

Inspection Report

21 July 2022



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

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Registered Person: Ms Amanda Mitchell</p>	<p>Registered Manager: Ms Angela Stefanoiu</p> <p>Date registered: 16 March 2022</p>
<p>Person in charge at the time of inspection: Marta Walukiewicz – Registered Nurse</p>	<p>Number of registered places: 64</p> <p>A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 June 2022, from 9.30 am to 5.45 pm by care inspectors.

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.

Patients were well presented in their appearance and appeared happy and settled in the home.

Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

New areas for improvement were identified from this inspection and are detailed throughout the report and in section 6.0.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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 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, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with nine patients, 12 staff and two relatives individually. Patients were complimentary on the care that they received and on their engagements with staff.

Discussions with staff confirmed that they enjoyed interacting and engaging with the patients. Staff told us they also enjoyed providing care to the patients and that teamwork was good in the home. Concerns were expressed by staff in relation to staffing levels in one unit which were referred to the management team for appropriate action.

Comments from relatives were passed to the peripatetic manager to action as required. No questionnaires were returned and no response was received from the staff online survey within the allocated timeframe.

5.0 The inspection

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

Areas for improvement from the last care inspection on 30 November 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: Second 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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 32(b) Stated: First time	The registered persons shall ensure that RQIA are notified without delay of any changes to the management arrangements in Ben Madigan.	Met
	Action taken as confirmed during the inspection: Ms Angela Stefanoiu is the current manager of Ben Madigan and RQIA were appropriately informed. This area for improvement has been assessed as met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.1 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 2 Ref: Standard 9 Stated: First time	<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>	Not Met
	<p>Action taken as confirmed during the inspection: On the day of inspection it was observed that breakfast in the Hillview unit was not commenced or completed in a timely manner.</p> <p>Due to the observation on the day of inspection and feedback from staff this area for improvement has not been met and is subsumed into a new area for improvement under Regulation.</p> <p>This will be discussed further in section 5.2.1.</p>	
Area for Improvement 3 Ref: Standard 4 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.</p>	

Area for improvement 4 Ref: Standard 4 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for Improvement 5 Ref: Standard 4 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 6 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that wound dressings are renewed in accordance with patients’ prescribed care as detailed within their care plan.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients. Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients. A copy of the induction programme was submitted to RQIA following the inspection to review.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. We observed the use correction fluid on the duty rota; correction fluid had been used to correct mistakes or if the duty rota had been altered. This is not in keeping with best practice or professional guidance; an area for improvement was identified.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another. Staff confirmed that when they are short staffed, they all pull together for the benefit of the patients.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

Observations and discussion with staff raised concerns regarding the number of staff on duty and the timely serving of breakfast to patients in the Hillview unit. One patient was observed to be assisted with breakfast at 11.15 am. Staff told us that serving of breakfast usually did not commence until 9.30 am. Staff spoken with also told us that they felt that the staffing levels were not adequate and they felt under pressure particularly in the morning time. This was discussed with the management team and an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Deficits in regards to record keeping were identified in a number of care records, namely, correction fluid had been used and errors were seen to have been scribbled out. This is not in keeping with best practice or professional guidance; an area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced the delivery of pressure area care to patients.

Examination of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and were following any recommendations made by these professionals.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. A number of bed rail extension devices were observed throughout the home; examination of patients' care records did not provide a rationale in the patients' care plan for the use of these devices nor was there evidence that the use of these devices had been appropriately discussed with the patient, their next of kin or care manager. This was discussed with the management team and an area for improvement was identified.

The dining experience was an opportunity of patients to socialise the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food. However; it was observed that the daily menu was not displayed in a suitable format in either of the upstairs units; an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the homes environment included patients' bedrooms; en-suites; store rooms; bathrooms and communal areas such as lounges and dining rooms. Patients' bedrooms were observed to be personalised with items important to them such as pictures and sentimental items.

Deficits were identified in relation to the cleanliness of the home. These deficits were brought to the attention of the peripatetic manager on the day of inspection. RQIA received assurance from the Responsible Individual during and following the inspection of the actions implemented to address the deficits identified. An area for improvement was identified.

Deficits were also identified with the management of Infection Prevention and Control (IPC) measures. A number of pieces of equipment, for example, manual handling equipment, wheelchairs, shower chairs, soap and paper towel dispensers required a better clean. A number of bed rail protectors were also seen to be worn and cracked. An area for improvement was identified.

It was observed that a number of beds had not been made; this was discussed with staff who told us that there was a lack of bed linen. This was discussed with the management team and the Responsible Individual advised that a review of linen would be conducted to ensure the home had adequate supply.

We observed thickening agents unattended in all three units of the home; thickening agents should be kept secured when not in use; an area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing; the hairdressing room in the Bellevue unit was observed unlocked; with access to hairdressing equipment. An area for improvement was identified.

A fire risk assessment was conducted on the 8 June 2022; there was no evidence on the action plan that the identified actions were being addressed. The Responsible Individual updated and forwarded the action plan to RQIA which outlined the ongoing work to address the identified actions.

A chair and manual handling equipment was observed in corridors during the inspection with the potential to cause an obstruction in the event of an evacuation; however these pieces of equipment were moved timely. This was discussed on feedback how staff should remain vigilant to ensure corridors are always kept clear and unobstructed.

5.2.4 Quality of Life for Patients

An activities coordinator is employed to plan and implement social activities for patients in the home. The staff member is new in post and generally it was observed they required further training and support in the expectations of the role. There was evidence that planned activities were being delivered for patients within the home and an activity planner was displayed in one unit. The activity records which document activity provision to patients and their engagement in activities was examined; the records lacked sufficient detail as to the activities provided and a meaningful account of the patients' level of interaction. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Angela Stefanoiu has been the Manager in this home since 16 March 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. 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. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	5	5

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2022</p>	<p>The registered person shall review the numbers and deployment of staff throughout the home, with specific reference to the morning routine and the serving of breakfast; to ensure the number and ratio for staff on duty at all times meet the care needs of patients.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Staffing levels are reviewed regularly based on the dependency levels of the residents and when occupancy levels change. Manager is reviewing the rota to ensure skill mix of staff. Morning routine was reviewed and breakfast is now offered starting from 8.30 am. Manager is monitoring breakfast routine during the daily walkabout.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2022</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that all parts of the home are kept clean.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Provision of house keeping hours has been reviewed. Deep clean completed post inspection and hygiene standards being monitored daily by manager and during senior management visits</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • Shower seats are effectively cleaned • Paper towel and hand soap dispensers are effectively cleaned • Cracked or worn bed rail protectors are replaced • Wheelchairs and manual handling equipment are effectively cleaned. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An audit of shower chairs was completed and replacement programme implemented. Paper towel and hand soap dispensers have been checked and all cleaned during deep cleans. Bed rail protectors were replaced Surface cleaning wipes being utilised to clean equipment Night cleaning schedule in place.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Thickening agents are securely stored in the nurses stations and treatment rooms.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated.</p> <p>This is with specific reference to ensuring the hairdressing room remains locked at all times when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Discussed with Hairdresser and Health and Safety implications highlighted - daily checks of room security being completed</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 37.5 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that staff members are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is specifically relates to:</p> <ul style="list-style-type: none"> • the use of correction fluid • errors in documentation are corrected in line with best practice and professional guidance. <p>Ref: 5.2.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Advise and training provided to staff in relation the incorrect use of correction fluid and record keeping. Explanatory note was put into the rotas and at the staff board for information.</p>
Area for improvement 2 Ref: Standard 4.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Supervision completed with trained staff team and post admission audit for care files implemented - this will be further monitored during providers visits by senior management team</p>
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure when restrictive measures are required; the appropriate documentation is completed in full to evidence consent and consultation with patients, relatives and other relevant personnel where appropriate.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Restrictive measures applied have been reviewed and discussed with the patients, relatives and the other relevant personnel. Consent to use the restrictive practice was reviewed and relevant documentation completed.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2022</p>	<p>The registered person shall ensure the daily menu is displayed in all three units in a suitable format to reflect the meals served.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily menu is displayed on white boards in every unit. For dementia unit booklets are available with photographs of the menu</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2022</p>	<p>The registered person shall ensure that activity provision to all patients is understood to be an integral part of the care process and are planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful review of the patient's involvement in the activity.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Activity therapist had further induction training. Activity care records are monitored by manager and during external visits by the senior manager</p>

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