



Unannounced Care Inspection Report

30 July 2019



Benbradagh

Type of Service: Residential Care Home

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

Tel No: 02879642238

Inspector: Marie-Claire Quinn

www.rqia.org.uk

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 registered residential care home which provides care for up to 22 residents in the categories of care outlined in Section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Benbradagh Responsible Individual(s): Chris Vijendra Ramrachia Shirley Ann Ramrachia	Registered Manager and date registered: Lisa McGilligan 9 April 2019
Person in charge at the time of inspection: 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 I - Old age not falling within any other category DE – Dementia SI – Sensory impairment.	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced care inspection took place on 30 July 2019 from 10.30 hours to 15.15 hours.

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

Evidence of good practice was found in relation to staffing, recruitment, the planning and delivery of person centred care, the culture and ethos of the home, activities provision, management arrangements, governance and working relationships.

Areas requiring improvement were identified in relation to staff mandatory training and care plans regarding the management of mental health.

Residents were positive about their experiences living in the home. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, the people who visit them and staff during the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Lisa McGilligan, manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 3 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 3 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

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.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No responses were received within the agreed time frame of two weeks.

A poster was provided for staff detailing how they could complete an electronic questionnaire. One member of staff responded and stated they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

During the inspection a sample of records was examined which included:

- fire safety checks May 2019 – June 2019
- recruitment record for one staff member
- staff duty rota from 22 July 2019 to 4 August 2019
- staff training matrix for 2019
- the care records of four residents
- activities schedule
- a sample of audits from January 2019 to July 2019
- monthly monitoring reports dated 30 March 2019, 30 April 2019, 20 May 2019 and 24 June 2019
- accidents and incidents records from April 2019 to July 2019

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care inspection dated 3 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.3 Stated: First time	The registered person shall introduce a system to monitor hot surface temperatures in the home.	Met
	Action taken as confirmed during the inspection: Review of the home's fire safety checks for May and June 2019 confirmed that temperature checks were completed nightly. Discussion with the manager confirmed that no issues had been identified as a result of these checks, and there was a clear system in place for any issues to be escalated appropriately, through staff handover and communication book. This area for	

	improvement has therefore been met.	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

There was a calm and peaceful atmosphere in the home throughout the inspection. Care was delivered in a prompt and courteous manner. There was sufficient staff on duty to meet residents' needs. Residents told us:

- "Staff come when you call them."
- "I feel safe, happy and well looked after."
- "I don't think you could get any better than here! I'm a happy man."
- "You'll not find any bother here, this is a good home."
- "I'm happy here; staff are awful good."

Staff were also positive about the home:

- "I've never had any concerns (working here). Generally everyone is happy; if not, I talk to them and ask them what's wrong. Training is good – you can never have too much!"
- "I've never had any issues working here. Management always take residents' care needs into account and increase staff if needed. My training is in date – I try and do it all in one day. We also have staff meetings and supervision."

One relative visited on the day of the inspection and stated, "The staff are all lovely girls, not a bad word to say about them!"

We reviewed one staff recruitment record which was satisfactory. The manager had recently completed a quality improvement project regarding Northern Ireland Social Care Council (NISCC) induction standards. This was in progress with the newest member of staff.

Review of staff training records identified several shortfalls. Several members of staff had yet to complete some mandatory training. Several newer members of staff had yet to successfully complete the majority of their mandatory training. Following the inspection, the manager stated that all mandatory training has been completed and that the home will be reviewing its policies and procedures regarding training and induction; however, an area of improvement has been made to ensure this is sustained.

The home was clean, tidy and appropriately ventilated given the warm weather. Safe and healthy work practices were adhered to, for the most part, as staff wore Personal Protective Equipment, and effective hand hygiene was encouraged and practised in the home. We noted that some chemicals in the laundry room were not securely stored; this was rectified on the day. Some bathroom lights did not have wipeable covers; however, the manager agreed to address this. Overall, the home was well maintained, although the flooring in one bathroom needed to

be replaced, and rubbish outside needed to be removed. The manager confirmed these had been addressed following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and staff recruitment.

Areas for improvement

One area for improvement was identified in this domain in relation to staff mandatory training.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents were bright, alert and friendly. It was clear that time had been taken to support them with their personal care. Residents were pleased as the podiatrist was visiting, and they told us that they also received regular input from GPs, district nursing and dentists as required. Residents confirmed they felt well cared for:

- “We get plenty to eat! You should have seen me before I came here. We got lots of fruit and vegetables and the barbeques are nice.”
- “The hairdresser comes in but the girls (staff) do our hair as well.”
- “The food is good.”
- “I had a fall and staff came in and helped me.”

Staff told us:

- “We have time to sit and talk with residents. I love being with the residents; I think they are all happy and content.”
- “I have no concerns (about care). We all communicate very well.”
- “It’s a smaller home so you get the time with residents, even just to chat with them.”

Review of care records was mostly satisfactory; a range of assessments was used, depending on the individual needs of residents. This included residents’ life stories, smoking risk assessment, and nutritional and mobility needs. Care records were regularly reviewed, and annual care reviews had been completed. Care plans were person centred and had been signed by the resident and/or relative to confirm they had been involved with and agreed to the plan. One area of improvement was made, however, as there was insufficient detail included in care plans for the support and management of residents’ mental health.

We observed part of the lunch time meal. The dining room was clean; tables were set and condiments were available. The menu was on display both inside and outside the dining room. Food was freshly prepared daily in the home. There were enough staff available to support residents as needed. Meals were served in appropriate portion sizes and were well presented.

Residents were offered a choice of meal and of hot and cold drinks both during and after their meal. Some residents preferred to eat their meal later in the day, and this was accommodated by staff. The menu was also flexible depending on resident's views, for instance residents had requested barbecues in the warmer weather.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and delivery.

Areas for improvement

One area for improvement was identified within this domain in relation to further detail being required in care plans regarding the management of mental health.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We saw care being delivered in a respectful and dignified manner. Staff were polite, patient and cheerful with residents. Residents were offered choice and supported to be as independent as possible. Residents told us:

- "Staff are nice to me."
- "I like to be as independent as I can. I get up and wash my face and get dressed, and staff help as I can't bend. I like walking and try to keep active and get plenty of fresh air. I like to walk outside."
- "I get to watch the horses and have company when I want it."
- "I choose what I do. I read my newspaper in the morning and have a wee doze after lunch."

Care records contained written records for consent which had been signed by the resident and/or relative. This included agreement on any practices which may restrict residents' choice and control, to ensure that people feel respected, included and involved in their care.

Discussion with staff and observation of practice confirmed that care was person centred and reflected residents' wishes and preferences. Staff told us:

- "I love working here. I love the residents. It's hard when they leave or pass away. You get so close to them and their families."
- "We have planned activities like singers and fiddle players. And we ask residents what they want; find out what they'd like that day. In the good weather, they like walking. They also like getting their nails done, singing and one resident plays the tin whistle."
- "We've been trying to get more options with activities, so we asked residents what they wanted. They asked for more walks, so we've been doing that. Quizzes are very popular and we give out medals and trophies."

- “We try and help the residents stay independent; we encourage them, give them confidence and support to do things themselves. We’re very flexible and offer choice, like with meals, activities, when they want to go to bed or get up.”

There was an ample supply of books, magazines and newspapers in the home. Photographs were displayed showing residents enjoying a range of activities including animal therapy, outings, birthday parties and visits from Santa.

Religious and spiritual needs were also addressed on the home. Residents listen to Songs of Praise or Mass service on the radio every Sunday. The local minister visits the home twice a month and the manager plans to approach another newer minister to increase these visits. The local priest and the Legion of Mary also visit the home on alternate weeks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and activities provision.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager outlined current management arrangements in the home, including support from the registered provider. No concerns were raised regarding this, and the manager reported that there is good team work and that staff are efficient. Staff confirmed that there were effective management arrangements in the home:

- “Lisa (manager) is great. I have no issues; you can talk to her about anything. Any suggestions we’ve had, Lisa has implemented them. It’s a good team here. Staff and residents are content.”
- “Lisa (manager) is really good, really flexible. I’m able to go home and know residents are alright and that I can go to Lisa if something isn’t right and it will be addressed.”

There had been no complaints received since the last inspection and staff had received training in complaint management. Residents told us:

- “Lisa (manager) is a good girl. I’ve never had any complaints.”
- “Don’t think there is anything they (the home) could do better.”
- “If we had issues we could say to staff and they would do something about it.”

There was evidence of good communication in the home. For instance, the name, photograph and job description of each resident's key worker was on display in residents' bedrooms. The minutes of the last residents' meeting in April 2019 were available in the home's foyer, along with the activities schedule, hairdressing schedule and costs and opening times of local resources such as the library. It was positive to note that the home had reviewed its privacy notice in line with General Data Protection Regulations; a copy of this was signed and retained in residents' care records.

Review of monthly monitoring reports was satisfactory. We did note that issues regarding mandatory training had been identified in April 2019 and we highlighted this as part of the area for improvement made in Section 6.3.

We reviewed a sample of audits completed in the home. These were comprehensive and regularly reviewed. For instance, out of hours audits were conducted to ensure that residents' choice of rising and retiring times was adhered to. Review of accidents and incidents records was also satisfactory. This confirmed that there were robust governance arrangements in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, governance and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 30 August 2019	The registered person shall ensure that mandatory training requirements are met for all staff. Ref: 6.3
	Response by registered person detailing the actions taken: All staff mandatory training is now up to date. Audits have been increased from monthly to fortnightly.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 30 August 2019	The registered person shall ensure that an individual comprehensive care plan includes details of the management of any identified risks and strategies or programmes to manage specified behaviours. This is specifically in relation to care plans regarding the management of mental health. Ref: 6.4
	Response by registered person detailing the actions taken: Individual comprehensive care plans are now in place for the management of mental health.

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



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