The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Benbradagh

Provider: Balloo House Care Ltd

Date of Inspection: 5 December 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Balloo House Care Ltd
Responsible Individual:	Mr Chris Vijendra Ramrachia
Registered Manager:	Mr Chris Vijendra Ramrachia – not registered
Service Profile – This home is a registered residential care home which provides health and social care for up to 21 residents. Residents have a range of needs, including, old age not falling within any other category, dementia, mental disorder and sensory impairment. The home operates over two floors with shared communal spaces and a dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 5 December 2024, from 9.30 am to 2.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents commented positively about living in the home. Comments included, "it is all going well, the staff are brilliant," and "it is very good here, it is very homely."

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.

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another in a relaxed way.

Staff told us that they enjoyed working in the home and that items or products required to provide good care were made freely available to them.

No completed questionnaires or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

The staff duty rota identified the person in charge when the manager was not on duty. The manager's hours were not identified on the duty rota, this was discussed with the person in charge who agreed to ensure this was addressed immediately, therefore an area for improvement was not identified at this time.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to choose where they wanted to spend their time whether this was to have lunch in their bedrooms or sit in the dining room with others.

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 and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities for example, quizzes, armchair exercises and one-to-ones. The weekly programme of social events was on display and in the absence of the activity therapist, staff facilitated meaningful activities for the residents.

A review of records confirmed that residents were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, the planning of activities and the provision of meals.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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. Staff completed assessments detailing risks associated with the residents and reviewed these regularly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A sample of care records such as risk assessments in relation to falls were found to be under regular review.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Pull cords in identified bathrooms were not appropriately covered and could not be effectively cleaned. This was discussed with the person in charge during feedback, an area for improvement was identified.

Inappropriate use of PPE was observed throughout the day; for example, staff were observed to be wearing gloves when knocking on resident's doors or when walking up the corridors. In addition to this staff were observed to be wearing nail polish. This was discussed with the person in charge and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Chris Vijendra Ramrachia has been the acting manager in this home since 10 October 2024.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Staff received their formal recorded supervision, however a number of staff had still not received their annual appraisal within this calendar year. This was discussed with the person in charge, this area for improvement has been subsumed into a regulation.

A review of records and discussion with the person in charge confirmed that staff meetings had not been held quarterly and a staff meeting arranged for October 2024 had not taken place. An area for improvement was stated for a third time.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one standard that has been stated for a third 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 Shelby McClean, Senior Carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (13 June 2022)	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. Ref: 5.1
	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.

Area for improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure that all staff receive an annual appraisal. Ref: 3.3.5
	Response by registered person detailing the actions taken: We are in the process of carrying out appraisals for all staff using revised documentation. This process will be completed by 31st January 2025.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 25.8 **Stated:** Third time **To be completed by:** 12 October 2023	The registered person shall ensure that staff meetings take place on a regular basis and at least every three months. Ref: 3.3.5
	Response by registered person detailing the actions taken: A staff meeting was carried out on 15th January 2025. The next meeting is due on 9th April 2025.
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 5 December 2024	The registered person shall ensure that the infection prevention and control deficits identified during the inspection are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been asked to repeat their Infection,prevention and control training especially regarding correct use of PPE.
Area for improvement 3 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 5 December 2024	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below that elbows at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: It was reiterated to staff at the staff meeting that nails should be kept short and no nail polish or false nails worn. Arms should be free of jewellry to facilitate correct handwashing technique.

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