

Inspection Report

7 February 2023



Madelayne Court

Type of service: Nursing Home
**Address: Dunseverick and Dunluce Suites,
1-27 Nursery Avenue, Portstewart BT55 7LG**
Telephone number: 028 7083 1014

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone	Registered Manager: Mrs Araceli Flores – not registered
Person in charge at the time of inspection: Mrs Araceli Flores – acting manager	Number of registered places: 48 A maximum of 22 patients in category NH-DE to be accommodated in the Dunseverick Suite, and a maximum of 26 patients in categories NH-I, NH-MP(E) and NH-PH(E) to be accommodated in the Dunluce Suite. A maximum of 4 patients in category NH-TI. The home is also approved to provide care on a day basis for 1 person in the Dunseverick Suite.
Categories of care: Nursing Home (NH) PH(E) - Physical disability other than sensory impairment – over 65 years MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. TI – Terminally ill DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units; the Dunseverick Suite located on the first floor in which care is provided to people living with dementia; and the Dunluce Suite located on the second floor in which patients receive general nursing care. There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 7 February 2023 from 9.10 am to 4.45 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0. Areas for improvement identified at previous care inspections were met, with the exception of one which was partially met; this was stated for a second time. Two further areas for improvement were carried forward for review at the next medicines management inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Madelayne Court was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Madelayne Court. 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.

Questionnaires and 'Tell Us' cards were provided to give patients 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I am very happy with the care. The staff look after me very well. The food is good" while another patient said, "I am as happy as I can be. I am as happy as a pig in a poke."

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff said that they experienced challenges at times but they agreed that they enjoyed working Madelayne Court. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

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 09 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: Second time	The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times. Evaluations should comment on the progress of the wound.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that medicines receipt records are fully and accurately completed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 18 Stated: First time	The registered person shall review the management of distressed reactions to ensure that: <ul style="list-style-type: none"> a care plan is in place to direct care the reason for and outcome of administering the medicines is recorded. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C to 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that personal care records are accurately maintained.	Partially met
	Action taken as confirmed during the inspection: Review of records evidenced some improvements against this area for improvement. However, further work is required to achieve compliance. This area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the rota did not clearly identify the full name of all staff on duty and the actual hours worked by staff. The rota did not always identify the person in charge when the manager was not on duty and was not signed by the nurse manager or a designated representative. In addition, it did not clearly differentiate the manager's hours when they worked as the lead nurse or as the manager. An area for improvement was identified.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. The manager reported good progress with recruitment for registered nurse positions since the last care inspection and said that a number of care staff due to join the home.

Patients spoke positively about the care that they received. They confirmed that staff attended to them in a timely manner and said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. There was evidence that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of three falls evidenced appropriate actions were not consistently taken following these falls in keeping with best practice guidance. This was discussed with the manager who agreed to audit all falls until improvements are sustained. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of care records evidenced that assessments and associated care plans had not been consistently developed within a timely manner to accurately reflect their assessed needs. In addition, some of the patients care records related to a separate registered service. This was discussed with the manager who agreed to address this with registered nursing staff and monitor compliance through an admission tracker. An area for improvement was identified.

Daily records were kept regarding the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

Examination of personal care records confirmed some improvements in record keeping had been made since the last inspection; however, further improvement was required. An area for improvement identified at the previous care inspection was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were frequently displayed at PPE stations. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives. Other patients enjoyed going to the hairdresser who was visiting the home.

An activity planner displayed in the home highlighted upcoming events. Staff said they did a variety of one to one and group activities to ensure all patients had some activity engagement.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Araceli Flores has been the acting manager in this home since 4 April 2022.

Staff members 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 patients, care practices or the environment.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager.

There was a system in place to manage complaints; however, examination of records highlighted shortfalls in the reporting of complaints by staff to management and in evidencing the outcome of complaints investigated. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was quite good although the care record audits did not identify the shortfalls regarding falls management and post admission care records.

This was discussed with the regional manager who shared a copy of a revised audit tool which incorporated these areas along with shared learning identified throughout Kathryn Homes. The regional manager confirmed this tool would be used to ensure more robust oversight of care records. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Araceli Flores, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required (7 February 2023)	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Falls Policy has been updated in line with the Regional Guidance and post falls pathway. This has been shared with Registered Nurses as part of their supervision process to ensure they are conversant with the Best Practice Guidance. All falls are monitored and reviewed by the Home Manager and actions to address any deficits are taken immediately as and when required.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: Immediate action (4 April 2022)	The registered person shall ensure that medicines receipt records are fully and accurately completed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 4 May 2022	The registered person shall review the management of distressed reactions to ensure that: <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administering the medicines is recorded.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 7 March 2023</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Personal care records are now completed on the Goldcrest documentation system and are readily available for reflection by the Registered Nurses to assist them construct and plan the residents care records. Personal care records are now completed in a more comprehensive and person centred manner.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (7 February 2023)</p>	<p>The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which the nurse manager worked and the actual hours worked by all staff. The rota must identify the name of the nurse in charge of the home on each shift and be signed by the nurse manager or a designated representative.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Deputy Home Manager has been delegated responsibility to oversee the rota with the Home Manager. Together they monitor the rota on a daily basis to ensure it is compliant with Standard 41. A new rota template is now in use and is checked during the monthly management visits.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (7 February 2023)</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All new resident admissions are being monitored by the Home Manager and Deputy Home Manager to ensure they are compliant with associated Standards. A new admissions checklist has been developed and implemented to assist monitor new admissions..</p>

Area for improvement 6 Ref: Standard 16 Stated: First time To be completed by: (7 February 2023)	<p>The registered person shall ensure all complaints are communicated to the manager in a timely manner and dealt with promptly and effectively. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</p> <p>Patient care plans should be reviewed to ensure the outcomes of complaints are accurately recorded. Evidence should be retained that lessons learned from complaints are shared with staff.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Every complaint has been logged and responded to by the Home Manager as per policy. Staff have been made aware at recent staff meetings regarding the importance of sharing all areas of concern with the Home Manager. These are monitored by the Regional Director during monthly monitoring quality visits.</p>

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