

# Inspection Report

4 June 2024



## Benbradagh

Type of Service: Residential Care Home  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Balloo House Care Ltd</p> <p><b>Responsible Individual:</b> Mr Chris Vijendra Ramrachia</p>	<p><b>Registered Manager:</b> Ms Lisa McGilligan</p> <p><b>Date registered:</b> 9 April 2019</p>
<p><b>Person in charge at the time of inspection:</b> Ms Lisa McGilligan</p>	<p><b>Number of registered places:</b> 22</p> <ol style="list-style-type: none"> <li>1. There shall be a maximum of one resident accommodated within category of care RC-MP/MP(E)</li> <li>2. No more than 3 persons requiring use of wheelchair to be accommodated on the ground floor</li> <li>3. A maximum of two persons in category RC-DE (Dementia)</li> <li>4. A maximum of one person in category RC-SI (Sensory Impairment)</li> </ol>
<p><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.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered residential care home which provides health and social care for up to 22 residents. The home operates over two floors with shared communal spaces and a dining room on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 June 2024 from 10.15 am to 5.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

During the inspection concerns were identified in regards to changes made to the registered premises without prior consultation or agreement with RQIA.

Enforcement action resulted from the findings of this inspection. The Registered Provider was invite to attend an meeting on 25 June 2024, with the intention of issuing two Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 3 (3) relating to the home's Statement of Purpose
- Regulation 32 (1) relating to notice of changes within the home

The meeting was attended by, Mr Chris Vijendra Ramrachia, responsible individual (RI) and Mrs Shirley Ramrachia.

During the meeting the RI offered his apologies on the oversight and discussed the actions he intended to take to address the issues identified. Following the meeting an action plan was forwarded to RQIA on 3 July 2024 at the request of RQIA. Satisfactory assurances were provided and the FTC notices were not served. The Provider is to submit a full and complete application to RQIA to vary the premises.

Three new areas for improvement were identified in relation to, the hairdressing room, the transportation of meals and the monthly monitoring visits.

We found that there was safe, effective and compassionate care delivered in Benbradagh and the home was well led by the manger.

Addressing the areas for improvement will further enhance the quality of care and services in Benbradagh.

### 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 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 Ms Lisa McGilligan, manager at the conclusion of the inspection

### 4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "It's lovely here, the staff are great," "I am well looked after, the care could not be better," and "The staff are lovely."

Staff spoke positively in terms of the provision of care in the home. One staff member said, "This feels like home, I love working here."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No completed questionnaires or responses to the 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 12 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines including the administration of medicines not supplied in blister packs.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> Second time	The registered person shall ensure that staff receive dysphagia and Mental Capacity Act training, in line with their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19 <b>Stated:</b> First time	The registered person shall ensure that all pre-employment checks are completed and verified prior to staff member commencing in post.  Evidence of checks must be maintained within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and has been stated for a second time.</p> <p>Please refer to section 5.2.1 for details.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff have formal recorded appraisal annually.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and has been stated for a second time.</p> <p>Please refer to section 5.2.1 for details.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff meeting take place on a regular basis and at least every three months.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and has been stated for a second time</p> <p>Please refer to section 5.2.1 for details.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff who manage medications are trained and remain competent.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 22.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all supplementary documentation is accurate and up to date. This is with specific reference to personal care records.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 8</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home’s environment are addressed.  Ref: 5.2.3</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 9</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a current Fire Risk Assessment and that this is available for on inspection</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staffs’ registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Resident's spoke positively about the staffing in the home, comments included, "The staff are great, very, very good," and "I feel more secure here, the staff help me."

Staff said there was good teamwork and that they felt supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them.

A number of staff had still not received any supervision within this calendar year. This was discussed with the manager during feedback and an area for improvement was stated for a second time. In addition, a number of staff had not received their annual appraisal within this calendar year. This was discussed with the manager during feedback, an area for improvement was stated for a second time.

Two staff meetings had taken place since the last inspection, however staff meetings had not been held quarterly and a staff meeting arranged for January 2024 had not taken place. This was discussed with the manager and an area for improvement was stated for a second time.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

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 discretely.

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 of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents said, "The food is good, we are given a choice," and "The food is excellent."

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

It was observed that during the lunchtime meal, meals that were being transported from the dining room to residents' bedrooms were not appropriately covered. This was discussed with the manager during feedback and an area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, this was not reflected in one of the care plans viewed. This was discussed with the manager who provided assurances that would be addressed. This will be reviewed at the next inspection.

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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. Corridors were clean and free from clutter or hazards, fire door were unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Residents' bedrooms were personalised with photographs and other items or memorabilia.

Residents confirmed that their rooms were regularly cleaned and expressed no concerns with regards to the cleanliness in the home.

The hairdressing room containing hazardous substances and a cupboard, with expired Covid-19 test kits, was found to be unlocked. This was discussed with the manager for immediate action and an area for improvement was identified.

Concerns were identified in regards to changes in the registered premises without prior consultation or agreement with RQIA. New en-suites had been added to four bedrooms and a fire exit corridor had also been added. These concerns were discussed with the aligned estates inspector and a meeting was held on 25 June 2024 with the intention of issuing two FTCs. None of the new en-suites met the minimum size requirements and in three cases the floor area of the bedrooms had been reduced to below the minimum standard size. During the meeting the RI offered his apologies on the oversight and discussed the actions he intended to take to address the issues identified. Following the meeting an action plan was forwarded to RQIA on 3 July 2024 at the request of RQIA.

Satisfactory assurances were provided and the FTC notices were not served. The Provider is to submit a full and complete application to RQIA to vary the premises.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The addition of the new fire exit corridor represented an improvement to the premises. Staff were aware of their training in these areas and how to respond to any concerns or risks. The most recent fire risk assessment was completed on the 28 May 2024, actions from this assessment are in the process of being completed.

There was evidence that systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

An activities schedule was in place for residents to take part in if they wished to do so. However, residents and staff said that often residents preferred not to take part in these activities preferring instead to spend time chatting to friends and watching TV. This was discussed with the manager who agreed to review the activities offered in the home. This will be reviewed at the next inspection.

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices. A review of records confirmed that resident meetings were taking place.

#### **5.2.5 Management and Governance Arrangements**

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

There was evidence that a robust 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy.

The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that both the manager and the owner would address any concerns raised.

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.

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

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, these reports were not robust and actions plans had not been fully reviewed. This was discussed with the manager during feedback and an area for improvement was identified.

**6.0 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 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4*

\* the total number of areas for improvement includes three standards that have been stated for a second time and one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lisa McGilligan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (13 June 2022)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines including the administration of medicines not supplied in blister packs.</p> <p>Ref: 5.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2024</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. This includes, but is not limited to, the home’s hairdressing room and COSHH cupboards.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The home is checked daily by the person in charge for hazards including the hairdressing room and COSHH cupboards.</p>
<p><b>Area for improvement 23</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2024</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Regulation 29 monitoring visits are completed on a monthly basis and further attention has been given to ensure that the actions noted have been followed up.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 24.2</p>	<p>The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.</p> <p>Ref: 5.1 &amp; 5.2.1</p>

<p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 October 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> The registered person is ensuring that all staff supervision is up to date. A new up to date schedule has been introduced to all senior staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 October 2023</p>	<p>The registered person shall ensure that all staff have formal recorded appraisal annually.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person is ensuring that all staff have completed their annual appraisals. A new template/schedule has been introduced.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 October 2023</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least every three months.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings have been scheduled every three months.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2024</p>	<p>The registered person shall ensure that meals are appropriately covered when being transported from the dining room to resident’s bedrooms.</p> <p>Ref 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care staff and cooks have been reminded about the importance of using food coverings when transporting food around the home.</p>

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



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