

Inspection Report

12 September 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

Organisation/Registered Provider: Kathryn Homes Ltd	Registered Manager: Mrs Jane Bell – not registered
Responsible Individual: Mrs Tracey Anderson	
Person in charge at the time of inspection: Mrs Jane Bell	Number of registered places: 18
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 12 September 2024, from 9.50 am to 4.30 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 their bedroom if this was their preferred choice. Staff were visible providing support to residents and offering choice throughout the day.

Residents provided positive feedback about their experiences residing in the home. Residents said staff were approachable and attentive to their needs. Residents said they were comfortable in asking for support if it was required and that there was a good variety of activities and food in the home.

Visitors to the home said they generally found their loved ones to be comfortable in the home and that they were happy with the care they received.

Staff said they enjoyed working in the home and that they worked well as a team. Staff provided positive feedback about the management team and said they were approachable and supportive. Staff said there was enough staff in the home to meet the needs of the residents, other comments shared are discussed further in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents in their interactions and the care delivered.

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

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the management team 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with throughout the inspection provided positive feedback about their experiences residing in the home. One resident said, "I am absolutely loving it in here". Other comments shared by residents included, "the staff are all so kind, they are great" and "there's plenty to do", "arts and crafts, all very good." Other comments made by residents regarding activities were shared with the management team for review and action as appropriate.

Relatives visiting the home provided positive feedback about their experiences in the home. Comments included, "my relative usually is quite happy in here and the communication is good from staff."

Staff provided positive feedback about their experiences working in the home. One staff member said, "I love my job, I love the older people." The staff commented positively about teamwork across the home and said everyone worked together to promote the best outcomes for the residents. Another staff member said, "I really enjoy working in here." Comments regarding staffing levels are discussed further in section 5.2.1.

No questionnaires were received from residents or relatives within the timeframes following the inspection. No staff completed the online survey within the agreed timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 12 February 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 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 regulation 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: 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 regulation 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: Second time	The registered person shall ensure robust systems are in place to monitor and ensure compliance regarding staff's registration with NISCC.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 14 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 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.	

Area for improvement 2 Ref: Standard 24.5 Stated: First time	The registered person shall ensure annual staff appraisals include a detailed personal development plan. Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.	Not met

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 was evidence of a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this system evidenced those staff required to have this in place were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. A discussion took place with the management team regarding training compliance with regards to Control of Substances Hazardous to Health (COSHH). Confirmation was received following the inspection that this had been arranged for staff to attend. This will be reviewed at a future inspection.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Staff reported that on occasion due to changing needs of residents increased staffing would be of benefit but reported they felt confident in approaching the management team for support on these occasions. A discussion took place with the management team regarding staffing levels and residents within the registered category of care. Assurances were provided by the management team 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.

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. This was also evident in the feedback provided by residents.

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.

5.2.2 Care Delivery and Record Keeping

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.

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Examination of records and discussion with staff 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 their GP, or for physiotherapy.

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. The menu on display was not reflective of the meal choices available that day. A discussion took place with the management team and assurances were provided a system was in place to ensure the appropriate menu was on display daily. This will be reviewed at a future inspection.

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. Condiments were available for residents and a choice of drinks were offered. A discussion took place with the management team regarding the covering of meals when being delivered to resident's bedrooms. The management team agreed to review and take action as appropriate. This will be reviewed at a future inspection.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. A discussion took place with the management team to ensure the actions taken with regards to residents identified with weight-loss is clearly recorded in the monthly audit. This will be reviewed at a future inspection.

Residents' needs were assessed prior to their admission to the home, these assessments did not always include the date of completion or the person completing. A discussion took place with the management team and assurances were provided this would be reviewed and action taken as appropriate. This will be reviewed at a future inspection.

Following admission to the home, initial assessments were completed and from these assessments, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

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. A discussion took place with the management team regarding the personalisation of spirituality care plans. The management team confirmed these were reviewed and updated following the inspection. This will be reviewed at a future inspection.

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

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Lounges and dining areas were bright and spacious, with homely touches such as flowers and drinks available. Pictures were displayed along the corridors in the home. The carpet on the main corridor appeared tired and worn, a discussion took place with the management team and assurances were provided that plans were in place to replace this carpet. This will be reviewed at a future inspection.

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 bathroom cabinets in resident's bathrooms requiring enhanced cleaning. Assurances were provided following the inspection that this had taken place. This will be reviewed at a future inspection.

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

Residents and relatives visiting the home said the home was kept clean and tidy. One resident described the home as "very clean."

The fire risk assessment was completed on 2 July 2024 by an accredited fire risk assessor. The overall fire risk was assessed as tolerable. No actions were identified as required as part of this risk assessment.

There was evidence of a fire drill tracker in place and fire checks were completed on an ongoing basis and the outcomes recorded.

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 personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. 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. Could have birthday parties with family/friends in their room or one of the lounges, could go out to church, local shops, clubs or other activities in the community.

There was evidence of activities taking place on the day of inspection, this was a game called 'highest scorer'. The residents partaking in this were observed to be interacting with one another and the staff member facilitating this.

Residents generally provided positive feedback about the activities in the home and said there was a variety of activities taking place, including; arts and crafts. Other residents said the opportunity to attend activities varied daily. A discussion took place with the management team and assurances were provided that action has been taken to promote opportunities for daily activities. This will be reviewed at a future inspection. Other comments were shared with the management team for review and action as appropriate.

The activity schedule was not on display, a discussion took place with the management team and an area for improvement was identified.

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

The hairdresser was in attendance and residents were observed being supported to access this service. Residents provided positive feedback about this service.

5.2.5 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 20 February 2023.

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 systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. An allegation of misconduct had not been screened under adult safeguarding or notified to RQIA. A discussion took place with the management team and an area for improvement was identified.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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 each visit clearly reflects the views of residents and complaints logged. This will be reviewed at a future inspection. These reports are available for review by residents, their representatives, the Trust and RQIA.

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
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes one standard that has been stated for a second time and two regulations and one standard that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection (5 September 2022)	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: 5.0
	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.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 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: 5.0
	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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	

<p>Area for improvement 1</p> <p>Ref: Standard 24.5</p> <p>Stated: Second time</p> <p>To be completed by: 7 November 2024</p>	<p>The registered person shall ensure annual staff appraisals include a detailed personal development plan.</p> <p>Ref: 5.0</p> <p>Response by registered person detailing the actions taken: Staff appraisals have been reviewed and a more detailed personal development plan has been devised for individual staff in accordance with this standard.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (5 September 2022)</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>Ref: 5.0</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>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2024</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A new Lifestyle team have been recruited and the activity planner is now available individually in print and for general display in the common area. This has been printed on A3 to ensure that residents are able to see it.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16.4</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2024</p>	<p>The registered person shall ensure all alleged or actual incidents of misconduct are reported to the relevant persons and agencies, including; RQIA and the adult safeguarding team.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: the HM will report any incidents of misconduct immediately to the relevant agencies through the safeguarding procedures and to RQIA as they arise.</p>

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