

Unannounced Care Inspection Report 26 March 2018



Ben Madigan Care Home

Type of Service: Nursing Home (NH)
Address: 36 Mill Road, Newtownabbey, BT36 7BH
Tel no: 028 9086 0787
Inspectors: Lyn Buckley and Elaine Connolly

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 64 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited Responsible Individual: Nicola Cooper	Registered Manager: See below
Person in charge at the time of inspection: Registered Nurse M Jankiewicz	Date manager registered: Sarah Jenkins – Registration Pending
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.	Number of registered places: 64 comprising: 34 – NH DE 30 – NH I, PH, PH(E) and TI

4.0 Inspection summary

An unannounced inspection took place on 26 March 2018 from 10:00 to 15:40 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of their patients and staff interactions with patients, ethos and culture of team working, governance arrangements and management of complaints.

Areas for improvement under the regulations were identified in relation to notification to RQIA of any event occurring in the home, infection prevention and control practice, standard of presentation of patients bedrooms, maintenance/replacement of equipment and to review the locking of patients bedroom doors when patients were accessing other areas of the home.

Areas for improvement, under the standards, were identified in relation to staff adhering to correct moving and handling techniques and record keeping.

Patients said that they were happy living in Ben Madigan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson, 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 26 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 26 October 2017. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 10 patients individually and with others in small groups, six staff, and three patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey.

A lay assessor, Trevor Lyttle, was present during the inspection and their comments are included within this report.

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

The following records were examined during the inspection:

- duty rota for nursing and care staff from 19 March to 1 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records from 1 January 2018
- the recruitment and induction file for one staff member
- three patient care records
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; from 1 November 2017.

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 the most recent inspection dated 26 October 2017

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

This QIP was validated by the care inspectors during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure that advice is sought from the home's fire risk assessor regarding the management of fire safety requirements/guidance for laundered curtains to be 're-sprayed or dipped' to maintain flame/fire retardency; and that any required action is taken following receipt of the advice.	Met
	Action taken as confirmed during the inspection: RQIA were informed of the action taken by the manager to address this area for improvement through the return of the quality improvement plan. There were no further issues or concerns raised regarding this matter therefore, RQIA were satisfied that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that all medications are stored securely and that medications are administered only to the patient for whom they are prescribed.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that as required, care plans are put in place to manage the delivery of care and treatment for any patient with a urinary catheter.	Met
	Action taken as confirmed during the inspection: Review of patient care records and discussion with nursing staff confirmed that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for nurses and care assistants. These levels were also subject to regular review by managers to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 March to 1 April 2018 evidenced that the planned staffing levels were generally adhered to. While there was evidence of some staffing deficits due to sick leave, evidence was available to demonstrate that attempts were made to cover shifts. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that shifts were generally “covered” and management had offered enhanced pay rate for working extra shifts in addition to contracted hours. Staff also commented that new staff had been recruited recently and were due to commence working in the home soon. We also sought staff opinion on staffing via the online survey. There were no comments recorded at the time of issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ben Madigan. Two commented that there were not enough staff and one explained that at times they had to wait for staff to assist them to the bathroom. We also sought the opinion of patients on staffing via questionnaires. None were returned at the time of issuing this report.

Relatives spoken with also indicated that their loved ones received the care they needed but that at times there was a delay in staff responding to call bells. We also sought the opinion of relatives/representatives on staffing via questionnaires. None were returned at the time of issuing this report.

Details of comments made in relation to staffing were discussed with the nurse in charge and with the regional care director during feedback.

We did observe during the inspection that call bells were responded to in a timely manner. However, the call bell system was constantly sounding. On investigation the rooms indicated on the system were empty and the call bell had not been deactivated by staff. Addressing this technical requirement with staff should reduce the call bell noise.

Observation of the delivery of care 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 and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that the required enhanced Access NI check had been sought, received and reviewed prior to staff member commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff who confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. For example, observation of the serving of lunch in the dining room on the ground confirmed the correct management of modified diets and fluids. However, two staff were observed to move and handle a patient inappropriately during the mealtime observation. When spoken with staff confirmed they had received training in moving and handling techniques recently and agreed that the technique used was not permitted due to the potential injury risks to both the staff lifting and the patient being lifted. Details were discussed with the nurse in charge to enable them to address this with the staff concerned. Feedback was also provided to the regional care director. An area for improvement under the care standards was made. Observation of other staff moving and handling patients and equipment raised no further concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and generally reviewed as required. These assessments informed the care planning process. Additional inspection findings regarding record keeping are detailed in section 6.5.

We reviewed accidents/incidents records from 1 January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. One accident resulting in a patient sustaining a head injury and an incident involving non administration of medication had not been notified to RQIA. Details were provided to the regional care director during feedback and an area for improvement, under regulation, was made.

Review of records and discussion with the nurse in charge evidenced that there was proactive management of the prevention of falls and the appropriate management of care of patients post fall.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and generally clean throughout. The following areas require to be addressed as follows:

- hand touch points along corridors and on stair cases should be regularly cleaned
- personal protective equipment (PPE) stations for gloves and aprons and alcohol gel dispensers should be regularly restocked
- PPE, incontinence pads and wipes should not be stored in the open where there is a toilet in accordance with regional Infection Prevention and Control (IPC) guidance
- one specialist chair/footstool in the first floor lounge was noted to be badly torn and could not be effectively cleaned.

An area for improvement under regulation was made.

In addition we observed in a number of bedrooms on the first floor that staff had not tidied after the patient had been assisted to the dining room or lounge for breakfast. For example, used gloves were observed behind beds, up to 10 or more coat hangers were hung from the shower curtain rails in a number of bedrooms, soiled clothing, linen and incontinence pads had been

left on the floor of ensuite bathrooms or on a chair in two bedrooms; window curtains had come of the rail in a number of bedrooms, a mattress was used as a crash mat in one bedroom.

In one linen room on the first floor various items had fallen behind the door and the shelves were not fixed to the wall. On both floors we observed that laundered bed linen and the tablecloths in the dining rooms were very wrinkled and had not been ironed.

The difference between the two floors of the home in terms of general tidiness was evident. Details were discussed with the regional care director during feedback. In relation to the wrinkled tablecloths and bed linen, the regional care director confirmed that the home’s iron had not been working and she had approved repairs/replacement two weeks previously. Two areas for improvement under the regulations were made in relation to the environment; and the timely repair/replacement of equipment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of their patients’ needs and wishes; management of modified diets and fluids, provision of assistance during mealtimes.

Areas for improvement

The following areas for improvement under the regulations were made: IPC practices, notification of events/incidents and the maintenance of the environment and equipment.

One area for improvement under the care standards was made regarding moving and handling practice.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

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

We reviewed the management of urinary catheters, falls and pressure area care as recorded within three patient care records. 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. However, it was difficult to access current care plans relating to the needs of the patient due to records not being archived in a timely manner. In addition within two of the records nursing staff had not reviewed risk assessments and care plans on a regular basis. Details were provided during feedback to the regional care director and an area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

In two of the care records reviewed we observed a letter from the manager to relatives regarding the locking of patients' bedroom doors to prevent other patients from entering. Details were discussed with the regional care manager and it was agreed that this practice should be reviewed in conjunction with best practice guidance for management of behaviours that challenge and the deprivation of liberty safeguards issued by DHSSPS. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the day to day delivery and recording of nursing care and the appropriate referrals to other healthcare professionals for advice and recommendations in specific care delivery.

Areas for improvement

One area for improvement under the regulations was made regarding the review of locking of patient bedroom doors.

One area for improvement under the care standards was made regarding record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

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

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been designed to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life

experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you all for your commitment, care and kindness to my ... over the years.”
- “... was very happy, relaxed and at home in Ben Madigan.”
- “We [family] know she received the best of nursing care.”
- “Thank you for the care and patience you all took with ... I can’t than you all enough...”

Consultation with patients individually, and with others in smaller groups, confirmed that living in Ben Madigan was a good experience but some patients and their relatives said that “there could be more staff”. Staffing levels and the delivery of care was reviewed as detailed in section 6.4 Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

Ten relative questionnaires were provided; none were returned within the timescale. Relative who spoke with us during the inspection confirmed that their loved ones were well cared for. They were aware of how to raise concerns and, as stated before, felt that there could be more staff on duty.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the interactions/rapport between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their relatives evidenced that the registered manager's working patterns supported effective engagement with them. Staff were able to identify the person in charge of the home in the absence of the manager.

Following discussion with one relative regarding a concern they had raised with management we reviewed the home's complaints record. It was evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the regional care director and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents to establish if patterns or trends were emerging and if further intervention was required.

Review of accident records evidenced that at least two accidents/incidents required to be notified to RQIA under Regulation 30. Details were provided during feedback and an area for improvement under the regulations was made previously in section 6.4.

Discussion with the regional care director and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and the maintaining good working relationships.

Areas for improvement

No new areas for improvement were made under this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, 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.

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 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that RQIA are notified of events/incidents, occurring in the home, in accordance with Regulation 30.</p> <p>The events/incidents identified as not being notified should be notified retrospectively.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The incidents identified as not being reported have now been notified retrospectively. Communication systems in relation to incident reporting have been reviewed and improved.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that infection prevention and control practices, as listed in the report, are adhered to.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Restocking of PPE dispenser points has been integrated into the existing night time cleaning schedule. Spot checks will be completed on these dispensers during daily walk arounds by the Home Manager or Nurse in charge.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the standard of how patients' bedrooms are maintained in terms of tidiness and cleanliness, and presentation is maintained throughout the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Daily walk arounds to be completed by Home Manager or appropriate person to ensure that rooms are clean and presentable. This will be in addition to a monthly environmental audit of the whole home to ensure that standards are upheld.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the repair/replacement of equipment is timely to ensure the quality of the patient experience is not compromised.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A review has taken place by senior management following previous delays in works being completed . Local contractors are now being sought to ensure that timely repairs/replacements will be facilitated.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that before patients' bedroom doors are locked that they reconsider this practice to manage behaviour that challenge in conjunction with best practice guidance and the Department of Health's guidance on the deprivation of liberty safeguards.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Practices in relation to door locking have been reviewed and alternatives implemented where required</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that staff are aware of their responsibility and accountability regarding their knowledge, skill and practice requirements in relation to safe moving and handling practice.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have undergone further people handling training in the form of another full people handling session with an approved trainer. In addition, staff have attended 1:1 supervision sessions</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed regularly.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Home has a 'resident of the day' system in place to ensure that all careplans and risk assessments are reviewed on a monthly basis. Named Nurses have also been allocated for each resident who are responsible for ensuring that all care plans are rewritten as appropriate to their needs. New care plan audits have been implemented by the company and a schedule will be set up for the Home to ensure that files are regularly inspected.</p>

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



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