

# Inspection Report

14 October 2021



## Ben Madigan Care Home

Type of service: Nursing Home  
Address: 36 Mill Road, Newtownabbey, BT36 7BH  
Telephone number: 028 9086 0787

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited</p> <p><b>Registered Person/s OR Responsible Individual</b> Mrs Nicola Cooper</p>	<p><b>Registered Manager:</b> Mrs Tracey Henry – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Tracey Henry</p>	<p><b>Number of registered places:</b> 64</p> <p>A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.</p>
<p><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) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.</p> <p>A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 64 patients. The home is divided in three units over two floors. The Hillview Unit on the ground floor provides general nursing care for patients. The Bellevue and Coastview Units on the first floor provide care for patients with dementia. Within each unit patients have access to communal lounges and dining rooms.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 October 2021, from 10:30am to 5:30pm by two care Inspectors.

Prior to the inspection concerns were raised with RQIA by the Northern Health and Social Care Trust (NHSCT). The concerns were in relation to staffing arrangements, communication of patient need and the prevention and management of pressure ulcers.

Following a review of this information RQIA decided to undertake an inspection which focused on the following areas:

- staffing arrangements
- care delivery and record keeping
- management and governance arrangements.

The inspection report from the most recent care inspection had not been issued prior to the date of this inspection. Therefore the areas for improvement identified since the last care inspection were not reviewed.

Records confirmed that the planned staffing was generally provided. Staff responded to the needs of the patients in a timely way and were observed to be respectful, understanding and sensitive to the needs of the patients.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients.

The concerns raised by the NHSCT with regard to the robustness of record keeping were largely substantiated and areas for improvement have been made to address the deficits identified. As a result of this inspection three areas for improvement were identified in respect of care records. Compliance with these areas will improve the standard of record keeping in the home.

### **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 and 'Tell Us' cards 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.

#### **4.0 What people told us about the service**

Patients and staff were spoken with. Patients in the frail elderly unit stated they were generally satisfied with how they were looked after and said they were content in the home. Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However the patients smiled when spoken with and were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

Staff were knowledgeable of patients' assessed care needs and also of patients likes, dislikes and preferred routines.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Following the previous inspection undertaken on 2 September 2021 concerns were identified with the robustness of the governance and oversight arrangements. As a result it was decided that one FTC notice would be issued under Regulation 10 (1) with the date of compliance to be achieved by 30 November 2021.

As the inspection report from the most recent care inspection undertaken on 2 September 2021 had not been issued prior to the date of this inspection the areas for improvement identified since the last care inspection were not reviewed and have been carried forward for review at the next inspection.

<b>Areas for improvement from the last inspection on 2 September 2021</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that patients are weighed at appropriate intervals to ensure that timely referrals to the appropriate health care professional are made in the event of weight loss. Care plans should be contemporaneously maintained as and when recommendations from the Dietician and/or SALT change.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of insulin to ensure safe systems are in place including:</p> <ul style="list-style-type: none"> <li>• Insulin is administered as prescribed</li> <li>• In-use insulin pens are individually labelled and are documented with the date of opening to facilitate audit and disposal on expiry.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> 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><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the administration of topical medicines to ensure these medicines are administered as prescribed and fully complete and accurate records of administration are maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> 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><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 8.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that improvements are made to the arrangements for patients to communicate with their loved ones and to ensure that relatives are informed and kept up date with the daily life of their loved ones.</p> <p><b>Action taken as confirmed during the inspection:</b> 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><b>Carried forward to the next inspection</b></p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the morning routine is reviewed to ensure that it is flexible and responsive to the needs of the patients; this includes ensuring that patients are provided with breakfast at a suitable time.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>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.</p>		
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' care records are regularly evaluated and that daily records are consistently meaningful and informative.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>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.</p>		
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all the required details are completed on patients' supplementary care records.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>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.</p>		
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for patients who are prescribed medications for the management of pain.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>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.</p>		

<b>Area for improvement 6</b>  <b>Ref: Standard 4</b>  <b>Stated: First time</b>	The registered person shall ensure care plans are in place for patients prescribed medicines on a “when required” basis for the management of distressed reactions. The reason for and outcome of administration of medicines for distressed reactions should be consistently recorded.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

A review of staff rosters from the four week period prior to the date of the inspection was completed. Records confirmed that the planned staffing was generally provided. The manager reported that the number of staff on duty was regularly reviewed in line with patient dependency and the number of patients in the home to ensure the needs of the patients were met. Observations confirmed that there was enough staff on duty to respond to the needs of the patients in a timely way.

Systems were in place to check that staff were appropriately registered with a professional body and their registration remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

The Manager provided an update on recruitment for vacant positions in the home; it was good to note that recruitment had been successful for the position of Administrator and Activity Leader.

A review of the use of agency staff was completed. The manager confirmed that agency staff were currently used in response to vacant posts. Where possible, staff members were blocked booked to mitigate against inconsistency in care.

Patients were happy with the manner in which staff attended them; they told us that staff were always around and willing to help when needed.

Staff demonstrated respect for the patients’ privacy and dignity by the manner in which they supported them.



### 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. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. A written hand over report was also completed on each shift by the nurses in charge of the units. The report was available to staff and the manager and provided an over view of any significant issues or changes to patient over the previous 24 hour period.

A range of assessments were completed to identify patients' needs. From these assessments care plans were created and these contained details of the individual care each patient required. Whilst care plans were reviewed regularly they were not always updated to reflect changes to treatment, for example with wound care or Speech and Language Therapy (SALT) recommendations. This was identified as an area for improvement. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Care records for skin integrity should include the frequency with which patients required to be assisted to change their position; this was identified as an area for improvement. Whilst repositioning charts were maintained they did not consistently evidence that patients were assisted to change their position frequently. This was identified as an area for improvement during the previous inspection and is included in the quality improvement plan (QIP). There was no evidence that the repositioning charts were reviewed or evaluated by the registered nurses on a daily basis; this was identified as area for improvement.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch; there was a relaxed atmosphere with staff taking time to support and encourage patients to eat. The meals served were home cooked and smelt and looked appetising. Staff were familiar with patients' likes and dislikes and worked closely with the catering staff to ensure those patients with a poor appetite were provided with choices they liked. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need.

Patients were warm and comfortable and had been assisted by staff to attend to their personal hygiene needs. Staff were skilled in communicating with patients; they were observed to be respectful, understanding and sensitive to their needs.

### 5.2.3 Management and governance arrangements

At the time of the inspection temporary management arrangements were in place and the Regional Care Director was based in the home to undertake the role of manager. Recruitment was ongoing to appoint a permanent manager. Management support was also provided by the Quality Improvement Lead within the company.

The manager was knowledgeable of the day to day issues in the home and the challenges of recruiting and retaining staff.

Staff commented positively about the manager and described them as supportive and approachable and were confident that if they brought concerns to her attention they would be addressed.

## 6.0 Conclusion

Staff responded to the needs of the patients in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. Staff were knowledgeable of patients' assessed care needs and were skilled in communicating with patients; they were observed to be respectful, understanding and sensitive to their needs.

The concerns raised by the NHSCT with regard to the robustness of record keeping were largely substantiated and areas for improvement have been made to address the deficits identified. As a result of this inspection three areas for improvement were identified in respect of care records. Compliance with these areas will improve the standard of record keeping in the home.

## 7.0 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
<b>Total number of Areas for Improvement</b>	4*	9*

\* The total number of areas for improvement includes ten which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Henry, manager and Rosemary Clarke, Quality Improvement Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p><b>Ref: 5.1</b></p>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that patients are weighed at appropriate intervals to ensure that timely referrals to the appropriate health care professional are made in the event of weight loss. Care plans should be contemporaneously maintained as and when recommendations from the Dietician and/or SALT change.</p> <p><b>Ref: 5.1</b></p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall review the management of insulin to ensure safe systems are in place including:</p> <ul style="list-style-type: none"> <li>• Insulin is administered as prescribed</li> <li>• In-use insulin pens are individually labelled and are documented with the date of opening to facilitate audit and disposal on expiry.</li> </ul> <p><b>Ref: 5.1</b></p>
	<b>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.</b>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall review the administration of topical medicines to ensure these medicines are administered as prescribed and fully complete and accurate records of administration are maintained.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 8.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that improvements are made to the arrangements for patients to communicate with their loved ones and to ensure that relatives are informed and kept up date with the daily life of their loved ones.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the morning routine is reviewed to ensure that it is flexible and responsive to the needs of the patients; this includes ensuring that patients are provided with breakfast at a suitable time.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that patients' care records are regularly evaluated and that daily records are consistently meaningful and informative.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that all the required details are completed on patients' supplementary care records.</p> <p><b>Ref: 5.1 &amp; 5.2.2</b></p> <p><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure care plans are in place for patients prescribed medicines on a "when required" basis for the management of distressed reactions. The reason for and outcome of administration of medicines for distressed reactions should be consistently recorded.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for patients who are prescribed medications for the management of pain.</p> <p><b>Ref: 5.1</b></p> <p><b>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.</b></p>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that care records for skin integrity include the frequency with which patients required to be assisted to change their position.</p> <p><b>Ref: 5.2.2</b></p> <p><b>Response by registered person detailing the actions taken:</b> The position change records continue to be reviewed to ensure frequency has been recorded and cross referenced in the plan of care. This continues to be monitored on an ongoing basis through documentation quality walk rounds and daily "ad hoc" checks to ensure compliance. To be reiterated to staff and forms part of the the staff meeting agenda.</p>

<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure that care plans are updated to reflect changes to treatment, for example with wound care or SALT recommendations.</p> <p><b>Ref: 5.2.2</b></p>
<p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure that repositioning charts are reviewed and evaluated by the registered nurses daily to ensure that care is delivered as planned.</p> <p><b>Ref: 5.2.2</b></p> <p><b>Response by registered person detailing the actions taken:</b> The care plans have been reviewed to reflect the current SALT recommendations and wound care as prescribed. A specific wound care file has been set up for each unit and weekly tissue viability audits commenced to review alongside reported wounds and or pressure areas, care plans and prescribed care.</p> <p><b>Response by registered person detailing the actions taken:</b> The position charts are reviewed by the Nurse in Charge to ensure care has been delivered as planned. This is checked through the Manager daily quality walk round on an ad hoc basis and continues to be an area of focus.</p>

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



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