

Inspection Report

7 November 2023



Ben Madigan Care Home

Type of Service: Nursing Home
Address: 36 Mill Road, Newtownabbey, BT36 7BH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Mrs Angela Cerasela Stefanoiu</p> <p>Date registered: 16 March 2022</p>
<p>Person in charge at the time of inspection: Mrs Angela Cerasela Stefanoiu - manager</p>	<p>Number of registered places: 64</p> <p>A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 62</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 64 patients. The home is divided into three units over two floors. The Hillview Unit on the ground floor provides general nursing care for patients. The Bellview and Coastview Units on the ground floor provide care for patients with dementia. Patients have access to communal bathrooms, lounges and dining rooms.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2023, from 9.00am to 3.50pm by a care inspector.

An announced pre-registration inspection took place on the same day from 11.00am to 12.30pm by a care and estates inspector.

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

Areas requiring improvement were identified and can be found in the Quality Improvements Plan (QIP) in section 6.0.

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

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 inspections were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Varied views were given about living, working and visiting in the home.

Patients said they were well looked after and there was plenty of food which was nice and warm.

A visitor said they were kept well informed of their relative's needs, clothing was always clean and they had no concerns about the care provided.

Staff told us the management team were supportive and they had no concerns about staffing levels. Staff also said they worked well as a team and received a handover report at the start of every shift.

Three questionnaires were received which confirmed that relatives were either dissatisfied or moderately satisfied that care was safe, effective, compassionate and well-led. Comments provided identified poor communication with staff, night time care and staffing levels. This was brought to the attention of the manager for her review.

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

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 21 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • Shower seats are effectively cleaned • Paper towel and hand soap dispensers are effectively cleaned • Cracked or worn bed rail protectors are replaced • Wheelchairs and manual handling equipment are effectively cleaned. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure all parts of the registered nursing home are well maintained and decorated.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure all parts of the registered nursing home to which patients have access to are free from hazards to their health and safety.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the management of medicines for patients who require their medicines to be crushed to aid administration to ensure that:</p> <ul style="list-style-type: none"> • there is a risk assessment in place • there is a care plan in place to direct staff • a pharmacist is consulted to check if it is appropriate to crush each formulation prescribed. <p>Action taken as confirmed during the inspection: 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.</p>	<p>Carried forward to the next inspection</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Third time	<p>The registered person shall ensure that activity provision to all patients is understood to be an integral part of the care process and are planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful review of the patient's involvement in the activity.</p>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.4 This area for improvement has been subsumed under the Regulations.</p>	
Area for improvement 2 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that all required care plans are regularly updated and reviewed and appropriate action is taken when required for oral care and fluid intake.</p>	Met
	<p>Action taken as confirmed during the inspection: 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 patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training showed good compliance and included infection prevention and control (IPC), moving and handling practice and first aid.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis, however it did not have the hours worked by the manager and did not identify the person in charge in the absence of the manager. This has been identified and an area for improvement. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

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 patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was noted in two bedrooms that alarm mats had been taped to the floor, however the tape was noted to be lifting at the edges causing a trip hazard. This was discussed with the manager who agreed to review this practice.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

The dining experience was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a meal that they enjoyed.

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.

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

Daily records were kept of how each patient 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

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with and other infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

It was noted that personal protective equipment (PPE) was inappropriately stored in corridors and some inappropriate gloves were available for use in patient care. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could spend time in their own bedrooms or in the communal area of the home with other patients. Could have family/friends in their room or one of the lounges and could go out to local shops other activities in the community.

Patients told us that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There were not activities other than watching TV available on the day of inspection and the record of activities provided and discussion with staff confirmed that meaningful activities were not provided regularly for patients. This area for improvement has been restated under the regulations.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Angela Cerasela Stefanoiu has been the manager in this home since 26 March 2022.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' 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.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

5.2.6 Pre-registration care inspection

Observation of the environment evidenced that the newly completed bedrooms and bathrooms required cleaning, fully furnished and a number of fittings put in place. Following the inspection, the manager confirmed that all required cleaning had been completed and all furniture and fittings required were in place.

Nurse call points in newly completed bedrooms required a nurse call lead to be put in place. This was confirmed to have been completed following the inspection.

Corridors and entrances were noted to be clear of clutter providing unobstructed access to fire exits.

A planned schedule of audits is in place to ensure the governance and monitoring of the quality of care and other services provided in the home.

A range of established policies and procedures are already in place in the home to ensure the quality of care provision.

The statement of purpose and patients' guide were submitted to the RQIA prior to the pre-registration visit.

5.2.7 Pre-registration estates inspection

Alterations had been made to the existing premises, in accordance with variation VA012112, to provide six additional bedrooms with en-suite facilities providing an accessible shower, toilet and wash hand basin. The bedrooms and the associated en-suites exceed the current Care Standards for Nursing Homes, with regards to area and critical dimensions, and were found to have been constructed and decorated to a high standard. The en-suite facilities also have suitable controls in place to ensure safe hot water is provided. It is important that once these bedrooms are occupied, that the residents are suitably assessed to ensure that any additional accessibility aids that they may require in their en-suite accommodation are installed.

The revised communal spaces including lounges, dining rooms and toilet/bath/showering facilities also continue to exceed the current Care Standards for Nursing Homes for the increased capacity of the home.

Documentation presented prior to the inspection and forwarded following the inspection, indicated that the premises and the engineering services and equipment had been installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	1

* the total number of areas for improvement includes one standard which has been subsumed under the regulations 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 Mrs Angela Cerasela Stefanoiu, registered manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (21 September 2023)	The registered person shall review the management of medicines for patients who require their medicines to be crushed to aid administration to ensure that: <ul style="list-style-type: none"> • there is a risk assessment in place • there is a care plan in place to direct staff • a pharmacist is consulted to check if it is appropriate to crush each formulation prescribed. Ref: 5.1 and 5.2.3
	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.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (8)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (7 November 2023)</p>	<p>The registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the well-being and dignity of patients.</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (7 November 2023)</p>	<p>Response by registered person detailing the actions taken: There is an activities plan in place for the home with a variety of activities on over the week. The Oomph platform is also being introduced, all staff have access to this. Activities are reviewed by the Home Manager and also the RAM during Reg 29 visits.</p> <p>Response by registered person detailing the actions taken: Storage of PPE and use of gloves have been reviewed. This is monitored by the Home Manager on a daily basis and by RAM during Reg 29 visits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (7 November 2023)</p>	<p>The registered person shall ensure the staff duty rota includes the hours worked by the manager and identifies the person in charge in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff duty rotas have been reviewed and now includes the hours worked by the manager on the nurses rota. The person in charge of the home in the absence of the manager can be identified on the rota and the name is on display in the reception. This is regularly reviewed by Home Manager and RAM during Reg 29 visits.</p>

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