

Unannounced Care Inspection Report

21 July 2016



Benbradagh

Type of Service: Residential Care Home

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

Tel No: 028 7964 2238

Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Benbradagh residential care home took place on 21 July 2016 from 10.00 to 15.25.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made in regard to safe care. There were examples of good practice in regard to staff training and recruitment.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice in relation to care records, reviews and communication with representatives and other stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice found in relation to feedback from residents and their representatives and in the observation of how staff interacted with residents.

Is the service well led?

One recommendation was made in regard to well led care. This was in relation to the monthly monitoring visits by the registered provider.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Chris Ramrachia, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Benbradagh	Registered manager: Chris Vajendra Ramrachia
Person in charge of the home at the time of inspection: Lisa Mc Gilligan, senior care assistant, then Chris Ramrachia, registered manager	Date manager registered: 1 April 2005
Categories of care: 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	Number of registered places: 22

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, notifications of accidents/incidents since the previous inspection and any correspondence with RQIA in regard to the home since the previous inspection.

During the inspection the inspector met with ten residents, three care staff, one maintenance person and two residents' visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Complaints/compliments
- Staff training records
- Staff recruitment records
- Visits by the registered provider
- Annual quality review report
- Minutes of residents' meetings
- Programme of activities
- Residents' care files
- Selection of policies and procedures
- Accidents and incidents reports
- Matrix of staff supervision/appraisal
- Competency and capability assessments for senior staff

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 12 February 2016 and on going	The registered manager must review staffing levels and confirm that these will, at no time, fall below the levels required to meet the needs and numbers of the residents accommodated.	Met
	Action taken as confirmed during the inspection: There was evidence that the staffing levels are being kept under review and amended if required.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

- 1 x registered manager
- 1 x senior care assistant
- 2 x care assistants
- 1 x domestic assistant
- 1 x catering assistant
- 1 x maintenance person

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The induction programme included sessions of mandatory training.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed. These were found to be comprehensive in the topics/tasks identified and in setting out the responsibility/accountability of any person who undertakes the management of a duty shift. The assessments included a statement signed by the manager and the staff member that both parties "felt confident and capable to manage a shift in the absence of the manager."

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Records of AccessNI reference numbers were held as required.

Arrangements were in place to monitor the registration status of staff with their professional body. The registered manager maintained a list of staff registration dates with the NISCC and this was audited regularly to ensure that individual registrations are renewed on time. The manager stated that staff do not commence employment until confirmation is received from the NISCC of their registration with this professional body.

There were adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a staff member as safeguarding champion. A notice to this effect was on view in the staff office.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Residents identified as at risk of falls had a falls risk assessment in their care files and were identified by a discreet sign in their rooms. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no areas of restrictive practice were employed within the home apart from an alert mat in respect of one resident. Review of care records showed that, on admission to the home, the use of an alert mat had been identified in the multi-disciplinary needs assessment for this resident.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The registered manager reported that there had been no recent outbreaks of infection within the home. He confirmed that any outbreak would be managed in accordance with the home's procedures and would be reported to the Public Health Agency, the trust and to RQIA. Records would be retained in the event of any outbreak.

A general inspection of the home was undertaken to examine the bedrooms, bathrooms, communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 29 June 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training at least twice annually. Fire drills were completed on 13 January 2016, 15 March 2016 and 20 June 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly. On the evening before the inspection the home had experienced a temporary power cut. The maintenance person was in the home resetting and testing the alarm system. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. This identified where the resident's room was located and the degree of assistance which would be required for that person to evacuate.

Areas for improvement

No areas of improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessments of need, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff informed the inspector that resident choice was the underpinning principle in relation to the daily care, for example, in the daily routines of getting up and going to bed times and choice of food. The care records reflected multi-professional input into the residents' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The inspector was informed that the home was participating in a monitoring initiative from the Northern HSC Trust and the registered manager had met with Trust contracts department in order to discuss the facilities and services provided in the home as commissioned by the Trust.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Time was set aside at each change of shift for a handover of information between staff. Information was shared verbally and recorded in a template which the home had devised. This ensured that information was exchanged in a timely manner and was used to the benefit of residents. Discussion with the registered manager, staff and two visitors on the day confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with by the inspector and observation of practice evidenced that staff were able to communicate effectively with residents and their relatives.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of residents' meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. Written information in the form of a poster and leaflets was available in relation to the Patient and Client Council and the advocacy role provided by this organisation.

Areas for improvement

No areas of improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents and representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. On the day of inspection one resident was receiving end of life care. Review of care records and discussion with a senior staff member confirmed that the multi-disciplinary team and the resident's family were fully involved in the care provided.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. A review of the minutes of a residents' meeting held on 8 March 2016 showed that the concept of consent was explained to residents and that a copy of the consent policy was provided to each resident. This is good practice. Discussion with residents, representatives and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected in the manner in which residents' personal care needs were met as observed on the day of the inspection.

Discussion with staff, residents and relatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employed an activity coordinator and records showed that residents were asked about their choice of social activities and that these were then organised by the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents and relatives who spoke with the inspector confirmed their satisfaction with the care in the home. A selection of their comments is below:-

- "This is a great place. I'm free to visit any time." (relative)
- "I've been in a few homes in my time but this one is the best, it couldn't be better." (relative)
- "I'm happy here. The girls are kind." (resident)
- "The food is lovely and plenty of it." (resident)
- "This is a happy place and we are well looked after." (resident)

Residents and their representatives were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually, most recently in April 2016. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements were required or where residents had made a suggestion. For example, a trip to Donegal was being organised in response to a suggestion made by a resident.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas of improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, a training session had been provided on Diabetes care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. It was noted that one monitoring visit by the registered provider had not taken place in June 2016 and a recommendation is made accordingly.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, senior staff were provided with training in staff management/development. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The Residents' Guide was most recently updated in April 2016. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with the organisational and management structure of the home and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. There was evidence that the manager had audited all aspects of the care against the Residential Care Homes Regulations and the Minimum standards in preparation for the RQIA (unannounced) inspection. This proactive approach is commendable and demonstrates a commitment to the regulatory framework under which the home is registered. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area of improvement was identified during the inspection. A recommendation has been made in relation to the monthly monitoring visits by the registered provider.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Chris Ramrachia, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1	The registered provider should ensure there are no omissions in the monthly monitoring visits. It is recognised that just one month had been missed.
Ref: Standard 20.11	
Stated: First time	Response by registered provider detailing the actions taken: Inspector recommendation acknowledged. The Registered Provider visits, and reports will be made available monthly.
To be completed by: 30 July 2016	

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