

# Inspection Report

26 October 2021



## Madelayne Court

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Kathryn Homes Ltd	<b>Registered Manager:</b> Mrs Mabel Cole
<b>Responsible Individual:</b> Mrs Andrea Feeney (applicant)	<b>Date registered:</b> 11 June 2018
<b>Person in charge at the time of inspection:</b> Mrs Mabel Cole	<b>Number of registered places:</b> 18  The home is approved to provide care on a day basis to 1 person.
<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>  The home is a registered Residential Care Home which provides health and social care for up to 18 residents. A registered Nursing Home also occupies the first and second floor of the same building. The manager has managerial responsibility for both services. Within the Residential Care Home there is access to communal lounges and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 October 2021 from 9.15am to 7.00pm by a care inspector.

The inspection assessed progress with all areas of 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 inspection identified four new areas for improvement; a further three areas for improvement were stated for a second time. The areas of improvement identified are in relation to infection prevention and control (IPC) practices; monthly monitoring reports; the provision of activities; staff recruitment and selection; staff training; and the completion of an annual quality report.

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 and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The 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 deputy manager, Gemma Boyd, at the conclusion of the inspection.

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

During the inspection we spoke to nine residents and four members of staff. Residents spoke positively about their experience of living within Madelayne Court and the care that they received. Residents confirmed that they were "very happy" and described staff as very "kind" and "nice". A few residents expressed some dissatisfaction regarding activity provision and this is further discussed in Section 5.2.4.

Staff described "great teamwork" and told us that the management team were available and approachable. Staff expressed some dissatisfaction in relation to the planned staffing levels in the home and this is further referenced in Section 5.2.1.

One online questionnaire was completed by a visiting professional who stated that the care delivered in Madelayne Court was safe, effective, compassionate and well-led.

Three questionnaires were returned by residents and / or their relatives. The responses were all positive in respect of the care delivered in Madelayne Court.

## 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 16 March 2021		
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 21 (1) (b)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of a sample of staff recruitment and selection records evidenced that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	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.	<b>Met</b>
	The care plans should be further developed, reviewed and updated in response to the changing needs of the resident.  <b>Action taken as confirmed during the inspection:</b>  Review of a sample of residents' care records evidenced that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and observation of their practice indicated some improvement since the last inspection; however, some deficits were noted. This is discussed further in Section 5.2.3.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<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> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the environment evidenced that an activity schedule was on display in a suitable format in the Home. However, insufficient arrangements were in place for the provision of activities in the absence of the activity co-ordinator. This is discussed further in Section 5.2.4.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans are implemented and reviewed by staff in consultation with the resident or resident's representative.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of residents' care records evidenced that this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of governance records in relation to IPC evidenced that this area for improvement has not been met. This is discussed further in Section 5.2.3.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that an AccessNI check had been sought and received before the staff member commenced employment and that a structured induction programme had been completed. However, the recruitment file did not include a pre-employment health assessment. An area for improvement was made.

There were systems in place with regard to the oversight of staff training. There was evidence that staff had attended mandatory training, including: fire awareness; health and safety; dementia awareness and first aid. On discussion with the deputy manager, it was identified that staff had not attended training in relation to deprivation of liberty safeguards (DoLs). An area for improvement was made.

A system was in place to help ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). However, it was unclear if one member of staff was registered with NISCC on the day of the inspection. The manager provided the necessary assurances post inspection that this staff member was actively registered with NISCC.

The staff duty rota accurately reflected the staff working in the home on a daily basis. It was noted that the rota did not identify who was in charge of the home in the absence of the manager; this was discussed with the deputy manager who agreed to action this.

Staff said there was great team work and good communication between staff at the beginning of each shift. Staff on duty were knowledgeable about residents' health and care needs and their individual likes and dislikes. Positive interactions between staff and residents were observed.

Staff spoken with stated that the planned staffing levels for the home were inadequate to help them meet the needs of residents while also carrying out other duties required of them. The duty rota was viewed and confirmed that planned staffing levels were consistently met. Staffing levels were discussed with the deputy manager who advised that these were kept under regular review based upon the assessed needs of residents.

On the day of inspection staff were observed to be prompt in addressing the needs of residents and skilled in their approach; they were respectful, understanding and sensitive to residents' needs as observed during the course of the inspection.

Residents spoke positively about the care they received. It was observed that staff responded to residents' request for assistance in a timely manner and were caring and compassionate in their response.

### **5.2.2 Care Delivery and Record Keeping**

Staff advised that they meet at the beginning of each shift to discuss any changes in the needs of the residents; staff presented as knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Care records were generally well maintained and updated to ensure they accurately reflected the residents' needs. There was evidence that residents were involved in planning their own care and developing their care plan. A care plan audit which was conducted in September 2021 identified the need to personalise residents' care plans. It is important that this action is further developed across all aspects of record keeping including care plan reviews and daily recordings; this will help ensure that records are maintained in a comprehensive and person centred manner.

A review of care records evidenced that residents' needs were assessed at the time of admission with risk assessments and care plans being developed in a timely manner.

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 in the home's dining room with the atmosphere noted to be calm, relaxed and unhurried. Those residents that preferred to dine within their own bedroom were enabled to do so. Food looked and smelt appetising and staff attended to residents in a caring and compassionate manner. Choice was available at each meal time with the menu clearly on display in the dining room.

Review of a sample of residents' care records regarding nutritional care, managing the risk of choking and weight management evidenced that they accurately reflected the assessed needs of residents and were kept up to date. A system was in place that enabled staff to have direct access to the Northern Health and Social Care Trust (NHSCT) dietician; utilising multidisciplinary support in this manner helps to promote positive outcomes for residents.

Good communication was also identified between care and kitchen staff to ensure that food was prepared for residents in keeping with their identified nutritional needs including any recommendations made by the Speech and Language Therapist (SALT). Relevant nutritional risk assessments were in place and reviewed on a regular basis. There was evidence that residents' weights were checked at least monthly or more often if needed.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms, storage rooms and communal areas such as lounges and the dining room. The home was observed to be warm, clean and free from malodour. Corridors were well maintained and free from obstruction.

Resident's bedrooms were observed to be clean, tidy and were personalised with sentimental items important to them. 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 that systems and processes were in place to ensure the management of risks associated with the COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and Care Partners and staff confirmed that any outbreak of infection would be reported to the Public Health Authority (PHA).

Personal Protective Equipment (PPE) was available at the entrance of the home for all visitors who were also required to undergo a temperature check before entering the home. PPE stations and hand sanitiser was readily available throughout the home and staff were observed to be wearing PPE appropriately. However, inconsistencies were identified in relation to staff knowledge regarding hand hygiene. This area for improvement has been stated for a second time.

Review of governance records and discussion with staff highlighted the lack of any robust auditing in regard to IPC practices; an area for improvement has been stated for a second time.

The laundry room was viewed and observed to be neat and well organised. Hand washing facilities and PPE were available.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. A few residents were observed to be in the lounge socialising, reading newspapers and watching TV. Other residents preferred to remain in their bedrooms, watching TV or listening to music.

Visiting arrangements were managed in line with DoH and IPC guidance. Residents spoken with were satisfied with the visiting arrangements that were in place and the contact they had with their loved ones.

There was evidence of some planned activities in the home. The schedule of activities was displayed in a suitable format for residents to view. A notice board displayed the home's September 2021 newsletter which contained pictures of previous activities and a notice advertising an upcoming Halloween party. One resident spoke very fondly of the staff that host a bingo event on alternate Sundays describing the staff member as "marvellous."



The manager advised that in the absence of the activity co-ordinator, an activity champion is appointed from among care staff to deliver activities. However, some care staff stated that there was no planned activities schedule for such occasions and that activities are not consistently provided by care staff due to them having to attend to other caring duties. Some residents told us “there’s really not much going on” and “for a big place like this it’s lacking for stuff to do”. It is necessary that robust arrangements are implemented to ensure that a programme of activities is consistently provided to residents. An area for improvement was stated for a second time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Mabel Cole has been the manager in the home since 11 June 2018.

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

There was evidence that a system of auditing was in place to monitor some aspects of the quality of care and other services provided to residents.

A review of governance records confirmed that systems were in place overseeing staff supervision and appraisals; competency assessments for those staff in charge of the home during the manager’s absence; and medication responsibilities.

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.

A copy of the home’s annual quality report was requested but not received on the day of inspection. An area for improvement was made.

There was a system in place to manage complaints and these were available to view. Residents told us that they knew who to approach if they had a complaint and felt comfortable in doing so. One resident during the course of the inspection raised an issue regarding noise from the laundry which was not recorded as a complaint. This was shared with the deputy manager who agreed to follow up.

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. Review of a sample of monthly monitoring reports highlighted that it did not clearly distinguish between areas for improvement within the home and matters relating to the adjacent nursing home located on the same site. An area for improvement has been made.

**6.0 Conclusion**

Residents presented as happy and relaxed in the home environment and there were positive interactions observed between staff and residents. Staff were knowledgeable about residents and considerate to their needs.

The inspection identified four new areas for improvement; a further three areas for improvement were stated for a second time. All areas for improvement are referenced in the Quality Improvement Plan in section 7.0.

**7.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	2*	5*

\*The total number of areas for improvement includes three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gemma Boyd, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</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; this relates specifically to staff understanding of / compliance with hand hygiene in keeping with best practice.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Hand washing audits are in place to assist and ensure best practice in line with current policy and PHA guidance. These audits will be cross checked by management and any deficits addressed with supervision provided for the staff.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that monthly monitoring reports are specific to the home and are completed robust so as to identify deficits and drive any necessary improvements in a timely manner.</p> <p>Ref: 5.1.&amp; 5.2.5</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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: 5.1 &amp; 5.2.3</p>
<p><b>Response by registered person detailing the actions taken:</b> Audits focusing on hand washing, PPE, donning &amp; doffing and cleaning are in place to assist and ensure best practice in line with current policy and PHA guidance. These audits will be cross checked by management and any deficits addressed with supervision provided for the staff. .</p>	
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <p>Ref: 5.1 &amp; 5.2.4</p>
<p><b>Response by registered person detailing the actions taken:</b> A Well Being Lead (WBL) is in post and there are daily activities planned for the residents. A weekly planner is displayed for residents, relatives and staff to view. In the absence of the WBL, there will be a member of staff allocated to provide activities for the residents. This designated staff member will be highlighted within the daily rota.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a pre-employment health assessment is completed prior to any offer of employment.</p> <p>Ref: 5.2.1</p>
<p><b>Response by registered person detailing the actions taken:</b> All staff will sign a pre-employment health assessment prior to any offer of employment. This will then be placed in the staff members personal file and secured in line with GDPR policy.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that arrangements are in place to ensure that staff complete level 2 training in respect of deprivation of liberty safeguards (DoLS), Mental Capacity Act 2016.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> All existing staff have now completed level 2 training in deprivation of liberty safeguards {DOLS} Mental Capacity Act 2016. New recruits will be enrolled in the homes training program to complete the same whilst on induction.</p> <p>The registered person shall ensure that an annual quality report is prepared evaluating the services provided and involving all key stakeholders in the process.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The annual quality report will integrate views of patients, relatives and staff and review the quality of care. This valuable tool will also measure key performance indicators (KPI's) associated with the Homes governance, quality and operations.</p>

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



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