

Inspection Report

Name of Service: Ben Madigan Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 20 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Angela Cerasela Stefanoiu
Service Profile – This home is a registered nursing home which provides nursing care for up to 70 patients. The home is divided into three units over two floors. The Hillview unit is located on the ground floor and provides general nursing care and care for patients with a terminal illness, physical disability over and under 65 years of age. The Bellevue and Coastview units are located on the first floor and provide care for patients living with dementia. Patients have access to communal bathrooms, lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2025, between 9:25 am and 5:00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 28 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection eight areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next inspection and one area for improvement has been stated for a second time. Full details including new areas for improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "staff treat me exceptionally well" and "staff are wonderful".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

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

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "staff are caring and I am very happy with being here".

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "We are very happy with the care provided, if we have any concerns we know that staff will do their best to help try ease those concerns".

Following the inspection, no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. Review of two recruitment records evidenced that whilst relevant pre-employment information was available within the home the induction records were incomplete. This was identified as an area for improvement.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Review of the duty rota evidenced that on a number of occasions the planned staffing levels for domestic provision for the home had not been met. This was discussed at feedback and assurances were given from the management team that this was being addressed and recruitment was on-going. This will be reviewed at the next inspection.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

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.

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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position.

Wound care records were reviewed, in the two records reviewed, the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out. This was identified as an area for improvement.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The menu displayed in the dementia unit was handwritten and difficult to read. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

The activity schedule was on display. Activities planned for the week included board games, balloon games and music. However, examination of activity records lacked detail in regards to patient participation. An area for improvement was identified.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

The monthly evaluation of care was reviewed. Review of care records identified that the content of reviews and evaluations undertaken by staff were found to be generic and had not been personalised for the patient. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. However, some infection prevention control (IPC) deficits were noted with patient equipment; a number of shower chairs, crash mats and fans required cleaning. An area for improvement as identified.

Observation of the environment on the first floor identified concerns regarding the management of risks to patients. Food, fluids and toiletries were accessible in a number of patient bedrooms. This area for improvement was stated for a second time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

It was observed that in a number of bedrooms, there was no access to a call bell system for patients and staff to summon assistance if and when required. Review of patient records evidenced that care plans and risk assessment did not reflect the current needs of the patients and lacked detail in regards to how they could summon assistance. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Angela Cerasela Stefanoiu has been the registered manager since 16 March 2022.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	5

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Angela Cerasela Stefanoiu, manager and Alana Irvine, 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 13 (4) Stated: First time To be completed by: 21 September 2024	The registered person shall review the management of medicines for patients who require their medicines to be crushed to aid administration to ensure that: <ul style="list-style-type: none"> • there is a risk assessment in place • there is a care plan in place to direct staff • a pharmacist is consulted to check if it is appropriate to crush each formulation prescribed. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: 20 May 2025	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Immediately following the inspection a review of residents bedrooms and ensuites was carried out. Safety locks have now been fitted to a drawer in each bedside cabinet and residents toiletries are now stored in this to ensure each residents safety. In relation to access to food and fluids, a supervision was completed with all staff to ensure they are all aware of the personal responsibility to ensure safety checks are carried out daily and monitored throughout their shift to ensure no food, fluids or toiletries are accessible to those residents identified as being at risk. The importance of ensuring all parts of the home which residents have access to is free from hazards was discussed at a team meeting prior to the inspection and the minutes of this meeting was shared with all staff following inspection. Monitoring of residents access to hazards is completed during the Registered Managers daily walk round and any concerns identified are addressed immediately with staff. Compliance will also be reviewed during the monthly Regulation 29 visit.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that patients have access to a call bell in their bedroom. If a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the inspection a risk assessment for the use of call bells was completed for each resident.</p> <p>Following this a care plan was put in place for all residents including those who were identified as not being able to use the call bell or being at risk of harm when using a call bell. These care plans include how the resident could summon assistance if able and the frequency of checks staff will carry out to maintain residents safety.</p> <p>The Registered Manager completes spot checks during her daily walk round if patients have access to nurse call bell system and if deficits are identified these will be immediately addressed.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p>	<p>The registered person shall ensure that induction records are completed in full for all newly recruited staff.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Induction booklets have been reviewed by the Registered Manager and a matrix devised to provide a overview of these. On completion of the induction period the Registered Manager will review the induction document to ensure all sections are fully completed and then sign off.</p> <p>All new employees also complete the Induction Module on the HCI E Learning Platform.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure that wound care is completed in keeping with the recommended dressing frequency documented in the patient's care plan.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the inspection a full review of all residents who require wound care was carried out by the Registered Manager and Deputy Manager and remedial actions identified were addressed.</p>

	<p>All Registered Nurses have completed a supervision on their roles and responsibilities for managing wounds.</p> <p>All Registered Nurses complete a Wound Care Module on the HCI E Learning Platform, this is currently 100% compliant.</p> <p>Wound documentation is reviewed by the Registered Manager when completing the weekly Resident at Risk Report and the monthly Tissue Viability Audit. An action plan will be generated with a specified time frame for completion if deficits identified.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that they are meaningful. A record should be kept of all activities that take place, the names of the person leading each activity and the patients who participate.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A structured and person-centred approach is in place, supported by the use of Person-Centred Software (PCS). All planned activities within the home are recorded daily in PCS, including the nature and purpose of the activity, the name of the staff member leading it, and a list of residents who participate. This ensures that robust and accessible records are maintained. Each resident's participation is reviewed regularly, and activities are tailored to their individual needs, preferences, and abilities as outlined in their care plans. Staff are encouraged to record both formal group activities and meaningful one-to-one engagement, to reflect a holistic view of social stimulation and interaction.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that monthly care plan reviews are meaningful and patient centred.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff responsibilities regarding completion of meaningful and person centred care plan reviews was the focus of a supervision completed with Registered Nurses following the inspection. A selection of care plan audits are completed monthly and an action plan generated to address any deficits identified. Care documentation is also reviewed during additional audits carried out in line with the HCI Governance Checklist. Care records are also spot checked by the Regional Manager during the monthly Regulation 29 visit.</p>

Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 31 May 2025	The registered person shall ensure that a system is in place to ensure that patient equipment is effectively cleaned. Ref: 3.3.4
	Response by registered person detailing the actions taken: Immediately following the Inspection, the deficits identified were addressed by the team. Infection control audits continue to be completed monthly, with action plans being formulated as required and issues addressed within the specified timeframe for completion. Spot checks are completed during the Registered Managers daily walk round and by the Regional Manager during Regulation 29 visits. Any deficits identified will be addressed at the time.

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