Unannounced Care Inspection Report
25 June 2019

Ben Madigan Care Home

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

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

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

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up 64 patients. The home is divided into two units each containing 32 beds.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited **Responsible Individual:** Nicola Cooper	**Registered Manager and date registered:** Jill Finlay Acting – no application required
Person in charge at the time of inspection: Jill Finlay	**Number of registered places:** 64 A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.
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) TI	**Number of patients accommodated in the nursing home on the day of this inspection:** 51

4.0 Inspection summary

An unannounced inspection took place on 25 June 2019 from 09:25 hours to 17:40 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with 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.

Evidence of good practice was found in relation to staffing, recruitment, training and the home's environment. There were examples of good practice found throughout the inspection in relation to the management of wound care, nutrition and the dining experience. Good practice was also observed in relation to patient choice and the daily routine. There was good support from management to maintain good working relationships.

The replacement of a number of upholstered chairs and the timescale for the completion of assessments of patient need were identified as areas for improvement.

Patients said that they were generally happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	**0**	**2**

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

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

4.2 Action/enforcement taken following the most recent inspection dated 28 February 2019.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and medicines management, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for nursing and care staff for weeks commencing 29 April, 20 May, 10 and 26 June 2019
- staff training records
- incident and accident records

- five patient care records
- one patient's reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

The area of improvement identified at previous medicines management inspection was reviewed. This area for improvement was met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We talked with a number of the patients and relatives and asked their opinion of staff. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them.

We spoke with the relative of one patient. The relative was happy with how staff supported their loved one with personal care and with their appearance. They were confident that staff responded to changes in their relative's condition and that timely advice/attention was sought for medical issues.

We discussed the staffing levels with staff; all were satisfied that, when the planned staffing was provided, there were enough staff to meet the patients' needs. Additional staff were provided for those patients who require one to one supervision.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Six questionnaires were returned by staff five of whom were very satisfied or satisfied that there were sufficient staff to meet the needs of the patients. Three responses were received from relatives, two of whom were very satisfied with the staff arrangements in the home. One relative commented:

"If I have any issues I get them sorted quickly, the staff are very good."

The comments provided by one relative were discussed at length with the regional director and sound assurances were provided.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for weeks commencing 29 April, 20 May, 10 and 26 June 2019 confirmed that the staffing numbers identified were provided. The regional director explained that, at times, staffing would be adjusted in response to occupancy; they confirmed that the dependency of patients would also be considered.

At the time of the previous inspection the home was heavily dependent on agency nurses. The regional director informed us that they have successfully recruited a significant number of nurses – three of which have commenced employment. We spoke with two of these nurses who confirmed they received a structured induction to enable them to get to know the patients, working practices and the routine of the home. The confirmed that they were well supported by the manager and the regional director and were happy in the home.

The recruitment process is not fully complete for some of the newly appointed nurses and therefore the home continues to use agency nurses. We spoke to one agency nurse who has been working in the home for a number of months. They were knowledgeable of patient need and the day to day running of the home.

The home provides training for staff via an e learning programme and face to face training. During the previous care inspection it was identified that staff required training in responding to distress reactions. Review of training records confirmed that a number of staff had completed an e-learning programme on distress reactions and others had attended face to face training. Further dates were arranged for July and August to ensure all staff had the opportunity to attend this training.

The nurse in charge of the home, in the absence of the manager, was clearly identified on the off duty. A review of records confirmed that a competency and capability assessment had been completed with any nurse who is given the responsibility of being in charge of the home. The completion of competency assessments was identified as an area for improvement following the most recent care inspection and has been addressed. A file containing relevant information, for example the action to take when a member of staff reports sick, outbreak of an infectious disease, post falls management, has been provided and is kept in each unit of the home for ease of access.

The need to complete medication competency assessments was identified during the medicines management inspection completed on 28 February 2019. A review of records confirmed that this area for improvement has also been met.

The environment in Ben Madigan was warm and comfortable. Some bedrooms had been individualised with pictures, family photographs and ornaments brought in from home. During the previous inspection an area for improvement was made to ensure that the pull cords in the home could be effectively cleaned; the cords have since been replaced with wipeable cords. We noted a sign on the bath in the dementia unit stating it was "out of order." The sign was dated 6 June 2019; this was discussed with the regional director who confirmed that the bath needed to be replaced and that a request for a replacement has been processed. Progress with this replacement will be reviewed at the next inspection. In the interim bathing facilities were available on the ground floor. We observed that a number of upholstered chairs throughout the home were heavily stained; whilst these chairs had also been identified for replacement there was no plan in place to action their replacement; this was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment, training and the home's environment.

Areas for improvement

The replacement of a number of upholstered chairs was identified as an area for improvement.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that assessment to identify patient need were completed and care plans were in place to direct the care required to meet the assessed needs of the patient. In two of the care records reviewed the assessment of patient need had not commenced on the day of admission and completed within five days of admission to the home; this was identified as an area for improvement.

We reviewed how patients' needs in relation to wound prevention and care and nutrition were identified and cared for. Wound care documentation evidenced that a body map was completed following the occurrence of a wound. Care plans detailing the dressing regime and care required were in place. Records evidenced that prescribed dressing regimes were adhered to. One patient had a care plan in place for the management of a wound and another care plan which reflected that the patient's skin was intact and prescribed care to maintain skin integrity. The importance of ensuring that care plans are discontinued when the problem is resolved was discussed at the conclusion of the inspection. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed.

Patients have a choice of going to the dining room for lunch or having their meal served to them in the lounge or bedroom. The food was transported from the kitchen in heated trollies and served by the kitchen staff. During the previous inspection improvements were required to ensure that patients who had their meal later were facilitated with a later meal at the next mealtime. Staff spoken with recognised the need for ensuring there were appropriate intervals between meals and that arrangements were in place to provide meals in these circumstances.

There is a choice of dishes at each meal time. The chef explained that they have recently changed when patients choose which meal they would like. Patients now decide at each mealtime. In the dementia unit we observed that both meals were brought to the table for a number of patients. This enabled the patients to actively choose their preferred meal. This approach to mealtimes was commended.

Improvement in the communication of patients care needs was identified during the inspection on 3 December 2018 and stated for a second time following the inspection on 12 March 2019. Staff spoken with confirmed that they received a full report of patients' needs at the beginning of each shift. A written handover report has been introduced and includes any changes to patients' conditions or treatment, falls and medical appointments. The nurses explained that this report is useful as an aide memoire for the handover reports. Care staff were satisfied that the handover reports provide them with the relevant information to keep their knowledge of patients' needs up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of wound care, nutrition and the dining experience.

Areas for improvement

An area for improvement was identified in relation to the timescale for the completion of assessments of patient need.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:25 hours. The majority of patients were enjoying their breakfast. Some patients remained in bed in keeping with personal preference or assessed need. The atmosphere in the home was calm and quiet.

We observed that patients' needs were met by the levels of staff on duty and that staff attended to patients needs in a timely manner. Staff had an awareness of the patients' wishes, preferences and how to provide comfort if required. Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Six questionnaires were returned by staff five of whom were very satisfied that patients were treated with kindness, dignity and respect. Three response were received from relatives, two of whom were very satisfied with all aspects of care in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there have been changes in management arrangements. Temporary management arrangements were in place whilst recruitment for a permanent manager was ongoing. In the absence of a permanent manager the regional operations manager is based in the home to provide support to the manager and ensure a consistent approach for patients, relatives and staff. Discussion with staff evidenced that the current management working patterns provided good support on a day to day basis.

Discussion with the deputy manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Examples of audits completed monthly were accidents/incidents, the use of restrictive practice, care records and wound care.

An unannounced visit was completed monthly on behalf of the responsible person to check the quality of the services provided in the home. The reports of these visits included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the support from management to maintain good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 23 July 2019	The registered person must ensure that the upholstered chairs which are heavily stained are replaced. The timescales for replacement should be included in the registered person's response to this quality improvement plan. Ref: 6.3
	Response by registered person detailing the actions taken: We have located suitable chairs. An order will be placed this week via our systems to ensure that the armchairs will be delivered in the next 6-8 weeks maximum (I am told by the supplier) Therefore, we hope to have seating replaced by 8/11/19 if all goes to plan
Area for improvement 2 **Ref**: Standard 4.1 **Stated:** First time **To be completed by:** Ongoing from the day of the inspection.	The registered person shall ensure that assessment of patient need is commenced on the day of admission and completed within five days of admission to the home. Ref: 6.4
	Response by registered person detailing the actions taken: All assessments are commenced on the day of admission and completed within 5 days of admission within Ben Madigan.

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

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk

@RQIANews

Assurance, Challenge and Improvement in Health and Social Care