

Unannounced Care Inspection Report

16 March 2021



Madelayne Court

Type of Service: Residential Care Home
**Address: Downhill Suite, 1-27 Nursery Avenue,
Portstewart, BT55 7LG**
Tel No: 028 7083 1014
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 18 residents.

3.0 Service details

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Dermot Parsons	Registered Manager and date registered: Mabel Cole 11 June 2018
Person in charge at the time of inspection: Lorna McCloy – Senior Care Assistant	Number of registered places: A Maximum of 18 residents in Category RC-I 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 home on the day of this inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 16 March 2021 from 14.00 hours to 18.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Residents said they were happy living in the home. Examples of comments provided are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 15 March 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for two residents
- accident and incident reports
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports
- visiting policy.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care undertaken on 26 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (2) (n) Stated: First time To be completed by: 31 March 2020	The registered person shall ensure adequate funding is provided to ensure the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. Action taken as confirmed during the inspection: Review of record and discussion with the manager confirmed this area for improvement has been met.	Met

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager and review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided.

Observation of the delivery of care evidenced that residents' needs were met promptly by the staff on duty. Residents and care staff we spoke with expressed no concerns regarding staffing levels in the home.

A review of the duty rota for week commencing 15 March 2021 evidenced that the planned staffing levels were adhered to. We asked the manager to ensure the worked copy of the duty rota is signed.

Review of one staff recruitment file identified deficits in relation to staff recruitment. Although the file contained an employment history for the staff member, the record did not include start and finish dates. In addition, there was no evidence that identifiable gaps in the employment history were fully explored. An area for improvement was made.

Review of records confirmed systems were in place to monitor staffs' registrations with NISCC.

Discussion with staff evidenced good knowledge and understanding of resident's individual needs and preferences.

Staff confirmed they had received an induction when commencing work in the home, and completed mandatory training relevant to their job role. Staff were able to correctly describe their roles and responsibilities regarding Adult Safeguarding and Deprivation of Liberty Safeguards.

Staff were positive about their experience working in the home. Specific comments from staff included:

"I like the routine and the residents."

"I love it here. I used to do nights but you have more contact with the residents on days. The teamwork is brilliant."

6.2.2 Care delivery

Residents looked well cared for and it was clear that staff had supported residents to maintain their personal care and appearance to a high standard.

Residents looked comfortable and relaxed throughout the inspection. Residents could choose whether to spend time in one of the lounges or in their bedroom. Residents enjoyed chatting with each other, listening to music, sleeping or watching television.

Residents were positive about their experiences living in the home and no concerns were reported during the inspection. Residents who preferred not to speak with us were smiling and appeared content. Specific comments from residents included:

"It's ok. I couldn't complain. It's not home but it is the next best thing".

"It's beautiful".

"It's very good and the girls are all good but it's not home".

"I am quite happy here. The food isn't bad at all".

"I am very happy here. My family can come and go".

"I am more than happy here".

"The staffs are fine and I am quite content".

"It's alright".

Staff were visible and attentive throughout the inspection, and attended to residents' needs' in a timely, kind and friendly manner. We saw staff treat residents with dignity and respect, by offering choice and encouraging independence where possible, for example when mobilising or eating.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting 'pod' had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid 'symptom free'.

There was ample personal protective equipment (PPE) and hand sanitiser available for visitors. Management advised that in addition to the visiting pod care partners had been identified for many residents and their relatives. Review of the visiting policy evidenced it had been updated in keeping with guidance on visiting and care partners from the Department of Health.

Review of the activity board confirmed no activities had been planned for the week of inspection. We did see examples of activities delivered in the home, these included St Patrick's Day decorations. Residents said they had recently enjoyed a Mother's Day party. Residents and staff were seen to be enjoying Bingo in one of the lounges. Staff confirmed the activity co-ordinator was off that week. This was discussed with the manager who agreed to review activity provision to ensure activities are planned and delivered in the absence of the activity co-ordinator. An area for improvement was made.

Discussion with the cook and review of records evidenced a robust system for managing meals for residents who require a modified diets. We saw there was a small menu board in the dining room which was not completed. We asked that this be reviewed and consideration be given to purchasing a new menu board to meet the needs of the residents.

6.2.3 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. Care plans and associated risk assessments were completed and reviewed on a regular basis. These included assessments and recommendations from other healthcare professionals, for example Speech and Language Therapists (SALT) or opticians.

We did not see consistent evidence that detailed, comprehensive care plans were in place to direct the care required. Examination of care records for one identified resident evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Whilst there were records of assessment of residents need, risk assessments and the subsequent care plans need to be completed in a timely manner to guide staff on a daily basis. An area for improvement was made.

Twice daily progress notes recorded the care delivered to each resident. These reflected any changes in resident's condition and the appropriate action taken by the home.

Care records included the use of clinical assessment tools such as the Malnutrition Universal Screening Tool (MUST) and Braden Score. These tools are clinical nursing assessments and are not standard practice in a residential setting. However, they can be used if there is an identified need for the resident and if residential care staff have been trained, and deemed competent and capable to use them. Management agreed to review the use of these tools, in line with the home's registration.

Review of records did not provide assurances that residents care plans were developed in consultation with the resident or resident's representative. This was discussed with the manager who agreed review this. An area for improvement was made.

6.2.4 Environment/infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature. We observed that hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these.. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Observation of staff practice throughout the day identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. While most staff wore their face masks correctly, we saw some staff applying and removing PPE incorrectly. An area for improvement was made.

There was a good availability of hand sanitising gel throughout the nursing home. Audits, including hand hygiene and use of PPE, were completed regularly and evidenced good compliance with best practice; however this was not evidenced during the inspection. The deficits in the audit process were identified and discussed with the manager. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm and tidy and any equipment in use was clean and well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

We reviewed the laundry. We saw some cluttered areas and identified a number of mop heads that had potentially become contaminated after being laundered. It was disappointing that PPE was not readily available or utilised by staff in the laundry. This was discussed with the manager who agreed to address the deficits.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates evidenced appropriate records were maintained.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the hand hygiene and PPE use. An area for improvement relating to the audit process was made in 6.2.4.

We examined the reports of the visits made on behalf of the responsible individual from November 2020 to January 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Residents looked well cared for and gave positive feedback about their experiences living in the home and their treatment from staff. Staff were visible and attentive; they were cheerful and kind interactions were observed throughout the inspection. Management were described as approachable and supportive.

Areas for improvement

Five areas for improvement were identified. These related to staff recruitment, planning of care, infection prevention and control, activity provision and governance oversight of IPC audits.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to residents individual needs. The home was tidy and fresh smelling throughout.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Madelayne Court was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mabel Cole, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Applications checked at interview and any deficits in employment discussed with applicant and reasons recorded</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that initial care plans and risk assessments are developed for newly admitted residents from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed, reviewed and updated in response to the changing needs of the resident.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Supervision completed with staff on importance of completing assessments within 24hrs of admission and care plans reviewed and updated within 5 days.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 6.2.4.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Supervisions completed with staff on correct use of PPE and Hand Hygiene</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 16 April 2021	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Weekly Activity schedule is in place in each unit. In the absence of the Activity Co Coordinator a staff member is allocated to undertake Activities</p>
Area for improvement 2 Ref: Standard 6.1 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure care plans are implemented and reviewed by staff in consultation with the resident or resident's representative.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Care plans are developed in consultation with the Resident and/or their next of kin and this is clearly documented</p>
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 16 April 2021	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Infection control Audits are completed monthly. Hand hygiene and Donning and Doffing Audits completed twice weekly to ensure best practice in Infection prevention and control</p>

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

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