

# Unannounced Care Inspection Report 18 August 2020



## Ben Madigan Care Home

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

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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 nursing home registered to provide nursing care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Lynn Burton- Acting manager
<b>Person in charge at the time of inspection:</b> Lynn Burton	<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> 62

### 4.0 Inspection summary

An unannounced inspection took place on 18 August 2020 from 09.20 to 17.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Ben Madigan Care 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>	3*	3*

\*The total number of areas for improvement includes one area under the regulations and two areas under the standards which have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lynn Burton, Manager and Tracey Henry, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of 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:

- notifiable events since the previous care inspection
- the registration status of the home
- 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 the inspector met with four patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 10 to 23 August 2020
- the home's registration certificate
- five patients' care records
- five patients' supplementary care charts
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 4 and 5 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 30(1) Stated: First time	The registered person shall ensure that RQIA are appropriately notified of any accident in the home where medical advice is sought.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that RQIA were appropriately notified of any accident where medical advice was sought.	
<b>Area for improvement 2</b> Ref: Regulation 27(1)(d) Stated: First time	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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> An audit of improvements required has been completed, however, due to the Covid-19 restrictions the home has not been able to action many of the refurbishment plans.  This area for improvement is carried forward for review to a future 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 41 Stated: First time	The registered person shall ensure that staff rostered for one to one supervision are clearly identified on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the duty rota confirmed staff rostered for one to one supervision was appropriately identified on the rota.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.11</p> <p><b>Stated:</b> First time</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>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the serving of the evening meal in the identified unit evidenced the patients received their meals timely and were assisted as required.</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>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>Carried forward to the next care inspection</b></p>
<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></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>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><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sustainability plan is in plan to include refurbishment of the home; however, due to the Covid-19 restrictions limited refurbishment has been done.</p> <p>Therefore this area for improvement is carried forward to a future inspection.</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>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>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the monthly monitoring reports evidenced adequate completion with corresponding actions as required.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. There has been a recent change in the management arrangements for the home and the new arrangements are being processed by RQIA.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period from 10 August to 23 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- "I love working with older people."
- "Teamwork is good."
- "I am very happy here. We have a good team."
- "I like it here."
- "I love dementia care."

### 6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately and were observed to carry out hand hygiene at appropriate times during our visit. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. The manager recently conducted an audit with the staff to ensure competency with the wearing of PPE.

### 6.2.3 Infection Prevention and Control/Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Some deficits were noted in regard to the environment and several pieces of furniture. This included; two sets of drawer units and an identified mirror were noted to require either repair or replacement. In an identified bathroom the seal on the flooring was observed to be loose fitting; therefore was unable to be properly cleaned. A lounge area on the ground floor and the hairdressing room upstairs contained fabric furnishings, which was identified as needing replaced to more suitable furniture that could be easily decontaminated. These deficits were discussed with the manager for appropriate action and an area for improvement made.

The paint work was noticeably chipped in several patients' bathrooms, communal bathrooms and on corridor hand rails. This was discussed with the manager who advised these deficits have been identified and are included in the refurbishment plans for the home.

Crash mats and bed rail protectors in two patients' bedrooms were identified as needing replaced due to rips; therefore unable to be effectively cleaned. We observed that wheelchairs and the footplates of hoists throughout the home were unclean. These areas were discussed with the manager and an area for improvement was made.

It was identified that topical creams and lotions in patients' bedrooms were not marked with the date of opening. This was discussed with the manager and the importance of dating these items stressed as they have a limited shelf life once opened, an area for improvement was made in this regard.

#### **6.2.4 Care delivery**

We observed that patients looked well cared for and were content and settled in their surroundings. There was a friendly and relaxed atmosphere in the home. Efforts had been made to follow social distancing guidelines while patients were seated in the day rooms.

Visiting was arranged by appointment following the current regional guidance and appropriate risk assessment. Care had been taken to set up a designated area in an effort to ensure that this was as pleasant and meaningful an experience as possible; staff helpfully assisted patients and their relatives as required.

We observed the serving of lunch and tea; we found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy, the menu was displayed, the food on offer was well presented and smelled appetising, staff were helpful and attentive. A limited number of patients were seated in the dining rooms in an effort to adhere to social distancing guidelines. Other patients were served their meal in their bedrooms and provided with assistance as needed.

Review of five patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of patients. Daily records and food and fluid intake charts were observed to be informative and up to date.

Patients spoken with indicated that they were well looked after by the staff. They told us:

- "It's generally good."
- "The girls work hard and do all they can for me."
- "There are nice people in here."
- "The nurses are very good."
- "They are more than good."

One completed patient questionnaire was returned to RQIA and evidenced positive feedback in regard to the care provided to patients.

Thank you cards were displayed the messages included:

- "Angels..... who are caring for our loved ones at this time."
- "Thank you for all you are doing for (xxx) and all the residents."
- "Stay safe, stay well and look after each other as well as you do the residents."

## 6.2.5 Governance and management arrangements

A sample of governance audits reviewed evidenced that the management maintained a good level of oversight in the home. Audits generated action plans with timeframes that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that systems were in place to ensure notifiable events were reported to RQIA or other relevant bodies appropriately.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

### Areas of good practice

Areas of good practice were identified in relation to: care delivery; the use and availability of PPE; care records and governance arrangements.

### Areas for improvement

Three new areas for improvement were identified in relation to infection prevention and control, the dating of topical creams and the fitness of identified pieces of furniture.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn by staff. Three new areas for improvement were identified as outlined in this report.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynn Burton, Manager and Tracey Henry, Operations Manager, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(1)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 March 2020	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the cleaning of wheelchairs and hoists</li> <li>• the replacement of damaged crash mats and bed rail protectors</li> <li>• the replacement of fabric furnishings in the identified areas.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The cleaning of wheelchairs has now been added to the nightshift cleaning schedules. All staff were made aware of their responsibilities regarding cleanliness of equipment before and after use by 1:1 supervision, staff handovers and team briefs. Damaged crash mats were replaced and an audit was carried out on bed rail protectors. All damaged crash mats were replaced. Spot checks are carried out on the Manager daily walk round and through the Quality Walk Rounds.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure the furniture identified during this inspection is fit for purpose and not damaged.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the identified drawer units</li> <li>• the identified mirror.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The identified drawer units and mirror have been removed and replaced.</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 38.3</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 date the outcome of the Access NI check is received is recorded to confirm receipt prior to staff commencing employment.</p> <p>Ref: 6.3</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 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><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The unit managers have been advised to check that the dates of opening are recorded on topical creams and lotions. Ad hoc checks are to be carried out as part of quality walk rounds to ensure compliance.</p>

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



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