



# Unannounced Follow Up Care Inspection Report 9 September 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**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 64 persons. The home has two units, each with 32 beds.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Hazel McMullan Registration Pending
<b>Person in charge at the time of inspection:</b>  Irene Nazareth, deputy manager.	<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> 58

### 4.0 Inspection summary

An unannounced inspection took place on 9 September 2019 from 10.45 to 14.35 hours.

This inspection was undertaken following information received by RQIA.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- delivery of personal care
- management of nutrition, hydration and fluid monitoring

The concerns raised prior to the inspection were not substantiated. However, an area for improvement was identified in relation to the access to podiatry services in the home.

The inspection also 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.

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.

#### 4.1 Inspection outcome

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Irene Nazareth, Deputy 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 on 25 June 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 25 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with the majority of patients in small groups, one patient's relative and ten staff.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- five patients care records
- three patients' daily care charts including food and fluid intake charts and personal care charts

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 June 2019.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and were validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 25 June 2019.

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> Ref: Standard 44 Stated: First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The regional care director confirmed that costing for the replacement chairs had been obtained. Confirmation of the timeframe for delivery was received following the inspection along with the arrangements for monitoring the delivery time by the regional care director. RQIA were satisfied that the internal oversight by the regional care director will ensure that this area for improvement is fully met.	
<b>Area for improvement 2</b> Ref: Standard 4.1 Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Delivery of personal care

We arrived in the home at 10:45 hours. We visited the dementia unit and saw that the majority of patients were either in the lounges or their bedrooms depending on personal choice. We observed that all of the patients has been assisted with their personal needs and were nicely dressed and well presented. There was a calm atmosphere throughout the unit. Staff were present in the lounges and were assisting patients with nail and hand care as part of the morning activity. Staff explained that, at times, patients can refuse nail care when being assisted to wash and dress and that by including it as an activity it created additional opportunities to attend to patients' nails.

We discussed with staff how they managed personal care if patients refused their assistance. Staff spoke confidently of the patients' right to refuse assistance but also of their duty of care to ensure that patients received the attention they required. They discussed a number of approaches they would try and spoke of the need to ensure that any unmet care needs were included in the hand over between shifts and with the registered nurses. Records of personal care were recorded daily and included if the patient had refused and the action taken, for example the provision of an alternative type of care.

Care plans were in place for those patients who required assistance with their personal care and appearance, this included details of the level of assistance and the number of staff required was included. Care plans also identified if the patient was resistive to accepting help with personal care.

We spoke with the relative of one patient. They were very satisfied with how staff supported their mother with her personal care needs and that staff managed any refusals of assistance well. They were happy that attention was requested from a GP and other healthcare professionals as needed. The relative said:

"Anything you ask them (staff) – they are so helpful."

"The food is great for mum's generation, meat and two veg and old fashioned puddings."

We discussed how patients access podiatry services. There is an established rolling programme of visits by the local healthcare trust for patients with diabetes. Other patients can either make their own arrangements or avail of the private podiatrist who visits the home approximately every three months. Patients can decline to attend the podiatrist even if it has been assessed that they need an appointment. There was no system in place to rearrange another visit outside of the normal three month scheduling. This was identified as an area for improvement.

It is possible to refer patients to the local healthcare trust for routine podiatry if needed, however they are long waiting times, often in excess of the three month interval between the podiatry services available in the home.

### **6.3.2 Management of nutrition, hydration and fluid monitoring.**

We reviewed the systems in place to identify patients nutritional needs. Assessments and care plans were in place which identified the patients nutritional needs and how they were to be met. Patients' weights were kept under review and checked monthly to identify any patient who had lost or gained weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records.

Food and fluid charts were maintained for all patients and a review of a sample of completed charts evidenced that patients' fluid intake was satisfactory. The total fluids taken in every 24 hour period were recorded in the patients' daily notes.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Nazareth, deputy 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 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 DHSSPS 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 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><b>Ref:</b> Standard 21.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2019</p>	<p>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.</p> <p><b>Ref: 6.3.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> A template has been set up to ensure that all clients have received a visit from the podiatrist. This is reviewed 2 monthly and put in the diary for staff to follow up. Any client who has diabetes is referred directly to the community podiatrist. If a client refuses to attend they are re-referred for a follow up visit.</p>

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





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