

Unannounced Care Inspection Report 26 October 2017



Ben Madigan Care Home

Type of Service: Nursing Home
Address: 36 Mill Road, Newtownabbey, BT36 7BH
Tel no: 028 9086 0787
Inspector: Lyn Buckley

www.rgia.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 Ltd)	Registered Manager: See below
Responsible Individual: Mrs Nicola Cooper	
Person in charge at the time of inspection: Sarah Jenkins – Acting Manager	Date manager registered: Temporary management arrangements in place: Sarah Jenkins – Acting Manager
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

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 09:50 to 17:15.

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 effective communication; governance systems and processes; staff training and knowledge regarding adult safeguarding, safe moving and handling practices and the standard of hygiene and cleanliness of the home's environment. There were also examples of good practice found in relation to the culture and ethos of the home, the provision of activities, the management of the meal times experience and the knowledge staff had of their patients' wishes and preferences.

Areas requiring improvement were identified in regards to the management of soft furnishing/fire safety and medicines; and care planning.

Patients described living in the home in positive terms. 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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Jenkins, Manager, 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 13 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 13 March 2017. Enforcement action did result from the findings of this inspection.

As a result of this inspection and information received from the Public Health Authority (PHA), the registered persons were asked to attend a serious concerns meeting in RQIA. Following this meeting on 28 March 2017 RQIA were provided with assurances that the concerns identified had either been addressed in full or would be addressed within a specified timeframe.

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 the inspector met with six patients individually and with other in small groups and 13 staff. Ten questionnaires for patients and ten patients' representatives for were also left in the home to obtain feedback. A poster directing staff to an online survey to provide feedback was also provided for.

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

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 13 March 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 inspector during this inspection. Refer to next section for details.

6.2 Review of areas for improvement from the last care inspection dated 13 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered provider must ensure that infection prevention and control measures are effectively implemented and maintained in accordance with, regional guidelines and legislative requirements.	Met
	Action taken as confirmed during the inspection: Observations of the environment, discussion with management and staff; and a review of records evidenced that this regulation had been met and practices sustained since the last care inspection in March 2017.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered provider should ensure that the housekeeping/cleaning hours for the home are reviewed to ensure they are adequate to maintain hygiene standards of cleanliness throughout all areas of the home.	Met
	Action taken as confirmed during the inspection: Discussion with management and staff; observation of the home's environment and review of duty rotas confirmed that this standard had been met.	
Area for improvement 2 Ref: Standard 4.8 Stated: First time	The registered provider should ensure that where a patient is deemed at risk of dehydration, care plans and fluid intake charts indicate a daily fluid intake target, in accordance with regional nutritional guidelines and best practice.	Met
	Nursing staff should evaluate the effectiveness of the care delivered and any action taken, by them, when a deficit is identified.	

	<p>Action taken as confirmed during the inspection: Review of a selection of care records and discussion with nursing and care staff confirmed that this standard had been met</p>	
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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 manager confirmed the planned daily staffing levels for the home and confirmed that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 16 to 29 October 2017 evidenced that the planned staffing levels were adhered to. Short notice sick leave was recorded on duty rotas with evidence of actions taken to cover these deficits. The manager confirmed that the home had a policy and procedure relating to the management of attendance at work. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with during the inspection did not raise any concerns regarding staffing levels or the care delivered. 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, while busy, attended to patients needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion on staffing via questionnaires and an online survey. At the time of writing this report one relative's questionnaire was returned. The relative indicated that they were 'satisfied' and recorded "my ... has been in various care homes and I have found Ben Madigan the best of the bunch. Some staff super, other getting their day in."

There were no responses received from patients or staff at the time of writing this report.

RQIA were assured from the review of records, observations of the care delivered and discussion with management and staff; that staffing levels were kept under review, and adjusted as necessary, to ensure the assessed needs of the patients were met.

A review of records confirmed that a process was in place to enable the regular monitoring of 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 and reviewed staff training records for 2017. Records confirmed that; staff received regular mandatory training such as fire safety and moving and handling, and that additional training was also made available to enable staff to fulfil their role and function in the home. Records reviewed were maintained in accordance with the DHSSPS Care Standards for Nursing Homes.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Staff spoken with were aware of their role and responsibilities regarding infection prevention and control measures (IPC) in relation to cleaning, use of colour coded equipment to manage cleaning processes and storage of equipment where there was a toilet and the use of personal protective equipment (PPE) such as gloves and aprons. Observations confirmed the correct use and disposal of PPE. It was observed in one bathroom that staff had stored a hoist and slings; this was discussed with the manager who addressed this with staff before the conclusion of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. During discussion with the housekeeper a concern was raised regarding how curtains, when laundered, required 'resprayed/dipped' to ensure they were fire/flame retardant. During feedback at the conclusion of the inspection it was agreed that the manager would follow this matter up and confirm any action to be taken in the quality improvement plan. An area for improvement was made under the standards.

In a number of patients' bedroom topical medications such as creams and ointments; and food thickeners were observed to be stored openly on shelves or on top of furniture. In addition the medication in the bedrooms did not belong to that patient. This was discussed with the manager who addressed this with staff before the conclusion of the inspection. An area for improvement was made under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding, safe moving and handling practices and the standard of hygiene and cleanliness of the home's environment.

Areas for improvement

An area for improvement was made in relation to seeking information and advice regarding soft furnishings and fire safety; and management of medicines.

	Regulations	Standards
Total number of areas for improvement	0	2

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, pressure area care and nutrition for three patients. Records evidenced that in two out of three; the nursing assessments and care plans accurately reflected the assessed needs of patients and were kept under regular review. Care planning to reflect the management of a urinary catheter was not evidenced in one record reviewed and an area for improvement under the standards was made.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals. Care records also contained details of the specific care requirements for all area reviewed except the management of urinary catheters in one record, as stated previously.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, repositioning and food intake charts were recorded accurately and had been evaluated. Improvements had been noted regarding the management and evaluation of fluid intake since the previous care inspection. Despite the absence of care planning, the delivery of catheter care was recorded, by nursing staff, within the daily evaluations notes of the patient's record.

Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN).

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager.

We also observed the delivery of care throughout the home and were assured that patients' needs were met and that systems and process were in place to assure and monitor effective communication with patients, relatives, staff and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs and the delivery of care observed during this inspection.

Areas for improvement

An area for improvement under the standards was identified in relation to care planning.

	Regulations	Standards
Total number of areas for improvement	0	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 09:50 and were greeted by staff who were helpful and attentive. Patients were enjoying finishing their breakfast or having a morning cup of tea/coffee and snack in the sitting areas/lounge 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 depending of which they preferred and staff were observed assisting patients to 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 in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Ben Madigan Nursing Home. 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 patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

We did not speak with any relatives during this inspection, however, 10 questionnaires for relatives were issued; one was returned within the timescale for inclusion in this report. Relatives indicated that they were satisfied with the care provided across the four domains. The relative added, “My ... has been in various care homes and I have found Ben Madigan the best of the bunch. Some staff super others getting their day in.”

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

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered. Staff demonstrated their knowledge of the SALT definitions of food textures and consistency of fluids.

Observation of notice boards and discussion with staff and patients evidenced that a weekly programme of activities was provided. The home had developed an 'internet café' to enable patients to stay in touch with family not living nearby and also to 'surf the net' as desired. The home was decorated for the Halloween celebrations. The activity therapist also described plans for Christmas which included visits from local schools as well as parties and musical entertainment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the provision of activities, the management of the meal times experience and the knowledge staff had of their patients' wishes and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 and a current certificate of public liability insurance were appropriately displayed in the foyer of the home.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. Staff were able to identify the person in charge of the home in the absence of the registered manager and felt reassured that the deputy manager was now the manager; as this provided continuity of management.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective communication and engagement.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC evidenced that the processes were robust and effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were confident of raising patients' care concerns and needs with the nurse in charge of the shift. In discussion patients and relatives spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working, day to day management arrangements, governance systems and processes and the monitoring of the delivery of care to meet the assessed needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Sarah Jenkins, 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.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Priory H&S Advisor has advised that fire retardant protection treatments last up to 30 washes. Ben Madigan curtains have been washed twice since treated hence the current treatment remains effective. A record will be held of all washes completed in order to ensure correct compliance with treatment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The cream was removed immediately it was noted to be in a bedroom. Staff on duty were advised on the spot about safe storage and correct administration of creams and lotions.</p> <p>Following the inspection a care staff meeting was held and all care staff were advised about the safe storage and correct administration of creams and lotions.</p> <p>Following the inspection a nurses meeting was held and all nurses were advised about the importance of ensuring creams and lotions are supplied to the correct resident only and they must ensure care staff return them for safe / correct storage.</p> <p>The issue was discussed at a safety, quality and compliance meeting.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: Section 6.5</p>
<p>To be completed by: 30 November 2017</p>	<p>Response by registered person detailing the actions taken:</p> <p>The care plan for the resident in question was amended on the day of the inspection - the revised care plan, which now includes the management of a urinary catheter was forwarded to RQIA the following morning - at the time of the inspection there was only one catheter in Home.</p> <p>The issue was discussed at the nurses meeting.</p>

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



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