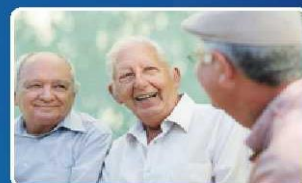


Inspection Report

9 February 2023



Ben Madigan Care Home

Type of service: Nursing Home

Address: 36 Mill Road, Newtownabbey, BT36 7BH

Telephone number: 02890860787

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Angela Cerasela Stefanou Date registered: 16 March 2022
Person in charge at the time of inspection: Mrs Angela Cerasela Stefanou	Number of registered places: 64 A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 60
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 provides general nursing care and care to patients with dementia. Patients have access to communal lounge and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 9 February 2023 from 9.30am to 5.15pm by two care inspectors.

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

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff members promoted the dignity and well-being of patients and were knowledgeable of patients' wishes and preferences.

As a result of the inspection, five areas for improvement were stated for the second time and can be found within the Quality Improvement Plan in Section 6 of this report.

The findings of this report will provide the manager and 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 inspection were discussed with the manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 12 patients and eight staff. Patients spoke positively on the care that they received and on their interactions with staff. Staff members enjoyed interacting with the patients, though, also shared their concerns in relation to the staffing arrangements in the home.

There were no questionnaire responses received and we received no feedback from the staff online survey.

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 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall review the numbers and deployment of staff throughout the home, with specific reference to the morning routine and the serving of breakfast; to ensure the number and ratio for staff on duty at all times meet the care needs of patients.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in Section 5.2.1. This area for improvement has not been met and will be stated for the second time.	
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall, having regard to the number and needs of the patients, ensure that all parts of the home are kept clean.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in Section 5.2.3. This area for improvement has not been met and will be stated for the second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>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.</p> <p>This relates specifically to the following:</p> <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. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in Section 5.2.3.</p> <p>This area for improvement has not been fully met and will be stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</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 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated.</p> <p>This is with specific reference to ensuring the hairdressing room remains locked at all times when not in use.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37.5 Stated: First time	<p>The registered person shall ensure that staff members are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is specifically relates to:</p> <ul style="list-style-type: none"> • the use of correction fluid • errors in documentation are corrected in line with best practice and professional guidance. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Standard 4.1 Stated: First time	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 18 Stated: First time	<p>The registered person shall ensure when restrictive measures are required; the appropriate documentation is completed in full to evidence consent and consultation with patients, relatives and other relevant personnel where appropriate.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure the daily menu is displayed in all three units in a suitable format to reflect the meals served.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and will be stated for the second time.	
Area for improvement 5 Ref: Standard 11 Stated: First time	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. Activity care records should evidence a meaningful review of the patient's involvement in the activity.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in Section 5.2.4. This area for improvement has not been met and will be stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. All staff consulted were of the opinion that there was not enough staff to meet the needs of patients. Staff gave examples of how the staffing arrangements impacted on the morning routines in the home. Breakfast did not start until around 9.20am and carried on to 10.45am. Staff spoke of not being able to take their full allocated breaks and at times breaks missed due to workload pressures. Staff felt that they 'rushed' care with patients. Staffs' concerns were shared with the management team and an area for improvement in regards to the review of staffing arrangements, taking into regard the deployment of staff and morning routines, was stated for a second time.

Staff identified that there was a number of new staff in the home which were recently employed. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Some staff were of the opinion that some of the newly employed staff would benefit with a longer induction period, though, this had not been discussed with the management team. The staffs' views were shared with the management team for their review and action as appropriate.

Staff were aware of their own roles within the home and felt that the teamwork was good. Staff were observed to work well and communicate well with one another during the inspection. One told us, "We are like a big family in here".

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. All staff received the handover and they confirmed that there was sufficient details shared at this meeting. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

If a patient was identified with an unexplained bruise, staff consulted, dependent on their role, were aware of the appropriate actions to take and who to report this to.

Patients' care records were maintained well and easy to navigate. Risk assessments had been completed in a timely manner from patients' admissions and informed patients' care plans. Care plans reflected other healthcare professionals' recommendations and deviations from these recommendations were accounted for.

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 established that safe systems were in place to manage this aspect of care.

Daily care records were completed by care assistants to evidence the supplementary care provided to patients in areas such as personal care provision, bowel management and food and fluid intake records.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Planned meal times were adequately spaced out during the day. A four week rolling menu was in place and the menus offered a choice of meal. The menu in the general nursing unit was displayed on the wall of the dining room on a white board, however, the menu in the dementia unit was not displayed in a suitable format for patients with a dementia. This was discussed with the manager and an area for improvement in this regard was stated for the second time. Any variations to the menu were recorded.

A range of drinks were served with meals. Staff wore the appropriate personal protective equipment when serving or assisting with meals. Patients, who required, wore clothing protectors. Staff sat with patients when assisting with their meals. Patients appeared to enjoy their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm and comfortable. There were no malodours detected in the home. However, we did identify several areas in the home which required additional attention to cleanliness. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Doors leading to rooms containing hazards were appropriately locked. The majority of patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. There were good supplies of PPE throughout the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. However, two staff were observed not to be bare below the elbow; wearing wrist jewellery which would inhibit effective hand hygiene. This was discussed with the manager who agreed to address this with staff.

We observed some equipment in use which had either not been effectively cleaned or not effectively decontaminated between each patient use. This was discussed with the manager and an area for improvement in this regard stated for the second time.

5.2.4 Quality of Life for Patients

Staff were observed engaging with patients in a caring and compassionate manner. Patients were well presented in their appearance and spoke positively when describing their engagements with staff.

There was evidence that activities took place in the home. An activities therapist overseen activity provision and the manager confirmed that a second activity therapist had recently been recruited to commence employment in the home. Two patients' activities records did not encompass meaningful activity engagement. One had three entries for the month of January 2023 and the other had four entries. The completed activities did not reflect the patients' hobbies or interests.

Staff said, when they have time, they would engage in activities with patients at weekends such as movie nights and sing songs. However, there were no records of these activity engagements kept to evidence what the activity was or which patients were involved. This was discussed with the manager and an area for improvement in relation to the provision of activities was stated for the second time.

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 7 February 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 were available for review by patients, their representatives, the Trust and RQIA.

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 the Care Standards for Nursing Homes (April 2015).

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

*The total number of areas for improvement includes five that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Angela Cerasela Stefanoiu, Registered Manager and Karen Agnew, Regional 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 20 (1) (a) Stated: Second time To be completed by: 9 March 2023	<p>The registered person shall review the numbers and deployment of staff throughout the home, with specific reference to the morning routine and the serving of breakfast; to ensure the number and ratio for staff on duty at all times meet the care needs of patients.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staffing levels are reviewed at least weekly and when occupancy and dependency levels change. Manager is reviewing the rota to ensure skill mix of staff in every unit. Morning routine is under review daily and home made warm breakfast is available from 8.30. Cold breakfast and snacks available at any time of the day. Manager is monitoring breakfast routine during the daily walkabout. Further monitoring is being completed by senior management during Reg 29 visits.</p>
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall, having regard to the number and needs of the patients, ensure that all parts of the home are kept clean.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Areas of the home are randomly inspected by the manager during daily walk. Audits for infection control are completed by senior nursing staff. Manager is responsible for monthly infection control audit and action plan. After the inspection, deep cleans completed in all bedrooms and communal areas of the home. All cleaning forms, roster and skill mix for Housekeeping reviewed by manager now daily. Further monitoring is being completed by senior management during Reg 29 visits</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>This relates specifically to the following:</p> <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. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All bedrooms and communal areas checked and Cleaning audit completed. Action taken by Housekeeping Team. Shower seats and dispensers are checked randomly daily and included in manager's daily report. All mattresses and bed rail protectors checked and worn bed rail protectors and mattresses were replaced. Wheelchairs and manual handling equipment cleaning schedule done daily and checked and signed by nursing staff. Further monitoring will continue with senior management during Reg 29 visits</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 9 March 2023</p>	<p>The registered person shall ensure the daily menu is displayed in all three units in a suitable format to reflect the meals served.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily menu is displayed on boards in every unit. Menu is written on the board with black ink and is visible to all residents. Menu booklets available in each unit. This is being monitored within Daily HM audit and also by senior management in Reg 29 visits</p>

Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by: 9 March 2023	<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> <p>Ref: 5.1 and 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Relevant staff are aware of their role and responsibility in regards to meaningful activity and the recording of participation.</p> <p>Monthly activity planner is reviewed by manager and activities coordinators weekly.</p> <p>Further monitoring is being carried out by senior management during Reg 29 visits</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care