date Completed	28-09-2015
Registered Person	Shirley Ramrachia	Date Approved	28-09-2015
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	29-09-2015

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.