

Inspection Report

30 November 2021



Ben Madigan

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

Organisation/Registered Provider: Amore (Ben Madigan) Ltd Responsible Individual(s): Miss Sarah Elizabeth Perez (Applicant)	Registered Manager: Mrs Tracey Henry – not registered
Person in charge at the time of inspection: Mrs Tracey Henry, Acting Manager	Number of registered places: 64
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 45
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 64 patients. The home is divided into three units situated 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 living with dementia. Within each unit, patients have access to communal lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 30 November 2021 between 10:10am and 4:00pm. This inspection was conducted by two care inspectors and a pharmacist inspector.

During the previous inspection on 2 September 2021, concerns were identified regarding a lack of robust governance and oversight arrangements. As a result, one Failure to Comply (FTC) Notice was issued under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005; the date of compliance in respect of the FTC Notice was 30 November 2021.

This inspection was planned to assess compliance with the actions detailed in the FTC Notice. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC Notice.

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 FTC Notice referenced in Section 2.0, 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 and staff to obtain their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home and how staff went about their work was observed.

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

We spoke with patients, relatives and staff, all of whom commented positively about the delivery of care.

5.0 The inspection

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

The most recent inspection to the nursing home was undertaken on 14 October 2021 by two care inspectors; the areas for improvement identified during that inspection were not reviewed and have been carried forward to the next inspection.

The previous inspection was undertaken on 2 September 2021; the areas for improvement identified during that inspection were reviewed during this inspection and are referenced below.

Areas for improvement from the inspection on 2 September 2021.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: 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.	Partially Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been partially met. The completion of clinical/neurological observations is discussed further in Section 5..2.1 This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: 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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of inspection.	The registered person shall review the management of insulin to ensure safe systems are in place including: <ul style="list-style-type: none"> • Insulin is administered as prescribed • In-use insulin pens are individually labelled and are documented with the date of opening to facilitate audit and disposal on expiry. 	Met
	Action taken as confirmed during the inspection: This area for improvement was subsumed into the Failure Comply Notice for which compliance was achieved.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: 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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A new system has been implemented for the administration of topical medicines. Care assistants administering topical medicines record the administration on separate topical medicine administration charts (TMARs). The TMARs were stored in each patient's file and were readily retrievable for review. Audit of topical medicines found that medicines were administered as prescribed.</p>		
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance summary</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 8.1</p> <p>Stated: 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>Carried forward to the next inspection</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>Area for Improvement 2</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 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>Carried forward to the next inspection</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>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: 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>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all the required details are completed on patients' supplementary care records.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 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>	Not met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	
	<p>Action taken as confirmed during the inspection: The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three patients. Care plans directing the use of these medicines were not in place. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

<p>Area for Improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: The management of pain was reviewed for three patients. Whilst there was evidence of completed pain assessments, a consistent approach did not appear to be in use and conflicting pain assessments were observed in patients records.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for Improvement 7</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for Improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for Improvement 9</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <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>Carried forward to the next inspection</p>

5.2 Inspection findings

FTC Ref: FTC000161

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following eleven actions were required to comply with this regulation:

The Registered Person must ensure that:

1. A manager is appointed to carry on and manage the nursing home with sufficient care, competence and skill.
2. The agreed temporary management arrangements remain in place until a permanent manager is appointed.
3. There is a robust system in place to ensure that, at all times, there are suitably qualified staff on duty in sufficient numbers to ensure the safe delivery of care.
4. Measures are taken to ensure that vacant posts are filled.
5. An effective system is in place to ensure that staff adhere to infection prevention and control measures.
6. A system is in place to ensure that staff have the required training to meet the needs of patients.
7. A system is in place to ensure the safe management of insulin administration.
8. Staff undertake fire training and participate in fire drills.
9. RQIA are notified of every occasion on which planned staffing has not been met and the measures taken to manage this.
10. A comprehensive programme of audits is completed to review the services provided by the home and any actions required to rectify deficits are taken in a timely manner. These should include accidents/incidents, patient weights, restrictive practices, care records, hand hygiene, infection control and wounds.
11. Regulation 29 monthly monitoring reports are completed and submitted to RQIA on the fifth day of each month until further notice.

Action taken by the registered persons:

Evidence in relation to the eleven action points outlined in the Failure to Comply Notice was gathered to establish if Ben Madigan Care Home had complied with the Regulation. The following was established in relation to each action:

1. Recruitment was ongoing to appoint a manager for the home. RQIA were satisfied that all reasonable steps were being taken to recruit a candidate with the necessary experience and leadership qualities. Whilst this action has not been fully met assurances were provided that the current recruitment drive was appropriate in attempting to secure a permanent manager.
2. The temporary manager has been in post full time since 13 August 2021. A review of records, discussion with staff and regular contact with the service since August 2021 evidenced that the manager is in day to day operation of the home. A new area for improvement was made in relation to RQIA being notified without delay if there are any changes to the management arrangements in Ben Madigan. This action has been assessed as met.
3. A review of staff rosters from the four week period prior to the date of the inspection and the staff roster for the week of the inspection was completed. Records confirmed that the planned staffing was generally provided. Staff were confident that the Manager monitored the provision of staffing closely and that this had led to a more consistent approach to the number of staff provided. This action has been assessed as met.
4. The manager confirmed that successful recruitment has taken place for a number of posts. An administrator had been appointed and was being supported through their induction by administrative staff from other homes within the same group and by the manager. A member of care staff has been appointed as the Activity Co-ordinator, care assistants have been recruited and a registered nurse was in the process of transferring from another care home within the same group. As previously discussed, recruitment was ongoing for a manager and deputy manager. This action has been assessed as met.
5. Staff carried out hand hygiene appropriately, and changed Personal Protective Equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home. No issues were identified during this inspection with the staff adherence to infection prevention and control (IPC) measures. This action has been assessed as met.
6. Records evidenced that a range of training to help staff undertake their role was provided and that there were good compliance. Systems were in place to assist the manager in monitoring who completed which training and when. This action has been assessed as met.
7. Improvements in the management of insulin were observed from the last medicines management inspection and safe systems were now in place. In-use insulin pens were individually labelled and stored appropriately. Two members of staff were involved in the administration of insulin and a review of the audits completed identified insulin had been administered as prescribed. Care plans were in place to direct staff. This action has been assessed as met.

8. Records evidenced that 97 per cent of staff had attended face to face fire training; e-learning training had also been completed by 96 per cent of staff. Unannounced fire drills had been completed throughout the previous three months at a variety of times throughout the day and evening. The names of staff who participated were recorded. This action has been assessed as met.
9. Notifications were submitted to RQIA since the previous inspection of any occasion when the manager was unable to provide the planned staffing. The notifications included the actions taken in an attempt to find staff. This action has been assessed as met.
10. There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of the incidence of accidents, wounds, medicines management and infection prevention and control practices. Where deficits were identified, an action plan was completed with evidence of reaudit to ensure that the necessary improvements to drive quality improvement were made. This action has been assessed as met.
11. Unannounced monitoring visits were undertaken each month. 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. The reports were submitted to RQIA on or before the fifth day of each month as requested. This action has been assessed as met.

5.2.1 Care Delivery and Record Keeping

Patients with wounds had these clearly recorded in their care records. Care plans were in place to direct the care required to encourage healing of the wounds, however, one record did not reflect that the dressing was being renewed in accordance with the frequency detailed in the care plan; this was identified as an area for improvement.

If a patient had an accident or a fall, a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents. Where neurological observations were required following a suspected or actual head injury there were inconsistencies with the period the observations were recorded for. This area for improvement will be stated for the second time.

6.0 Conclusion

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with one FTC notice issued by RQIA on 30 September 2021.

The outcome of this inspection concluded that the home had taken appropriate action to comply with the issued FTC notice. The importance of sustaining the progress made was emphasised.

The inspection resulted in two new areas for improvement in respect of notifying RQIA of any changes to the management arrangements and adherence to care plans for wound care.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection and three which are stated for the second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Perez, Responsible Person (RI) and Tracey Henry, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of the 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>Ref:5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: The Standard Operating Procedure for post falls actions has been re-issued for attention of all Registered Nurses through supervision and individual letters. Post falls pathway was discussed at Registered Nurse meeting. Compliance will be monitored by Registered Manager through accident and incident analysis. This will also be monitored via our flash meeting process so that there is active discussion on the day of an incident and then actions set will be verified during the daily manager walk round.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 32(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>The registered persons shall ensure that RQIA are notified without delay of any changes to the management arrangements in Ben Madigan.</p> <p>Ref: 5.2 & 6.0.</p> <p>Response by registered person detailing the actions taken: The RQIA and Lead Inspector will be notified immediately of any changes to management arrangements in Ben Madigan. Communication has been had with RQIA in relation to the transfer of Ben Madigan to a new provider and a Peri-Manager has commenced via the new providers agency. Induction to the service is led by the Regional Director to support smooth transition, alongside time with the Quality Improvement Lead.</p>

Action required to ensure compliance with Care Standards for Nursing Homes (April 2015).	
Area for Improvement 1 Ref: Standard 8.1 Stated: Second time To be completed by: Immediate from the day of the inspection.	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. Ref 5.1
	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.
Area for Improvement 2 Ref: Standard 9 Stated: First time To be completed by: Immediate from the day of the inspection.	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. Ref 5.1
	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.
Area for Improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediate from the day of the inspection.	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. Ref 5.1
	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>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of the 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>Ref 5.1</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>Response by registered person detailing the actions taken: All patients prescribed medications on a "when required" basis for distressed reactions now have a care plan in place. Registered Nurses have been made aware of the requirement to have these care plans in place for any new individual patients that come into the service. This will be monitored by the Registered Person as part of the documentation quality walk round. The recording of the reason for and outcome of administration of medicines for distressed reactions will be further monitored through the medication quality walk round. Discussion takes place during the daily flash meeting when the manager or NIC enquires about patients’ wellbeing, which will act as a further prompt in accurate recording of medication administration.</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>Ref 5.1</p> <p>Response by registered person detailing the actions taken: All patients who are prescribed medications for the management of pain now have a care plan in place, with evaluations being carried out on a monthly basis or earlier, if the patient's condition / needs change. This will be monitored through the medication quality walk round and care plan reviews.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that wound dressings are renewed in accordance with patients' prescribed care as detailed within their care plan.</p> <p>Ref 5.2.1</p>
<p>To be completed by: Immediate from the day of the inspection</p>	<p>Response by registered person detailing the actions taken: A weekly tissue viability audit is in place, which will be reviewed by the Registered Person on a weekly basis. This is reviewed alongside the wound care file, which is now in place within each unit to support cross-referencing. This will be further monitored on ad hoc files through the daily manager walk round. This will process allows for robust monitoring of wound care management within the service. Wound management also forms part of the daily flash meeting.</p>

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