

Inspection Report

02 August 2023



Madelayne Court

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone	Registered Manager: Mrs Jane Bell – not registered
Person in charge at the time of inspection: Mrs Jane Bell	Number of registered places: 18 The home is approved to provide care on a day basis to 1 person.
Categories of care: Residential Care (RC) I – old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 18 residents. Residents have access to communal lounges and a dining room. There is a garden area to the rear of the home. There is also a registered nursing home located within the same building for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 2 August 2023 from 9.50 am to 6.00 pm by a care inspector.

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.

The home was bright, welcoming and well-maintained. Rooms were spacious with communal areas made accessible for residents for activities or television.

Residents provided positive feedback regarding their experiences in the home. Observation of practice evidenced that staff promoted the dignity and well-being of residents and provided care in a caring and compassionate manner.

Staff were knowledgeable about residents needs and the care they required.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Areas requiring improvement were identified regarding; staff to dependency levels, oversight of NISCC registration, recording of activities and displaying of menus.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents 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

Residents were generally positive when providing feedback about their time in the home. One resident told us, “the staff are good and attentive.” Residents were complimentary about the care provided to them, commenting that the environment was well-maintained.

One resident told us they had issues with the quality of food and portion sizes. This was discussed with the management team who were aware of this and were working with the kitchen and the resident to address this.

No questionnaires were received from residents, relatives or staff following the inspection and we received no responses to the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment stated “it’s a great job you all do and much needed.”

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 inspection on 5 th September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that resident care plans are kept under review and reflect recommendations of the multidisciplinary team.	Met
	This area for improvement is made with specific reference to the management of weight loss.	

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure: <ul style="list-style-type: none"> - RQIA are notified of any incident that adversely affects the health or wellbeing of any resident. - Care staff receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines including the administration of medicines not supplied in monitored dosage sachets.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that resident care plans are person centred and are personalised to the specific resident.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted residents, are fully and accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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 protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff competencies were available, those completed regarding the use of thickening agents were not always signed off by the assessor. A discussion took place with the manager and assurances were provided that these would be reviewed and signed off on completion to ensure if a resident was prescribed thickening agents staff would be competent in administering these. This will be reviewed at the next inspection.

Staff said there was good team work and that they felt well supported in their role, staff said they were satisfied with the level of communication between staff and management. One staff member told us when resident's level of need change, additional staff would be of benefit. Upon review of the staff to dependency levels, there was evidence that some residents required assistance of two with some aspects of their care. Given the current staffing levels, a discussion took place with the management team relating to same and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident shared negative comments relating to a staff member's communication style, the specific comments were shared with the management team who were aware of this and assurances were provided that this was being managed under the complaints procedure and confirmed a referral would be made under Adult Safeguarding.

Other residents reported they were happy with the care provided in the home and that staff were approachable and attentive, one resident said "If I had any worries or concerns, I'd speak to the Senior Care Assistant."

Visiting professionals provided positive feedback on staff's engagement with Speech and Language input and recommendations for fortified diets. The visiting professionals told us, staff were motivated to learn and implement the recommendations outlined by the Multi-disciplinary team.

5.2.2 Care Delivery and Record Keeping

Residents were observed to be comfortable in their environment, clean, neat and tidy and dressed appropriately for the time of year. Staff were observed to recognise residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service and their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu was not on display to reflect the mealtime options. This was discussed with the management team and an area for improvement was identified.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Care records evidenced, residents' weights were checked at least monthly to monitor weight loss or gain.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home environment was bright and welcoming, walkways were unobstructed. The home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available.

Residents told us the environment is kept clean and tidy, one resident said "it is cleaned every day."

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence of residents' participation in regular meetings which provided an opportunity for residents to comment on aspects of the running of the home, for example, planning activities and menu choices.

There was a range of activities scheduled for residents by staff including; bingo, book clubs, gardening and pamper days. The range of activities included social, community, religious, spiritual and creative events. Residents advised there was a range of activities to participate in, however residents' engagement and opportunity to engage in activities were not always reflected in the records held on these. This was discussed with the management team and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

Mrs Jane Bell has been the manager in this home since 23 February 2023. A discussion took place with the Manager regarding completion of an application to register and is planning to discuss further with her management team.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across 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. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. A discussion took place with the management team to ensure documentation of Adult Safeguarding referral forms (APP1s) are fully and accurately completed. This will be further reviewed at the next inspection.

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 residents, care practices or the environment.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

There was a system in place to evidence oversight of staff's NISCC registration, however, this system was not robust as there was evidence of staff working in the home without confirmation of their NISCC registration. Following the inspection, the management team provided assurances that staff requiring registration were registered with NISCC. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, 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. A discussion took place with the management team to ensure these are signed off by the manager to evidence oversight. This will be reviewed at the next inspection. The documents are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* the total number of areas for improvement includes two regulations and one standard which are carried forward for review at the next inspection.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: Carried forward To be completed by: From the date of inspection and onward	The registered person shall ensure: <ul style="list-style-type: none"> - RQIA are notified of any incident that adversely affects the health or wellbeing of any resident. - Care staff receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: Carried forward	The registered person shall implement a robust audit system which covers all aspects of the management of medicines including the administration of medicines not supplied in monitored dosage sachets. Ref: 5.1

To be completed by: From the date of inspection and onward	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure robust systems are in place to monitor and ensure compliance regarding staff's registration with NISCC.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The HM and administrator monitor NISCC monthly and have devised a new spreadsheet to ensure that all staff remain registered. Staff now receive a letter before they are due to renew, to ensure that staff registrations do not lapse. Staff have been written to to ask them to amend their records if Kathryn Homes is not listed as their employer.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: Carried forward To be completed by: From the date of inspection and onward	<p>The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted residents, are fully and accurately maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 25.1 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the number and ratio of staff to residents is kept under review on an ongoing basis to ensure there is adequate staff on duty to meet residents assessed need.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Residents who require Nursing Care have since been discharged to Nursing facilities and the dependencies of residents is monitored by the Unit Manager and Home Manager to ensure prompt referral if required.</p>
Area for improvement 3 Ref: Standard 12.4	<p>The registered person shall ensure the daily menu is on display in a suitable format for residents.</p> <p>Ref: 5.2.2</p>

Stated: First time To be completed by: Immediately and ongoing	
	Response by registered person detailing the actions taken: Audits are undertaken to ensure all medications that are not part of the monitored dosage system are monitored and audited.
Area for improvement 4 Ref: Standard 13.9 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that a consistent record is kept of the activities offered to all residents. Ref: 5.2.4
	Response by registered person detailing the actions taken:

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



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