



Unannounced Care Inspection Report

26 February 2020



Madelayne Court

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

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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

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Mabel Cole 11 June 2018
Person in charge at the time of inspection: Mabel Cole	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	Total number of residents in the residential care home on the day of this inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 26 February 2020 from 10.45 to 15.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and well informed of the planned activities. Effective systems were in place to provide the manager with oversight of the services delivered.

One area for improvement was identified in relation to funding for the provision of activities.

Residents described living in the home in positive terms. Comments received during the inspection from residents, people who visit them and staff are included in the main body of this 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	1	0

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Mabel Cole, Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 September 2019

No further actions were required to be taken following the most recent inspection on 17 September 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

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

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were examined during the inspection:

- duty rota for all staff from 17 February 2020 to 1 March 2020
- two residents' care records
- a sample of governance audits/records
- reports of the monthly quality monitoring reports from November 2019 to February 2020
- complaints records
- accident and incident records
- compliments received
- RQIA registration certificate
- selected policy documentation

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 17 September 2019

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

6.2 Inspection findings

6.2.1 Staffing arrangements and care practice

The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. A review of the care staff duty rotas evidenced that the planned staffing levels were met each day and that if a staff member was unable to work their planned shift then 'cover' for them was sought.

Staff consulted confirmed that they were satisfied that the staffing levels and skill mix were sufficient to meet residents' needs.

Discussions with a number of residents and relatives during the inspection identified that they had no concerns with regards to receiving the appropriate care and support to meet their needs.

As part of the inspection we also asked residents, family members and staff to comment on staffing levels via questionnaires. No responses were received.

Throughout the inspection residents' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Call bells were noted to be answered promptly. Interactions between staff and residents were observed to be compassionate and appropriate. Staff were observed taking time to chat to residents and provided care in a manner that promoted privacy, dignity and respect.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with residents and relatives provided assurances that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Residents and relatives stated that the manager and staff are very caring and approachable.

In discussion with the manager and staff it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2. The manager and deputy manager had completed level 3 training.

A keypad is in place on the outside door, however the manager and residents confirmed that residents are free to come and go as they please, as they have access to the door code.

We were advised that the use of potential restrictive practices was very limited, for example, the use of bedrails when and where there is assessed need. We reviewed one resident's care records regarding the use of bedrails. Evidence of a risk assessment was present and a corresponding care plan regarding the use of bedrails which monitored the continued safe use of this type of equipment. Evidence was also present of consultation with the resident's representative in respect of the need for bedrails.

6.2.2 Environment

We reviewed the home's environment undertaking observations of the dining room, lounges, and a sample of bedrooms, bathrooms, and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the residents and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, handwashing and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. There were no malodours detected in the home.

A chair was observed in the hallway with a tear in the upholstery and the lounge carpet was observed to be stained. These issues were discussed with the manager who immediately addressed them.

The home was warm and welcoming. A sample of residents' bedrooms was viewed and found to be clean, warm and well decorated and personalised to the individual interests and preferences of residents.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to residents' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, residents and their visitors.

6.2.3 Care planning

Care records are retained electronically; the review of care records for two residents identified that they were individualised to the needs of the person; they included details of resident's assessed needs, life histories, risks and likes/dislikes. The records viewed included referral information, pre-admission assessments, risk assessments and care plans.

Care is evaluated on an ongoing basis and staff record at least twice daily the care provided to residents. The manager stated that care plans and risk assessments are reviewed at least monthly. There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of the participation in this process were included in the care records.

We reviewed two residents care records in relation to the management of falls. There was evidence that care staff reviewed and updated the falls risk assessment and the care plan to ensure these were still appropriate and that any additional support available, from other healthcare professionals or from the use of equipment, had been considered or sought. Review of care records and discussion with the manager evidenced that falls were audited and analysed on a monthly basis.

The manager informed us that the home was one of four local homes involved in the Northern HSC Trust anticipatory care planning programme. An identified GP comes into the home every week to assess the residents and they have access to shorter waiting times for speech and language therapy (SALT) and other healthcare referrals. The manager stated that this has been advantageous in reducing the number of hospital admissions.

6.2.4 Dining experience

We observed the serving of the mid-day meal. The atmosphere in the dining room was calm and relaxed. We saw that adequate staff were available in the dining rooms during the serving of the meal. We observed residents being offered the choice of having their meal in the dining room or in their own bedroom. Food served was noted to be appetising and well-presented and portion sizes were noted to be adequate. Food was covered when being transferred from the dining room to residents who were eating in the bedrooms. Some residents required staff support when eating their meal and we observed staff providing support in a discrete and sensitive manner. A number of residents we spoke with stated that the food was good and they are always given a choice as to what they would like to eat for the main course.

Three residents provided comments on the meals as follows:

- “I had the braised steak and it was lovely. You can choose what you would like to eat for the main course, but there is only one dessert”
- “The food is generally good, especially the roast on a Sunday”
- “Food could be a bit better, for example, we get a lot of fish cakes and it would be better if we could have a piece of fish”

The comments received from residents were discussed with the manager for follow up as appropriate.

The dining room was observed to be clean, organised and well presented. Tables were nicely set with napkins and condiments. Staff were observed to be wearing appropriate protective clothing in accordance with good food hygiene practice when serving the meal.

6.2.5 Activities

Activities are planned by staff on a daily basis depending on residents' preferences. Activities are a mixture of small group and one to one activity. There was a good range of activities available for residents including board games; quizzes; exercise classes and one to one pampering. The home has a designated activities leader who manages the activities programme. There is a music room on another floor which residents can access. They have a sing along every week and all residents are invited. The activities leader informed us that she accompanies residents out to local restaurants and other venues on occasions. Photographs were displayed of activities and events held in the home and resident participation.

With regard to the spiritual needs of residents, staff informed us that some residents go out to church and a priest visits other residents weekly.

The activities leader informed us that she organises car boot sales and other events outside of work, to raise funds to provide the activities for residents. The manager confirmed that there is currently no budget allocated for the provision of activities. Staff stated that relatives and the local community were very supportive in providing resources for activities; however it was felt

that dedicated funding would ensure the stability of the service. An area for improvement has been identified.

6.2.6 Residents, relatives and staff views

Residents provided positive feedback in relation to the care provided by staff.

Comments received from residents during inspection were as follows:

- “They couldn’t do enough for you here”
- “I’m very happy here”
- “The staff are all very good and kind”

A visiting relative advised that she was very happy with the care in the home and the staff were kind and supportive.

Comments received from staff during inspection were as follows:

- “This is a good place to work. I have no concerns”
- “I love my work and wouldn’t work anywhere else”

6.2.7 Governance arrangements

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Areas audited included for example; the environment, infection prevention and control, accidents, incidents, complaints and care records.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed. The reports included the views of residents, relatives and staff, a review of records, for example accident reports, complaints records, safeguarding and a review of the environment. The reports of these visits were available in the home.

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.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Residents and relatives who spoke to us could describe the process for reporting any concerns they may have in relation to care provided; they indicated that the manager and staff are approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

Review of the policies and procedures in relation to adult safeguarding and restraint evidenced that these had been reviewed and amended to incorporate the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards which were implemented in Northern Ireland in December 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care required. Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement

One area for improvement was identified in relation to funding for the provision of activities.

	Regulations	Standards
Total number of areas for improvement	1	0

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 care 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 DHSSPS Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>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</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Dementia Manager has an activities budget in place for the home.</p>

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



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