

# Inspection Report

18-19 July 2023



## Ben Madigan Care Home

**Type of Service: Nursing Home**  
**Address: 36 Mill Road, Newtownabbey, BT36 7BH**  
**Tel no: 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:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Mitchell</p>	<p><b>Registered Manager:</b> Mrs Angela Cerasela Stefanoiu</p> <p><b>Date registered:</b> 16 March 2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Angela Cerasela Stefanoiu - manager</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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 63</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 63 patients. The home provides care for patient who require nursing care and dementia care. Patients have access to individual bedrooms, communal bathrooms lounges and a dining room.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 18 July 2023, from 9.15 am to 4.45 pm and on 19<sup>th</sup> July 2023 from 9.20 am to 12.30 pm by a care 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.

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.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

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 inspection were discussed with the management team at the conclusion of the inspection.

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

Patients, visitors and staff were spoken with individually and in small groups. Patients and relatives spoke positively about living in and visiting the home, the meals, staffing arrangements and communication with families.

There was a range of views provided from staff in the home. Staff said that team work was good and there were no concerns about staffing levels in the home, however some staff felt that communication from the management team was poor. This was brought to the attention of the management team for their review.

There were no completed patient and relatives' questionnaires received and no response to the online staff survey following the inspection.

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 9 February 2023		
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 20 (1) (a) <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second 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"> <li>• Shower seats are effectively cleaned</li> <li>• Paper towel and hand soap dispensers are effectively cleaned</li> <li>• Cracked or worn bed rail protectors are replaced</li> <li>• Wheelchairs and manual handling equipment are effectively cleaned.</li> </ul>	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. This is discussed further in section 5.2.3. This area for improvement has been stated for a third time.</p>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 12</p> <p>Stated: Second time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<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>	<b>Partially met</b>
	<p>Activity care records should evidence a meaningful review of the patient's involvement in the activity.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. This is discussed further in section 5.2.4.</p> <p>This area for improvement has been stated for a third time.</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 was provided and included areas such as infection prevention and control (IPC), moving and handling and fire prevention.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the staffing levels. However; some staff felt there was poor communication between staff and management. This was brought to the attention of the management team for their review.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was observed 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.

Staff told us that the patients' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff were observed to work well together as a team and the raised no concerns about the staffing levels in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, care records did not accurately reflect the patients' needs and repositioning care. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alarm mats were used where required.

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.

The dining experience was an opportunity of patients to socialise; the atmosphere 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 pleasant experience and had a meal that they enjoyed.

There was choice of meals offered and the food smelled appetising, and there was a variety of drinks available. However; the meal for patients who required modified diets did not appear appetising. This was discussed with the manager who agreed to arrange for further support and training in this area. This will be reviewed at the next inspection.

The portion size for the evening meal appeared small. Discussion with patients and staff established that the main meal was served at lunch time. The manager agreed to review this and consult with patients regarding their preferences.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were reviewed and generally well maintained; however, there was no documented specified action to be taken in the event of a patient's low fluid intake. Oral hygiene was not always recorded when provided. An area for improvement was identified.

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

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**

Observation of the home's environment evidenced that the home was generally tidy and there was a welcoming atmosphere. Patients' bedrooms were personalised with items important to the patient. There was evidence throughout the home of "homely" touches such as snacks and drinks available throughout the day.

Some areas of the home, such as en-suite bathrooms and communal areas required redecoration, repair or replacement. An area for improvement was identified.

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 infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice and the environment identified a number of infection prevention and control (IPC) issues which required to be addressed. This was discussed with the management team and a robust action plan was submitted to RQIA following the inspection detailing how these issues would be addressed. This area for improvement has also been stated for a third time.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

An electrical plant room and communications room were found to be unlocked and fluid thickening agents were not securely stored. This was brought to the attention of staff for immediate action and 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 have family/friends in their room or one of the lounges and could go out to local shops in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included what clothes they wanted to wear and food and drink options.

There was a range of activities provided for patients by staff, however, the activities were not always meaningful to patients and often did not take place regularly as planned. A robust action plan was submitted following the inspection detailing how this was being addressed. The action plan was accepted by RQIA. This area for improvement has been stated for a third time.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **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 of the home since 16 March 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.



Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident 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 a system in place to manage complaints. There was evidence that good records were maintained.

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.

## 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 (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	3*

\* the total number of areas for improvement includes one regulation and one standard that have been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Angela Cerasela Stefanoiu, registered manager and Mary Stevenson, regional manager, 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 (7)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 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. This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• Shower seats are effectively cleaned</li> <li>• Paper towel and hand soap dispensers are effectively cleaned</li> <li>• Cracked or worn bed rail protectors are replaced</li> <li>• Wheelchairs and manual handling equipment are effectively cleaned.</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A thorough Environmental Audit with focus on IPC was completed further to inspection and initial action plan shared with Lead Inspector. The progress of this continues to remain a priority in the Home with frequent review of progress and revisiting of the action plan. Focus was particularly on areas listed. Spot checks are now embedded for nursing staff on each shift and for Registered Manager on walkrounds as well during senior management visits. Meetings have been held and communications issued to nursing staff , care staff and housekeeping staff regarding the responsibilities within their role for ongoing sustained improvements in this area.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2023</p>	<p>The registered person shall ensure all parts of the registered nursing home are well maintained and decorated.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Environmental audit was completed for all areas of the home. Areas in need of redecoration, repair or replacement were identified. Action plan with time scales for completion in place. Refurbishment programme with updated timescales for flooring and redecoration needs was updated.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</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 all parts of the registered nursing home to which patients have access to are free from hazards to their health and safety.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have been reminded about their responsibilities to ensure all parts of home are free from hazards. This included reminding that thickening agents are kept locked in the treatment rooms when not in use and that all stores are appropriately locked.</p> <p>All electrical plant rooms and communications room have signage on door to be kept locked at all times and limited access given to reduce risk of doors being left open. Spot checks systems have been introduced for nursing staff and within HM walkround audits and will continue to be checked when senior management visit</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 11</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 21 August 2022</p>	<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><b>Response by registered person detailing the actions taken:</b></p> <p>Activity Coordinator position is temporarily filled at present and a development plan ongoing with this individual with support of senior management. A Development plan is also ongoing all nurses and care staff regarding meaningful activities and recording of same appropriately</p> <p>Recruitment process for permanent Activities Coordinator remains ongoing.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</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 there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.</p> <p>Ref: 5.2.3</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> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Resident's care plans in relation to pressure care risk were amended to have more realistic targets in regard to frequency for repositioning assistance. Personalised plans of care in new electronic care record system is positively supporting improvements in supplementary records. Staff have been reminded in meetings and communication regarding their responsibilities in this area. Focus audits are ongoing by management.</p> <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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Care plans in each unit in relation to oral care and reduced fluid intake have been reviewed and specific action to be taken if the resident refuses oral care assistance or hasn't made the fluid target. Amendments made where needed. Registered Manager is now receiving with shift report a Fluid Balance report to review and follow up on any shortfalls. Staff have been reminded regarding their responsibilities in care records made including regarding oral care and fluid balance. The written handover is updated daily with any care refused , any targets not met and action taken. Senior management will review during support visits to the Home.</p>

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



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