

# Inspection Report

12 February 2024



## Madelayne Court

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd	<b>Registered Manager:</b> Mrs Jane Bell – not registered
<b>Responsible Individual:</b> Mrs Tracey Anderson	
<b>Person in charge at the time of inspection:</b> Jane Bell	<b>Number of registered places:</b> 18
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b>  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 12 February 2024, from 9.20 am to 2.45 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 and welcoming. Residents were seated comfortably in communal areas across the home or in their bedrooms if this was their preferred choice.

It was evident that staff promoted the dignity and well-being of residents, this was observed through staff practice and in the feedback provided by residents.

Staff provided care in a compassionate and caring manner. Residents spoke positively about the care they received and the support provided to them by staff.

Two new areas requiring improvement were identified during this inspection, relating to; Professional Development Plans for staff and the Control of Substances Hazardous to Health (COSHH).

RQIA were assured that the delivery of care and service provided in Madelayne Court was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Madelayne Court.

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 the 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 manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

The feedback provided by residents in Madelayne Court was generally positive with regards to the care they received. Residents told us, they enjoyed living in the home and that staff were friendly and approachable. One resident said, "I love it in here, everyone is so good to me."

Residents said staff were attentive to their needs, one resident told us "if I need anything, I just have to ring the call bell." Residents told us they enjoyed the food in the home and that the environment was kept clean and tidy.

Some residents told us they enjoyed the activities which were available in the home, for example “bingo”, whilst other residents said access to activities could improve; this is discussed further in Section 5.2.4.

Staff said they enjoyed working in the home. Staff told us there was good support from the unit manager and that they worked well as a team.

No resident or relative questionnaires were completed within the identified timeframes. No staff completed the survey within the identified timeframe.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 2 <sup>nd</sup> August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure: <ul style="list-style-type: none"> <li>- RQIA are notified of any incident that adversely affects the health or wellbeing of any resident.</li> <li>- Care staff receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure robust systems are in place to monitor and ensure compliance regarding staff's registration with NISCC.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<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><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the daily menu is on display in a suitable format for residents.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.9</p>	<p>The registered person shall ensure that a consistent record is kept of the activities offered to all residents.</p>	<p><b>Met</b></p>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A system was in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) however, there was evidence that one staff member was not included in the checks and it was not clear that another staff member was registered. Assurances were provided following the inspection to confirm both the staff were registered. A discussion took place with the manager and the area for improvement identified during the previous inspection was stated for a second time.

Staff records maintained for one staff member were not consistent in the spelling of the identified staff member's name. A discussion took place with the manager and assurances were provided that this was amended across all records. This will be reviewed during a future inspection.

Staff said there was good team work and they were well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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 there was enough staff on duty to meet the needs of the residents.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. 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.

Residents told us, staff were responsive to call bells. Comments made by a resident with regards to lack of activities and staff attitude were shared with the manager; RQIA were satisfied with the actions agreed.

Staff told us they received regular supervision and annual appraisals. A sample of staff supervision and appraisals were reviewed. Staff appraisals did not always evidence detailed personal development plans. A discussion took place with the manager and an area for improvement was identified.

### 5.2.2 Care Delivery and The Environment

Staff were observed to be prompt in recognising 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. For example; residents were supported to make choices about their daily life.

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.

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. The menu was on display in a suitable format and was reflective of the meals on offer at the time. 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 they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example, 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 of denture cleaning tablets unlocked in one resident's bedroom, these were removed at the time. A discussion took place with the manager and an area for improvement was identified.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, and magazines. The décor of the home included reminders of the local area for example; paintings of the coastal area.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.



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. One resident who was self-administering their own medication did not have a care plan in place to direct this, this was completed during the inspection. Assurances were provided by the manager that these would be reviewed for all residents. This will be reviewed at a future inspection.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

### **5.2.3 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. Could go out to church, local shops, or other activities in the community.

The activity schedule was not on display at the time of inspection. Some residents told us they weren't always aware of the activities taking place in the home. A discussion took place with the manager and assurances were provided that a new activity co-ordinator has commenced employment in the home. The manager confirmed, ongoing improvements are taking place with regards to activities to ensure residents have access and are included in the planning of activities in the home. This will be reviewed during a future inspection.

Residents were well presented, dressed appropriately for the time of year and personal care was of a good standard.

### **5.2.4 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Jane Bell has been the manager in this home since 23 February 2023 and is currently progressing her application to register.

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 (Jane Bell) 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 delay had been identified relating to one Adult Safeguarding Referral, assurances were provided by the manager regarding the actions taken to address this. This will be reviewed at a future 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.



## 6.0 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
<b>Total number of Areas for Improvement</b>	4*	2*

\* the total number of areas for improvement includes one regulation that has been stated for a second time, 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 Jane Bell, (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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (5 September 2022)	The registered person shall ensure: <ul style="list-style-type: none"> <li>- RQIA are notified of any incident that adversely affects the health or wellbeing of any resident.</li> <li>- Care staff receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.</li> </ul> Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (5 September 2022)	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
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 (1) (c) (ii) <b>Stated:</b> Second time <b>To be completed by:</b> 19 February 2024	<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: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  A comprehensive audit has been completed of NISCC and staff employed. They have been cross referenced with NISCC. All staff employed are currently registered or in the process of registration which is being monitored by management. New process implemented of staff completing NISCC as part of onboarding process</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection (12 February 2024) and ongoing	<p>The registered person shall ensure that all areas of the home to which residents have access are kept free from hazards to their safety. This is with specific reference to the safe storage of denture cleaning tablets.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  All denture cleaning tablets have been removed and families informed that they should bring any such tablets to the office to be stored in the treatment room, these tablets are then individually labelled.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> Ongoing from the date of inspection (5 September 2022)	<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><b>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.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> First time	<p>The registered person shall ensure annual staff appraisals include a detailed personal development plan.</p> <p>Ref: 5.2.1</p>

<b>To be completed by:</b> 11 March 2024	
	<b>Response by registered person detailing the actions taken:</b>  Annual appraisals have commenced for this year and a personal development plan has been formulated for each staff member during the appraisal.

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



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