

# Unannounced Care Inspection Report

## 26 January 2021



## Benbradagh

**Type of Service: Residential Care Home**

**Address: 59 Tirgarvil Road,  
Upperlands, Maghera, BT46 5UW**

**Tel no: 028 79 64 2238**

**Inspector: Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 22 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Benbradagh  <b>Responsible Individual(s):</b> Chris Vijendra Ramrachia	<b>Registered Manager and date registered:</b> Lisa McGilligan  9 April 2019
<b>Person in charge at the time of inspection:</b> Lisa McGilligan	<b>Number of registered places:</b> 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 )
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within 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.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 17

### 4.0 Inspection summary

This unannounced inspection took place on 26 January 2021 from 11.50 hours to 15.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- care delivery
- staffing
- recording of care
- the home's environment
- management and governance arrangements.

Residents said they were content and felt well looked after by the staff in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lisa McGilligan, manager, and Chris Vijendra Ramrachia, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- two staff recruitment and induction records
- staff training matrix
- staff duty rota for the week commencing 25 January 2021 and 1 February 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- care records for three residents
- a sample of cleaning schedules

- accident and incident records from October 2020 to January 2021
- a sample of audits
- monthly monitoring reports completed from March 2020 to August 2020.

There were no areas for improvement identified as a result of the last medicines management inspection on 14 November 2019.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last medicines management inspection on 14 November 2019.

## 6.2 Inspection findings

### 6.2.1 Care delivery

Residents looked well cared for and it was clear staff had taken their time to support resident's to maintain their personal care and appearance to a high standard. Some residents wore make up, jewellery and nail polish, depending on their preferences. All residents were wearing clean and co-ordinated clothing, and residents told us staff helped them decide what to wear.

Residents chose where they wanted to spend their time, either in their bedrooms or in one of the several lounges/seating areas in the home. Some residents enjoyed chatting and enjoying one another's company; other preferred to watch television, sleep, or read magazines.

Throughout the inspection, we observed friendly, cheerful and relaxed interactions between residents and staff. Residents told us they were happy living in the home. Specific comments from residents included:

- "The food is lovely."
- "The food is marvellous, we get lots of tea."
- "The carers are very good to us."
- "We're happy here; it's very warm and cosy."
- "We like each other's company."

Discussion with residents and staff confirmed that visiting arrangements were in place, in line with current COVID-19 guidance. Staff were available to support residents with telephoning or video calling their relatives, facilitating window visits, or indoor, socially distanced visits as required. Staff were aware of the care partner initiative, and the manager confirmed there were no current identified care partners in the home at present.

We observed the serving of the lunch time meal. This was a well organised, unhurried and pleasant experience for the residents. Residents were provided with a choice of main meal of roast chicken or beef, with potatoes and vegetables. The food was served hot and looked and smelled appetizing. Portion sizes varied depending on the needs of the resident, and additional portions and alternatives were provided as required. Residents told us they enjoyed all their meals in the home, and felt that they got plenty to eat. Residents also confirmed they got hot or cold drinks and snacks whenever they requested this.

### 6.2.2 Staffing

The manager outlined the staffing levels in the home and how these were planned in line with the number and needs of residents in the home. The duty rota reflected the staff working in the home during the inspection, and planned staffing levels as outlined by the manager. Staff's full names were not used on the rota and an area for improvement was made.

Review of records confirmed staff were recruited safely and received robust induction when commencing work in the home.

The manager maintained good oversight of staff's professional registration. The manager agreed to ensure that one staff member updated NISCC on a change in employer. We noted that the responsible individual's registration was not in date and although they were not providing any direct care to residents, they agreed to renew this in case this changed.

Staff training records and discussion with staff evidenced that all staff had completed training regarding Mental Capacity Assessments and Deprivation of Liberty Safeguards (DoLS). While the majority of staff had maintained up to date mandatory training, a number of staff were overdue training, including on Adult Safeguarding, fire safety awareness and IPC. An area for improvement was made.

We spoke with five members of staff, who told us that it was a busy home, but that residents received good care. Staff were able to describe resident's individual needs, interest and wishes, which reflected the care we saw being delivered on the day.

Specific comments from staff included:

- "Residents still miss their relatives (visiting). We make sure to spend time with them, do their nails. They (residents) love chatting and reminiscing. We usually have an hour in the afternoon to do just that."
- "We are doing all we can to keep covid out of the home. Lisa (the manager) works hard. It's a good team; we have plenty of training and support."
- "If residents don't like the food, they will soon tell you!"
- "The social distancing was difficult for some residents, so we make sure to have more one to one's (time with residents). We are all being so careful."
- "I love it here, everyone is so nice to the residents, and we treat them like our own family. Everyone works together. Tracey (team leader) is a big help and there is good communication."

### 6.2.3 Recording of care

Care records were individualised and contained detail on resident's physical, social and emotional needs and preferences. One resident's care plan in relation to their mental health

and distressed reactions did not correspond with their pre-admission assessment regarding the potential for exit-seeking behaviour; this was highlighted to the manager and an area for improvement made.

Progress notes clearly evidenced regular liaison and consultation with residents' relatives and multi-agency professionals. Staff monitored residents' presentation and any concerns or changes were appropriately shared and escalated to G.P.'s, Speech and Language Therapists etc.

Food and fluid intake records were completed for residents with an identified need, for example if there were concerns regarding poor appetite. However the detail of quantity and portion size varied. An area for improvement was made.

We reviewed the home's management of falls. Risk assessments and care plans regarding falls management were in place and updated as required. Review of records evidenced that accidents and incidents, including falls, were managed appropriately by staff in the home. Staff sought medical advice following unwitnessed falls; we reminded the manager to ensure records also included reference to resident's mental capacity and communication abilities when managing such falls. An area of good practice was identified through the home's use of a post falls checklist; this was comprehensive and specific to the care provided in a residential home and the skills of residential care home staff. This provided an additional level of assurance regarding falls management.

Documentation in relation to Adult Safeguarding, Mental Capacity Assessments and Deprivation of Liberty Safeguards were retained in care records. Some gaps were identified, and the manager explained that any outstanding documentation had been requested from the relevant Health and Social Care Trust. We noted that the manager completed regular audits of care records; we highlighted that checks for this additional documentation could be added to the template for additional oversight and assurance.

#### **6.2.4 The home's environment**

The home was clean, tidy and warm. Cleaning schedules and records were in place outlining the additional cleaning completed in the home on a twice daily basis.

Infection Prevention and Control (IPC) measures were in place in the home. On arrival to the home, staff took our temperature and completed a COVID-19 screening assessment. Staff wore Personal Protective Equipment (PPE) as required, and we observed staff Donning and Doffing PPE correctly. PPE stations were well stocked and available throughout the home.

Staff practised and encouraged good hand hygiene throughout the inspection, and there was hand sanitiser available throughout the home.

The layout of communal areas such as lounges and the dining room had been adapted to ensure that residents could remain socially distanced, while still being able to spend time with each other. One vacant bedroom was currently being used to store excess chairs; the manager confirmed this was a temporary arrangement. The manager also agreed to remove any clutter from the hairdressing room, which was also being used for storage.

We observed signs of wear and tear to the flooring in one shower cubicle, the flooring in one en-suite bathroom, some hand rails and a small number of radiators. These needed to be repaired



and/or repainted so that they could be cleaned effectively. The manager and responsible individual stated that maintenance work had been delayed due to lock down restrictions however they will risk assess this and ensure work is undertaken in a timely manner. An area for improvement was made.

### 6.2.5 Management and governance arrangements

Staff described the manager as supportive and hands on. We discussed the delegation of tasks and queried what additional managerial support was available in the home. For instance, we noted that the manager was also on call during evenings and weekends. The manager advised of ongoing difficulties in recruiting a deputy manager or senior care assistant to support her with management tasks. This was discussed with the responsible individual after the inspection, who advised of plans to provide additional training and support to existing staff who could be promoted internally. We asked the responsible individual to prioritise this, to better support the manager and to ensure they had protected time to complete governance tasks.

The manager outlined how the responsible individual maintained operational oversight of the home through minimum weekly telephone calls and window visits. We reviewed completed monthly monitoring reports which were adequate. However no written monthly monitoring reports had been recorded since August 2020 which the manager explained was due to COVID-19 restrictions and the need to reduce footfall in the home. An area for improvement was made.

We discussed the range of alternative methods which could be used to conduct monitoring visits, such as video calls. The manager advised of difficulties with Wi-Fi availability in the home. The need for adequate Wi-Fi was discussed with the responsible individual, who agreed this could better facilitate remote monitoring visits, and increase opportunities for residents to communicate with their loved ones and other professionals.

The responsible individual also expressed his gratitude for the continued hard work and sacrifice of the manager and the staff, especially over the past year.

### Areas of good practice

Areas of good practice were identified in relation to care delivery, the dining experience, staff's knowledge of and interactions with residents, management of falls and IPC measures.

### Areas for improvement

Areas for improvement were identified in relation to the staff duty rota, staff training, care plans regarding management of mental health and food and fluid intake records. There were also areas for improvement made regarding environmental issues identified during the inspection and the completion of written monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	5

## 6.3 Conclusion

Residents looked well cared for and told us they were content living in the home.



We saw resident's being cared for with dignity and respect, by friendly and organised staff.

Staff knew and understood resident's individual needs, choice and preferences.

The home was clean, warm and tidy.

Areas for improvement identified during this inspection are to be managed through the QIP included below.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa McGilligan, manager, and Chris Vijendra Ramrachia, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29.—(1) (3) and (4)  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>The registered person shall ensure unannounced monitoring visits are completed at least once a month. The person carrying out the visit shall:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• inspect the premises of the home, its record of events and records of any complaints</li> <li>• prepare a written report on the conduct of the home.</li> </ul> <p>Ref: 6.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered Person has been carrying out monitoring visits at least monthly.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>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.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Rota now includes Staffs First Names.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 26 April 2021	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Mandatory Training has been raised with all staff members and Audits will be completed by management on a monthly basis.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.7  <b>Stated:</b> First time  <b>To be completed by:</b> 26 February 2021	<p>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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The care plans have been updated to include distressed reactions and exit-seeking behaviour.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.12  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> New Food and Fluid Charts have been implemented to ensure a more detailed record is kept of food and drinks consumed.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 26 April 2021	<p>The registered person shall address the environmental deficits referred to in section 6.2.4 of this report.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Maintenance work has been carried out as detailed in the report. However Due to Covid 19 and current restrictions we have been unable to source new flooring for the Bathroom en-suite as detailed in the report. This will be actioned as soon as restrictions have been eased.</p>

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



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