



# Unannounced Inspection Report 17 September 2019



## Madelayne Court

**Type of Service: Residential Care Home**  
**Address: Downhill Suite, 1-27 Nursery Avenue,  
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**Tel No: 028 7083 1014**  
**Inspectors: John McAuley and Rachel Lloyd**

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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 registered residential care home which provides care for up to 18 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Mabel Cole 11 July 2018
<b>Person in charge at the time of inspection:</b> Mabel Cole	<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>Total number of residents in the residential care home on the day of this inspection:</b> 17 plus one resident in hospital

### 4.0 Inspection summary

This unannounced inspection took place on 17 September 2019 from 10.15 to 14.00 hours.

This inspection was undertaken by the care inspector supported by the pharmacy inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the nice relaxed ambience in the home with residents clearly fulfilled with provision of consistency of staffing, choice, social activity and the layout and upkeep of the environment. Good practice was also found in relation to maintenance of working relationships, teamwork, medicines management and the governance arrangements.

No areas for improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made by residents included statements such as; "I am very happy here. It's a lovely home and so are all the staff" and "This is a great place. No problems at all.....the food is very good".

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mabel Cole, Registered Manager, as part of the inspection process and can be found in the main body of the report.

#### **4.2 Action/enforcement taken following the most recent inspection dated 21 January 2019**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

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

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- one staff member's recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

A sample of the following medicine records was examined during the inspection:

- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- controlled drug records
- medicines management audits
- the storage of medicines
- staff training and competency assessment
- care plans in relation to medicines management

Areas for improvement identified at the last care and medicines management inspections 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 the most recent inspections

There were no areas for improvements made as a result of the last care inspection dated 24 October 2018.

Areas for improvement from the last medicines management inspection dated 21 January 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the cold storage of medicines to ensure temperatures are maintained between 2°C and 8°C.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The thermometer had been replaced since the last inspection. However, there had been an apparent misunderstanding regarding what was necessary and the thermometer was measuring only the current temperature (which was within the required range). Advice was provided on the necessary monitoring and records. The maximum/minimum thermometer was put back into use immediately. Since no medicines were affected and this area for improvement was addressed during the inspection, it was not stated for a second time.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 33 <b>Stated:</b> First time	The registered person shall closely monitor the administration of bisphosphonate medicines to ensure these are administered in accordance with the manufacturers' instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These medicines had been separated from other medicines and records were clearly marked to facilitate administration in accordance with the manufacturer's instructions.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that personal medication records are fully maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The majority of personal medication records examined had been maintained in a satisfactory manner. Some minor discrepancies were discussed and addressed immediately. Staff were reminded that a second signature is necessary on all entries to verify accuracy in transcription.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents advised that they felt safe in the home and well cared for. Residents also advised that staff attended to their needs in a prompt and caring manner.

### Staffing

The manager advised that the staffing levels are very stable and are in keeping to the residents' dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with residents and staff confirmed that adequate staffing levels were in place.

An inspection of the duty rota found this accurately reflected staff on duty.

A competency and capability assessment is in place for any member of staff in charge of the home in the absence of the manager. An inspection of a sample one of these assessments found this to be appropriately in place.

All care staff are registered with the Northern Ireland Social Care Council (NISCC), as evident with an inspection of staff registration details. Discussions with staff also confirmed that they had knowledge and understanding of their obligations with registration and their accountability towards same.

### **Staff support**

A programme of staff supervision and appraisal is in place. An inspection of the matrix of these forums found these to be maintained on an up-to-date basis. Staff also spoke positively on this provision and also added that they felt well supported on a day to day basis.

All newly appointed members of staff receive an induction and a sample of one of these records was inspected on this occasion. This was recorded in comprehensive detail.

Staff advised that they felt comfortable about reporting concerns or difficulties to the management of the home and that management embrace such in a positive constructive manner.

### **Staff training**

Inspection of staff records confirmed that a programme of staff training was in place. This programme included mandatory training and additional training areas to meet residents' assessed needs. These took the form of ELearning and face to face training. The records of staff training were maintained appropriately to include the content of the training event, the name of the trainer and signatures of participation. Staff spoke positively about the provision of training.

### **Staff recruitment**

An inspection of a sample of a staff member's recruitment records confirmed that staff were recruited in accordance with regulations and standards. The records were maintained in an organised methodical manner.

### **Safeguarding**

An inspection of staff training records confirmed that staff were in receipt of up-to-date training in adult safeguarding. Staff were aware of the points of contact for such circumstances and these details were readily displayed. Staff also advised that they were aware of the whistleblowing procedure and felt confident in reporting issues of concern if they were to arise.

### **Restrictive practices**

A keypad door is in place, however residents can egress from the home as they have access to the code as found displayed and also with observations of two residents doing so at the time of this inspection.

There were no other obvious restrictive care practices observed in the environment at the time of this inspection.

## **Environment**

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well facilitated and personalised. Bathrooms and toilet facilities were clean and hygiene. Infection prevention aids and equipment were readily in place and in ample supplies.

The grounds of the home were maintained very well.

There were no obvious health and safety risk observed in the environment at the time of this inspection.

## **Fire safety**

An inspection of the home's most recent fire safety risk assessment, as dated 29 April 2019 , was undertaken. There were no recommendations made as a result of this assessment.

Staff training records and fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety and fire safety drills. The last fire safety drill was on 2 September 2019.

Fire safety records also confirmed that there were a regular and up-to-date programme of fire safety checks maintained in the environment.

A risk assessment and corresponding care plan is in place for any resident who smokes. There is a designated area in the patio area of the garden. Advice was given in respect of the risk assessment and how the level of risk was determined and subsequently managed.

## **Management of medicines**

There was evidence that residents were being administered their medicines as prescribed.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who have been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. There were satisfactory arrangements in place to manage changes to prescribed medicines. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Audits which cover all areas of medicines management were performed regularly and any discrepancies investigated.

Medicines records were maintained in a mostly satisfactory manner (see also section 6.2). Staff were advised to record the reason for the disposal of medicines in the record of outgoing medicines. The management of pain and distressed reactions were examined. Care plans were in place, staff were advised to ensure that these are specific to the resident. Staff were also reminded that any regular use of medicines prescribed for use on a 'when required' basis, is recorded and any discussion with the prescriber clearly documented.



Medicines were safely and securely stored. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Controlled drugs were being managed in a satisfactory manner. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in the controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, support and training, the management of medicines and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Residents advised that they received good care in the home and that staff were responsive to their needs in a kind caring manner. One resident spoke how her health and well-being had improved greatly since coming into the home. The resident's visiting relative also confirmed that this was the case. The resident advised that the safety, sociable atmosphere, comfort and meals all added to her overall sense of wellbeing.

### Care records

An inspection of a sample of two residents' care records was undertaken. These records were maintained in accordance to regulations and standards. Residents' progress records were maintained well and gave good account of issues of assessed need. These had corresponding statements of care / treatment given with effect of same.

### Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and support was facilitated by choice of seating, aids and wishes.

Good practices pertaining to infection prevention and control and assistance with mobility were observed. Residents looked comfortable, well dressed and content and engage in their environment.

A falls risk tool and analysis is in place to identify any trends or patterns that need subsequent actions or interventions.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staffing in the home is very stable which added to the consistency of staff on duty. General observations of care practices found that there was good team working amongst staff and their interactions with one another were friendly and supportive.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and staffs' knowledge and understanding of individual residents' needs and prescribed care interventions, as well as teamwork amongst staff.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with residents throughout this inspection confirmed that they felt staff were kind, caring and treated them with dignity and respect. General observations of care practices also evidenced that this was the case.

### Residents' views

Residents spoke with praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general ambience in the home. Some of the comments made by residents included statements such as;

- "I am very happy here. It's a lovely home and so are all the staff"
- "This is a great place. No problems at all.....the food is very good"
- "The care is very good here"
- "Everything is well run. I have no problems. I enjoy it here"
- "This is lovely here. Everyone looks after me greatly"
- "I love it here. The staff are all very friendly. Nay problems and I just love this garden"
- "The staff are very kind, never any problems, it's a good report".

## Relative's views

A visiting relative advised that he was very happy with the care in the home and the staff were kind and supportive. The relative also advised that since his loved one's admission to the home their health and well-being had improved greatly.

## Care practices

Residents were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice in their bedrooms. Some residents choose to partake in an activity of helping the activities co-ordinator with a shoe box appeal. One resident advised that she felt fulfilled in this activity as she felt it was rewarding to help others and she had done such appeals before she came to live in the home.

Staff interactions were polite, friendly, warm and supportive. Staff gave respect to residents by seeking their agreement in engaging in assistance with care. Choice was also facilitated from staff statements such as "would you like to..." or "how about...". Choice was also evident in the provision of residents' meals and snacks, such as that available for the day time meal or the provision of the mid-morning drinks. Staff were observed to have knowledge on how residents liked their drink served, whether it was strong or weak tea, with or without sugar or milky coffee.

Photographs were displayed of activities and events held in the home and resident participation.

Daily newspapers were available, which one resident clearly voiced that this was a part of her lifestyle reading for many years. The genre of the television programmes and choice of music on the radio was appropriate to the age group and taste of residents.

Some residents talked about how they kept in touch with families and friends and enjoying going out to local cafes and events. A number of residents had personal telephones in their bedrooms.

Discussions with staff also confirmed that they had knowledge of residents' personal background and interests that helped them meet their social well-being. Residents' bedrooms were personalised to a good effect in that it added to residents' comfort, make-up and individuality.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative and the general observation of care practices and atmosphere in the home.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The manager met us on arrival to the home and was available to support and facilitate this inspection. The manager has been in the home since it opened and has good knowledge and understanding of her role and duties pertaining to regulations and standards. Discussions and also general observations confirmed that she manages the home with an “open door” to receive any queries, worries and concerns and prevent such from escalating.

The home’s certificate of registration was displayed in a conspicuous place in the reception area.

### Monitoring visits

An inspection of the last two months monitoring visits’ reports (31 July 2019 and 23 August 2019) on the behalf of the responsible individual was undertaken. Both these visits were unannounced. The reports were recorded in good detail and had an action plan in place for any issues identified. Added to this there was corresponding evidence recorded in response to the action plan and dates of when actions had been addressed.

### Audits

A good programme of audits was in place. These included a manager’s walkabout audit, falls, infection prevention and control, staff training, health and safety and audits of care records.

### Complaints

Discussions with the manager together with an inspection of the records of complaint found that expressions of dissatisfaction were taken seriously and managed appropriately. The manager had good knowledge and understanding on how to deal with complaints. Complaints were also welcomed as areas to improve on the quality of care and experience in the home.

The complaints procedure was readily displayed in the home for residents and their visitors.

Discussions with residents indicated that they felt comfortable about raising a concern or complaint and that they felt that such would be acted on positively.

### Accident / incidents

An inspection of the last three months accidents / incident reports confirmed that these were managed appropriately and reported to the relevant persons, including the resident’s next of kin, their aligned named worker and / or RQIA.

## Staff views

Discussions with four members of staff during this inspection confirmed that they felt positive about their roles and duties, the staffing levels, support, teamwork and morale. Staff advised that a good standard of care was provided for and they would have no difficulties recommending the home. Staff also advised that if there were any concerns they would have no difficulties raising these with management and that they felt confident these would be acted on appropriately.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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