



# Unannounced Follow-up Care Inspection Report 12 March 2019



## Ben Madigan Care Home

Type of Service: Nursing Home  
Address: 36 Mill Road, Newtownabbey BT36 7BH  
Tel No: 028 9086 0787  
Inspector: Dermot Walsh

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Gill Finlay – deputy manager Sharon Butler – regional director NI	<b>Date manager registered:</b> Elaine Allen - Acting
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) TI	<b>Number of registered places:</b> 64  A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 09.35 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- governance
- nutrition
- care records

Patients described living in the home in positive terms. Patients' comments can be found in Section 6.3. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*6

\*The total number of areas for improvement includes one under regulation and two under standards which have each been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gill Finlay, manager and Sharon Butler, regional director NI, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 February 2019. Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with 13 patients. In addition, the inspector met with seven staff and three patients' representatives. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 4 March 2019
- three patients' care records
- three patients' daily care charts in relation to food and fluid intake
- a selection of governance audits
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 28 February 2019**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP, when returned, will be reviewed by the pharmacist inspector. The QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 3 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that the delivery of safe and effective care is supported by accurate record keeping.</p> <p>This is in accordance with legislative requirements, care standards and professional standards and guidance.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of three patient care records evidenced that this area for improvement has been partially met. See section 6.3 for further information.</p> <p>This area for improvement has not been fully met and will be stated for the second time.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 (5) <b>Stated:</b> First time	<p>The registered person shall ensure that any report relating to Regulation 29 is maintained in the home and available for inspection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of completed reports since the last care inspection relating to Regulation 29 evidenced that these had been maintained in the home and available for inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.7 <b>Stated:</b> Second	<p>The registered person shall ensure that risk assessments and care plans are reviewed regularly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of three patients' care records evidenced that the risk assessments and care plans had been reviewed regularly.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 22.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that falls occurring in the nursing home are reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate action has been taken.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There were no records available to confirm that falls in the home had been reviewed or analysed on a monthly basis for pattern and trend.</p> <p>This area for improvement has not been met and will be stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that methods currently used to communicate information regarding changes to patients' care needs are reviewed to ensure the delivery of safe and effective care.</p> <p>This includes but is not limited to the verbal and written shift handover reports and written information regarding patients' diets held in dining rooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that this area for improvement has not been fully met. See section 6.3 for further information.</p> <p>This area for improvement has not been fully met and will be stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' right to privacy and confidentiality is maintained and that patients' care records are not left unattended in communal areas.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Patients' care records were not observed unattended in communal areas.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### Staffing arrangements

Registered nursing hours were reliant on agency staff to fulfil gaps in the duty rota. Discussion with the manager and staff confirmed that where agency staff were employed, the same staff were used to ensure consistency of care. Agency staff consulted on inspection confirmed that they received an orientation and induction prior to commencing their first shift in the home. Discussion with the manager confirmed that recruitment was an ongoing process and that four registered nursing staff had been recently recruited to commence employment in the home once recruitment checks have been completed. The manager confirmed that staffing levels and skill mix in the home were determined by regular patient dependency level checks. The manager also confirmed that the staffing arrangements in the home were scheduled on an agenda to be discussed at the next staff meeting.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Staff spoke positively of the use of an allocation sheet to identify individual staff responsibilities during the day.

### Areas of good practice

An area of good practice observed was the employment of the same agency staff on a regular basis to ensure consistency of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Chemicals were not observed accessible to patients in any area within the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Compliance with infection prevention and control measures was well maintained, however, an area for improvement was identified to ensure that the pull cords in use in the home were covered to allow for effective cleaning.

During the review of the environment, five oxygen cylinders were observed to have been unsafely stored potentially leading to a risk of injury to staff. Patients had no access to the storage area. There was no signage on the door of the storeroom to signify the presence of oxygen in the room. This was discussed with the manager and identified as an area for improvement.

### Areas of good practice

An area of good practice observed was in relation to the cleanliness of the home.



## Areas for improvement

Areas for improvement were identified in relation to pull cords in the home and oxygen storage.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## Governance

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, complaints and compliments. The regional director confirmed that the home was progressing with an action plan which had been developed by the director of quality for Priory Adult Care and maintained and monitored by the regional director NI.

There was no evidence available that falls occurring in the home were reviewed and analysed monthly for patterns and trends. An area for improvement made in this regard has been stated for a second time.

Discussion with a registered agency nurse evidenced that they had been previously identified as the nurse in charge of the home on the duty rota. However, the registered nurse also confirmed that they had not completed a nurse in charge competency and capability assessment. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives and Trust representatives on request. An area for improvement in this regard has now been met.

## Areas of good practice

An area of good practice was identified in relation to the home's quality team identifying shortfalls and developing an action plan which was monitored by the regional director NI.

## Areas for improvement

Areas for improvement were identified in relation to the completion of competency and capability assessments for the nurse in charge in the absence of the manager. An area for improvement in relation to falls analysis has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## Nutrition

We reviewed two patients' care records for the management of nutrition and hydration in the home. Nutritional risk assessments had been completed monthly. Nutritional care plans had been developed. In one patient's care records, where the consistency of the patient's food and fluids had been recorded accurately, a second nutritional requirement had not been recorded as part of the nutritional care plan or communicated effectively to other staff including kitchen and care staff. A review of the patient's food intake chart indicated that they had been given food which was not in accordance with their dietary requirements. There was evidence in both patients' care records that

referrals had been made appropriately to other healthcare professionals, as required, such as the dietician and/or speech and language therapist. However, in the second patient's care records, the patient's care plan had not been updated to reflect the recommended change in the patient's nutritional requirements. Both of these findings in the patients' care records were discussed with the manager and areas for improvement made at the previous care inspection in relation to the accurate recording of information and the communication of information have been stated for a second time. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been recorded well.

The serving of lunch was observed in the dining room on the first floor. Food was served from a Baine-Marie when patients were ready to eat or to be assisted with their meals. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. During the meal, one patient was observed distressed and calling out. These actions were impacting negatively on other patients located close to the patient. Staff in the dining room did not manage this patient in accordance with distressed reaction management. This was discussed with the manager and identified as an area for improvement.

A written menu was on display on the ground floor. A second written menu was displayed outside the dining room. Both menus were not the same and the actual food served was not reflective of either menu. This was discussed with the manager who agreed to review the menus. Patients in the dementia unit were asked the previous day to select food from a written menu for the following day's meal. We discussed, during inspection feedback, more appropriate ways for patients with dementia to, where possible, select their preferred food choice. This will be reviewed at a subsequent care inspection.

Discussion with staff confirmed that breakfast was served up until 11.15 hours. Lunch commenced at 12.30 hours. There was no plan in place to ensure that patients, who received a late breakfast and did not feel hungry for lunch, were facilitated with a later meal. This was discussed with the manager and identified as an area for improvement.

### **Areas of good practice**

Areas of good practice were observed in relation to staff assisting patients with meals in an unhurried manner and with the monitoring of patients' weights.

### **Areas for improvement**

Areas for improvement were identified in relation to distressed reaction management and the facilitation of a later meal when required.

Areas for improvement made at the previous care inspection in relation to the accurate recording of information and the communication of information have been stated for a second time.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

## Care records

The manager confirmed that a programme to upgrade all of the documentation in use in the home, including all patient care records, commenced on 28 January 2019 and was scheduled for completion by 31 March 2019. The regional director NI confirmed that they are overseeing this process and are monitoring a care plan matrix to ensure completion. Improvements with care records were also identified within the service action plan created by the home's quality management team. Areas for improvement in relation to care records were identified in relation to nutrition as described in the section above.

## Areas of good practice

An area of good practice was in relation to the upgrade of all documentation in the home.

## Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## Consultation

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Ben Madigan was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments to the inspector and lay assessor included:

- "The home is very good. Staff are very nice."
- "I am very happy with the care here."
- "We are happy and have no worries."
- "The girls are very good."
- "I think the home is a bit short staffed but otherwise ok."
- "This is a lovely place to be. I have no worries."
- "The food is good and the staff are good too."

Three patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned within the timeframe.

Some patient representatives' comments made during the inspection included:

- "The care is very good. They (the staff) could do no more for you."
- "The care is fine here. I am happy with the care."
- "The staff are very attentive. ... is very well cared for."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from seven staff consulted during the inspection included:

- "I love working here."
- "I really love working with the patients."

“We are extremely busy all of the time.”  
 “Working environment has improved recently.”  
 “Always loved working here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas of good practice

An area of good practice was identified in relation to the delivery of compassionate care resulting in patients’ appreciation of staff

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gill Finlay, manager and Sharon Butler, regional director NI, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2019	<p>The registered person shall ensure that the delivery of safe and effective care is supported by accurate record keeping. This is in accordance with legislative requirements, care standards and professional standards and guidance.</p> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Care documentation has been fully reviewed and updated for all residents across the home. Records are being used and stored appropriately and this is monitored daily via flash meetings and regular management presence/walk aorunds. A review of the use of supplementry charts is underway following 3 staff meetings 23/4/19 and 25/4/19 and these will be tailored to be more person centred.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 30 April 2019	<p>The registered person shall ensure that registered nurses given the responsibility of taking charge of the home in the absence of the manager first completes a competency and capability assessment for the nurse in charge.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Nurse in charge competency assessments have been completed for all nurses with exception of 1 nurse who started in home 29/4/19 - this will be completed before initial induction is completed</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 22.10 <b>Stated:</b> Second time <b>To be completed by:</b> 30 April 2019	<p>The registered person shall ensure that falls occurring in the nursing home are reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate action has been taken.</p> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            A falls analysis has now been completed and this will be overseen by the Quality Improvement Lead on a monthly basis along with Regional Director. A further reviewed has led to a Falls Pack being introduced which will help the falls management process be more holistic and complete</p>
<b>Area for improvement 2</b>	<p>The registered person shall ensure that methods currently used to</p>

<p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2019</p>	<p>communicate information regarding changes to patients' care needs are reviewed to ensure the delivery of safe and effective care.</p> <p>This includes but is not limited to the verbal and written shift handover reports and written information regarding patients' diets held in dining rooms.</p> <p>Ref: 6.2 and 6.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> This has been reviewed and there is recorded evidence of sharing details with all staff including the catering team as well as reviewed against careplans</p> <p>The registered person shall ensure that pull cords in use in the home can be and are cleaned effectively.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Plastic coated cords are on order</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that oxygen in the home is managed in accordance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Unused oxygen cylinders have been removed and those remaining are attached to wall bracket/trolley. An Oxygen sign is in place at the appropriate door entrance</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered person shall ensure that staff in the home have knowledge and training on managing the distressed reactions in patients with dementia.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Creative Minds - Priory's Dementia Course has been re-delivered to a group of staff at the end of March/April 2019 and a further course has been arranged for June 2019. A quality improvement plan has been established to ensure an ongoing review is maintained and there is a plan to establish a key worker system in May 2019 to help promote a more therapeutic understanding of individual residents Dementia needs</p>
<p><b>Area for improvement 6</b></p>	<p>The registered person shall ensure that patients, who receive a late meal, are facilitated with a later meal, if required, at the next</p>

<p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>mealtime.</p> <p>Ref: 6.3</p>
<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> This is now reviewed and was discussed at staff meetings in April 2019. A record is being maintained regarding this. This was also discussed at a staff meeting and will be further supported by the new key worker system. Catering team are aware of the need for flexibility</p>

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



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