



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 4 & 5 February 2020



## Ben Madigan Care Home

**Type of Service: Nursing Home**  
**Address: 36 Mill Road, Newtownabbey, BT36 7BH**  
**Tel No: 02890860787**  
**Inspector: Sharon McKnight**

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Assurance, Challenge and Improvement in Health and Social Care

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 to 64 patients. Dementia care is delivered across two individual units located on the first floor. The general nursing unit is located on the ground floor.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Fiona Cooke – Application not yet received.
<b>Person in charge at the time of inspection:</b> Fiona Cooke	<b>Number of registered places:</b> 64  A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 59

### 4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 09:40 – 16:30 hours and 5 February 2020 from 10:50 – 16:30 hours.

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.

Areas for improvement in respect of previous pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff and their attentiveness to patients, recruitment and induction of new staff and staff training. There were examples of good practice found in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

The daily routine supported patient choice, dignity and privacy and there were monthly audits in place to review the services delivered.

Areas for improvement were identified in relation to the provision of staff in the identified unit for the serving of the evening meal, the recording of the staff rota , staff recruitment records, notification of events and the home's environment. The overall quality of the reports produced as a result of the monthly monitoring visit also require improvement.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	<b>2</b>	<b>5</b>

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Cooke, manager and Sharon Butler, regional care 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 9 September 2020.

The most recent inspection of the home was an unannounced care inspection undertaken on 9 September 2020. 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 pharmacy issues, 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 all staff from 27 January – 9 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- eight patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits on behalf of 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 areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.7  <b>Stated:</b> First time	The registered person shall ensure that there is a clear system to identify those patients who required to be attended to by the podiatrist; if a patient refuses to attend the podiatrist on the day of the visit a system must be put in place to trigger podiatry services in response to individual need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff spoken with were knowledgeable regarding the system to access podiatry services routinely and in response to individual need.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	The registered person shall ensure that the training needs and competency assessments for registered nurses are reviewed and records of completion retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records confirmed that training needs had been reviewed and competency assessments completed. This area for improvement has been 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.**

A system was in place to identify staffing levels to meet the patient's needs. A review of the staff rotas for the period 27 January – 9 February 2020 confirmed that the staffing numbers identified were provided. Additional staff were rostered specifically for patients who required one to one supervision; these staff were not always clearly identified on the rota and therefore there was a risk that they could be included in the overall staffing numbers. This was identified as an area for improvement.

Observation of the delivery of care throughout the morning evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely manner. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team.

Staff stated there was good team work between the grades of staff and were satisfied that there were sufficient staff in the morning to meet the needs of the patients.

We spoke with the relatives of two patients who provided the following comments:

"The staff are very good but I don't think there are enough of them". (dementia unit)

"All of the staff from nurses, carers, kitchen – all over they are wonderful." (general nursing unit)

We noted that lunchtime in the Coastview dementia unit was busy with a significant number of patients requiring a range of assistance; in addition the patients were located in the dining room, the lounge or their bedroom according to their personal preference. In the afternoon the number of staff on duty is reduced. We discussed the serving of the evening meal and how patients' needs were met given that the patients' needs will not change but there are less staff. The number of staff on duty at the evening meal should be reviewed to ensure that patients receive their meals and any assistance they require in a timely manner. This was identified as an area for improvement.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. The date the outcome of the Access NI check is received should be recorded to confirm it was received prior to staff commencing employment; this was identified as an area for improvement. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Training is also provided by the local health and social care trust; for example six sessions of dementia training were arranged for the week following the inspection. This training was being delivered by the dementia home support team. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

We discussed with the manager the recent implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty (DOL) safeguards. Dates have been arranged for the manager to attend the training. The deputy manager and registered nurses had completed training however they are unclear of the application of the DOL safeguards. This was discussed with the regional care director at the conclusion of the inspection who agreed to review staff knowledge to ensure that the training is embedded into practice.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls.



Whilst notifications were sent to RQIA of a number of accidents not all accidents recorded had been appropriately notified. This was identified as an area for improvement. Patients' next of kin and the appropriate health and social care trust were informed of all accidents.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was warm and clean. However the décor in the majority of bedrooms throughout the home was damaged and worn, curtain rails which originally had valances were bare and curtains were worn. A number of armchairs were stained and worn. A small number of bedrooms had recently been redecorated and new curtains and bedlinen provided; these rooms were bright and fresh and in stark contrast to the majority of bedrooms whose décor was worn and tired. A full audit of the home must be completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor. Following completion of the audit an action plan must put in place to address the deficits in a timely manner. This was identified as an area for improvement.

We also observed that the majority of bedrooms in the dementia unit only had one pillow and a significant number of these were lumpy and out of shape. We were informed that new pillows had been provided and that waterproof coverings were now provided to minimise the need to launder the pillows which causes the lumpy appearance. It was agreed that the manager and regional care director would review the provision of pillows and address as necessary. Malodours were noted in three identified bedrooms; the manager agreed to address the issue with odours. The remainder of the home was fresh smelling.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff and their attentiveness to the patient, induction of new staff and staff training.

**Areas for improvement**

Areas for improvement were identified in relation to the provision of staff in the identified unit for the serving of the evening meal, the recording of the staff rota , staff recruitment records, notification of events and the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>2</b>	<b>4</b>

**6.4 Is care effective?**

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

We spoke with three patients individually; all were happy with the care they were receiving. They confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them.

A review of patients' care records evidenced that assessments to identify patient need were completed and care plans were in place to direct the care required.



As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

We reviewed the prevention and management of falls. Care records evidenced that a post fall review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required.

Patients' nutritional needs were identified through assessment and appropriate care planning to identify the specific support required by each patient. Patients' weights were kept under review and checked a minimum of monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records. Food charts were maintained to record patient's daily intake.

We observed the lunchtime meal in the dementia units. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The lunches were served from a heated trolley; staff explained that they could adjust the portion sizes to meet patient's individual preferences. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery. Patients were assisted to the dining room in a timely manner prior to the serving of lunch. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help. As previously discussed an area for improvement has been made with regard to the provision available for the serving of the evening tea in one unit.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patient's routine.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

## Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 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 spent time with the patients throughout our two days; they told us the following:

“I’m back and I am glad.”

“I’m here three years and I like it very much.”

“I’m very comfortable.”

We spoke with the relatives of two patients. Both were complimentary regarding the care and the compassionate nature of the staff. One relative told us:

“I have nothing but praise for the great care.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

We discussed how patient and relative opinion was sought on the day to day running of the home. The regional care director explained that questionnaires were provided annually to relatives; these were last issued between April and June 2019 with a 61% return rate and an overall satisfaction rate of “very good.” Comments were expressed regarding the need for a permanent manager and the use of agency staff. The regional care director confirmed that progress has been made with both these issues and continues to be a priority.

The home has received numerous compliments, mainly in the form of thank you cards. These are some of the comments included:

“Thank you sincerely for all the care, kindness and understanding shown to our ..... in the 5 years that Ben Madigan was her home.”

“Nothing was too much trouble for you and we will never forget how well you looked after all our family in .... final days.”

“To all staff just to say thank you for everything.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice, dignity and privacy of patients and taking account of the views of relatives.

## Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 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.**

A new manager had recently been appointed and was being supported through her induction period by the previous manager and the regional care director. The manager has experience of managing a nursing home and was knowledgeable of her responsibility with regard to regulation. A deputy manager has also been in post from November 2019.

There was a system of monthly audits in place to review the services delivered. Areas audited included the environment, medications and care records. The system included a weekly review of the progress made in addressing any deficits identified.

The owner of the home is required to check the quality of the services provided in the home. This was done during a monthly unannounced visit by a manager of another home within the company. 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. The reports of these visits were available in the home. The reports contained a lot repetitive statements, in some areas there was no variation from month to month. An action plan for any areas of improvement was included in the report however this was not consistently reviewed or commented on. The overall quality of the reports produced for the monthly monitoring visit should be reviewed to ensure it accurately reflects the events observed/reviewed. This was identified as an area for improvement.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Examples of compliments received have been provided in section 6.5 of this report.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the induction of the newly appointed manager and the system of audits in place to review the services delivered.

## Areas for improvement

An area for improvement was identified in relation to the overall quality of the reports produced as a result of the monthly monitoring visit.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Cooke, manager and Sharon Butler, regional care 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.

<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>Ref: Regulation 30(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that RQIA are appropriately notified of any accident in the home where medical advice is sought.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All incidents where medical advice has been sought or GP has been informed are having notifications to RQIA completed which is overseen by the Deputy and Home Manager.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 27(1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 March 2020</p>	<p>The registered person shall ensure that a full audit of the home is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> An audit of the whole home has been completed and sent to our Interior Design Department. All 64 bedrooms are to have new curtains fitted and the lounges and dining rooms are also having new curtains. New bedding and pillows are being ordered. The lounges and dining rooms are to be redecorated. Quotes have been obtained and we are awaiting a start date to commence the work.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that staff rostered for one to one supervision are clearly identified on the duty rota.</p> <p><b>Ref: 6.3</b></p> <p>There is a separate rota for those staff working as 1:1. On the main rota those carers assigned to 1:1 have the residents initials written and highlighted in colour to denote the days that they are assigned to 1:1 and are not working on the floor and therefore are not counted in the numbers.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 12.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 March 2020</p>	<p>The registered person shall ensure that the number of staff on duty at the evening meal, in the identified unit, is reviewed to ensure that patients receive their meals and any assistance they require in a timely manner.</p> <p><b>Ref: 6.3</b></p>

	<p><b>Response by registered person detailing the actions taken:</b> To assist with the serving of the evening meal and assisting those residents who require help, an extra member of staff has been introduced to both floors to do a twilight shift/or 2-8 Shift. This also helps with the supper in the evening, toileting and assisting those residents who wish to go to bed.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that the date the outcome of the Access NI check is received is recorded to confirm receipt prior to staff commencing employment.</p> <p><b>Ref: 6.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> At present the starter pack for all new employees contains the date the Access NI check was applied for and the HR department inform us when the check is through on our weekly conference calls. We have advised HR that the date the check is received needs to be included on the starter pack "Key Time Line". They are currently working to have this detail included. In the meantime we are recording this information via email from HR on a weekly basis.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 March 2020</p>	<p>The registered person shall ensure that following completion of the environmental audit an action plan is put in place to address the deficits in a timely manner.</p> <p>A copy of this plan should be submitted with the returned QIP.</p> <p><b>Ref: 6.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> The Plan is to do one Unit at a time in respect of changing curtains and putting up new poles in the bedrooms. The painting of the lounges and dining rooms will be carried out at night and the rooms will be well ventilated before residents use them. It is hoped to complete the redecoration of the home in the summer/ early autumn allowing for any delays caused by the current virus situation</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that the overall quality of the reports produced for the monthly monitoring visit is reviewed to ensure it is an accurate record of the events observed/reviewed.</p> <p><b>Ref: 6.6</b></p> <p><b>Response by registered person detailing the actions taken:</b> The monthly monitoring visits that are carried out by Home Managers and the Quality Improvement Lead of the company have been reviewed at our last Managers meeting and will be done to a higher standard and contain more detail and analysis.</p>

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



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