The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Benbradagh**

Provider: **Balloo House Care Ltd**

Date of Inspection: **18 June 2026**

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:	Miss Lisa McGilligan
Service Profile This home is a registered residential care home which provides health and social care for up to 21 residents. Care is provided over two floors and residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2026 from 10.00am to 4.10pm, 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 21 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and well maintained. Bedrooms were meaningfully personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and there was enough staff on duty. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement which was not met, was stated for the second time and two areas were carried forward for review to the next inspection. All of the other areas for improvement were assessed as having been addressed by the provider. Full details including new areas for improvement 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Discussion with residents evidenced that they were satisfied with the care provided to them in Benbradagh. Residents reported that they were happy with the staff in the home and that they were kind and attentive to them. Comments made included: "This is a great place here; couldn't be any better," "It is lovely and beautiful. The staff are excellent; they go out of their way to do anything for you," and "It is very good in here, if I want anything, I just ask. I couldn't say enough good about them (staff)."

Residents advised that they can choose where and how to spend their day. Some residents preferred to spend quiet time by themselves, whereas others chose to sit in communal areas.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and the residents can get anything they wanted. Staff advised that they were well supported in their roles by the manager.

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 some systems in place to manage staffing.

On the day of the inspection recruitment records were unavailable. This area for improvement will be carried forward for review to the next inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

Competency and capability assessments are completed for any person in charge of the home in the absence of the manager. Review of these records identified that this assessment was not completed for all staff who were left in charge. This was identified as an area for improvement.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

The records of the planner for supervision and appraisal were reviewed. It was noted that staff had mostly received an annual appraisal, however staff did not receive supervision on a six monthly basis. This was identified as an area for improvement.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents confirmed that staff responded quickly to calls for assistance.

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 discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

On the day of inspection, the morning medicines round did not conclude until 12 midday. Medicines must be administered at the prescribed time and records of administration must be accurately maintained. Measures should be implemented to ensure that care staff are supported to complete the medicines round in a timely manner. This was discussed with the manager and an area for improvement was identified.

The management of falls were reviewed during the inspection. It was noted that the post falls observations were not fully completed, dated and signed. This area for improvement will be stated for the second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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 serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with the serving of their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

However it was observed that there were no staff present in the dining room for two separate intervals when residents were eating their meal. This means that staff would be unable to respond appropriately should a resident experience a choking episode. This was identified as an area for improvement.

Staff wore aprons when serving or assisting with meals and were found to be very knowledgeable in regards to residents' meal preferences and dislikes. Residents praised the meal provision in the home.

Furthermore it was noted that there was inadequate seating in the dining room to accommodate all of the residents; should they wish to have their meal there. This was discussed with the manager for follow up and will be reviewed at the next inspection.

During the inspection a number of the residents went out with family members. For other residents in the home they were engaged in discussions between themselves and staff. There was a relaxed atmosphere in the communal area. It was noted that there was no activities timetable on display. This was identified as an area for improvement.

Residents had opportunities to watch television or engage in their own preferred activities such as puzzles or using their electronic device.

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.

Care records were person centred, 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. Residents' bedrooms were tastefully personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors were found to be clear and unobstructed, however fire doors were observed to be either held open inappropriately or they were not fully closing. This was identified as an area for improvement.

The fire safety risk assessment was completed on 10 June 2026. Discussion with the manager confirmed that any recommendations made as a result of this assessment, have already been actioned or they are in the process of being addressed.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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

Staff commented positively about the manager and described her as supportive and approachable.

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/or the quality of services provided by the home.

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	4*	5*

* the total number of areas for improvement includes one area that has been stated for a second time and two areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Johnston, Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 31 July 2025	The registered person shall ensure that all staff recruited to the home have a reference from the most recent employer and that there is evidence that all gaps in employment have been are addressed. Ref: 3.3.1
	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 (3) **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure that competency and capability assessments are completed for all staff who are left in charge of the home, in the absence of the manager. Ref: 3.3.1
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** As from the date of this inspection (18 June 2026)	The registered person shall ensure that measures are implemented to enable staff to complete the medication round in a timely manner. Ref: 3.3.2
	Response by registered person detailing the actions taken:
Area for improvement 4 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** As from the date of this inspection (18 June 2026)	The registered person shall ensure that all fire doors are fully closing into the frame and not held open inappropriately. Ref: 3.3.4
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 21 August 2025	The registered person shall ensure the management of medicines prescribed for distressed reactions is reviewed to ensure the reason and outcome of each administration is recorded. Ref: 3.3.1 **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.**
Area for improvement 2 **Ref:** Standard 8.5 **Stated:** Second time **To be completed by:** As from the date of this inspection (18 June 2026)	The registered person shall ensure post falls observations are maintained according to the homes post fall policy and best practice guidance. Ref: 3.3.2 **Response by registered person detailing the actions taken:**
Area for improvement 3 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31 July 2026	The registered person shall ensure that all staff receive formal, recorded supervision, no less than every six months. Ref: 3.3.1 **Response by registered person detailing the actions taken:**
Area for improvement 4 **Ref:** Standard 12.10 **Stated:** First time **To be completed by:** As from the date of this inspection (18 June 2026)	The registered person shall ensure that there is adequate staff supervision in place in the dining room for the duration of all meals. Ref: 3.3.2 **Response by registered person detailing the actions taken:**

Area for improvement 5 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** As from the date of this inspection (18 June 2026)	The registered person shall ensure that the programme of activities is displayed in a suitable location so that everyone knows what activity is scheduled. Ref: 3.3.2
	Response by registered person detailing the actions taken:

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

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