

Inspection Report

9 June 2022



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 (Applicant)	Registered Manager: Mrs Araceli Flores – not registered
Person in charge at the time of inspection: Mrs Araceli Flores – acting manager	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: 18
Brief description of the accommodation/how the service operates: The 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 and for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2022 from 9.15am to 7.05pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. An inspection of the nursing home was undertaken at the same time as the residential care home inspection.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. One area for improvement identified at the previous care inspection was not met and was subsumed into a new area for improvement under the regulations.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Madelayne Court was provided in a compassionate manner by staff that knew and understood the needs of the residents.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in Madelayne Court. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Four staff, one visiting professional and five residents were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. The visiting professional spoke positively about communication with the home and said that staff knew the residents very well.

Staff agreed that Madelayne Court was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

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 26 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection; this relates specifically to staff understanding of / compliance with hand hygiene in keeping with best practice.	Met
	Action taken as confirmed during the inspection: Although a small number of deficits in individual staff practice were identified, there was sufficient evidence to meet this area for improvement.	
Area for Improvement 2 Ref: Regulation 29 Stated: First time	The registered person shall ensure that monthly monitoring reports are specific to the home and are completed robust so as to identify deficits and drive any necessary improvements in a timely manner.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.	
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 20.10 Stated: Second time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 13 Stated: Second time	The registered person shall ensure that arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.	Met
	Action taken as confirmed during the inspection: Discussion with staff and residents evidenced this area for improvement was met.	
Area for improvement 3 Ref: Standard 19 Stated: First time	The registered person shall ensure that a pre-employment health assessment is completed prior to any offer of employment.	Not met
	Action taken as confirmed during the inspection: Review of recruitment records evidenced this area for improvement was not met. This area for improvement has been subsumed into a new area for improvement under the regulations.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that arrangements are in place to ensure that staff members complete their level 2 training in respect of deprivation of liberty safeguards (DoLS), Mental Capacity Act 2016.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 20.12 Stated: First time	The registered person shall ensure that an annual quality report is prepared evaluating the services provided and involving all key stakeholders in the process.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that an accurate employment history was not available which included reasons for leaving and employment gaps were not explored prior to an offer of employment being made. In addition, a pre-employment health check had not been obtained and proof of the person's identity was not available in the recruitment file. This was discussed with the manager and assurances were given that a new system for reviewing recruitment files was being implemented. An area for improvement identified at the last care inspection was not met and was subsumed into a new area for improvement under the regulations.

Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). The manager provided additional assurances following the inspection that oversight of NISCC registration had been reviewed and will be monitored on a monthly basis.

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

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; residents also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home. The visiting professional spoke positively about communication with the home and said that staff knew the residents very well.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Observation of the administration of medicines noted medicines had been pre-dispensed and administered to at least two residents. This practice is unsafe as it increases the likelihood of medicines being administered to the wrong resident. Medicines should be dispensed immediately prior to administration to each individual resident. This was discussed with the manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. An area for improvement was identified.

At times some residents may require a secure environment or be required to use equipment that can be considered to be restrictive; such as alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of a selection of records and discussion with staff confirmed that the risk of falling and falls were well managed. It was noted that staff did not consistently comment on the status of the resident following a fall. This was discussed with the manager who agreed to address this with staff.

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. It was observed that residents were enjoying their meals and snacks. Staff made an effort to ensure residents were comfortable, and had a meal that they enjoyed.

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

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. There was evidence that care records were regularly reviewed and updated regarding residents' needs.

However, examination of one identified residents records confirmed that following recently weight loss, their care plan was not updated to reflect conversations had with professionals and any recommendations made. In addition, some care plans reviewed were not person centred and had not been personalised to the specific resident. This was discussed with management who confirmed they would arrange care plan training for staff which would be delivered by a manager of a sister residential home. Areas for improvement were identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 25 April 2022. The manager confirmed that all actions identified by the fire risk assessor were being addressed by the maintenance team.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff practice and knowledge were discussed with the manager who agreed to address this with the identified staff through supervision.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV. One resident said they enjoyed an event they attended that day at Flowerfield Art Centre which had live music and a tea party. Although another resident said, "They don't do any activities; we look at each other seven days a week. Maybe we have bingo once a week. We would want something more". Discussion with staff confirmed events were planned to celebrate the Queen's jubilee.

The manager confirmed that the activity co-ordinator role was currently vacant and that there was an ongoing recruitment process to fill the vacancy. Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator. This was addressed by the deputy manager before the end of the inspection. Staff said that activities were not planned at present confirming they found it difficult to provide activities due to ongoing work demands.

This was discussed with the manager who confirmed activity provision would be an area of focus. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

Staff members 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 has been a change in the management of the home since the last inspection. Mrs Araceli Flores has been the acting manager in this home since 4 April 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. The manager confirmed they have plans to review the current care record audits to ensure the deficits identified on inspection are addressed.

Review of records confirmed that systems were in place for staff appraisal and supervision.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative of the responsible individual 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. These reports were available in the home 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 (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Araceli Flores, manager, 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 21 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All pre employment checks are now completed for new staff as identified on the staff check list at front of each file. This includes details of their contracts, accurate employment history, reason for leaving, proof of identity and other essential requirements. These are spot checked also by the home manager.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that medicines are not pre-dispensed prior to administration.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Medicine competencies have been address with the individual staff member concerned and all staff have been asked to ensure that they do not predispende medicines prior to administration. This is spot checked by HM.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2022</p>	<p>The registered person shall ensure that resident care plans are kept under review and reflect recommendations of the multidisciplinary team.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care Plans have been audited by HM on 18th July 22 and were found to be personalised and reflect any advice provided by the multidisciplinary team. Staff have been spoken to regarding this matter and asked to pay particular attention to compliance with this regulation.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2022</p>	<p>The registered person shall ensure that resident care plans are person centred and are personalised to the specific resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care Plans have been audited by HM on 18th July 22 and were found to be both person centered and personalised. Guidance is being issued by HM to all staff regarding the completion of person centred care plans currently.</p>

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