

Inspection Report

4 April 2022



Madelayne Court

Type of service: Nursing Home

Address: Dunseverick and Dunluce Suites, 1-27 Nursery Avenue,
Portstewart, BT55 7LG

Telephone number: 028 7083 1014

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone (applicant)	Registered Manager: Miss Gemma Boyd (Acting)
Person in charge at the time of inspection: Miss Gemma Boyd	Number of registered places: 48
Categories of care: Nursing (NH): I – old age not falling within any other category DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 47
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides 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 4 April 2022, from 11.15am to 3.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. The majority of medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

Three areas for improvement were identified in relation to the completion of the receipt records for medicines, care plans relating to the management of distressed reactions and the management of medicine refrigerator temperatures.

Whilst areas for improvement were identified, it was concluded that overall the patients were being administered their medicines as prescribed.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team regarding the management of medicines.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The views of staff and patients/representatives were obtained where possible.

4.0 What people told us about the service

Patients were observed to be relaxed and content in their surroundings. Staff interactions with patients were kind and supportive.

The inspector met with two registered nurses, the acting manager, the newly recruited manager who was starting her induction and the regional manager for Kathryn Homes Ltd. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report six completed questionnaires had been returned by patients. Four patients said that they were “satisfied” or “very satisfied” with the care being provided. Comments from these patients said that they were “happy with everything” and “staff are all great”. One patient said that they were neither satisfied nor unsatisfied and provided no comment for the rating. One patient was generally unsatisfied and commented that they felt that there “were not enough staff on shift”. The responses to the questionnaires were discussed with the manager whilst protecting patients’ anonymity.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 7 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third and final time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Carried forward to the next inspection
	This area for improvement relates to the deficits highlighted in 5.2.3 (of the previous report).	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, in keeping with best practice, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient’s care record.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation 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: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> • the repositioning of patients in keeping with their prescribed care needs • the contemporaneous and comprehensive completion of supplementary repositioning records • the timely provision of pressure relieving mattresses, as needed • the meaningful review of patients' care needs and/or nursing interventions within daily care records • the effective communication of patients' pressure care needs between staff. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates and brakes.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 6 Ref: Regulation 16 (2) (b) Stated: First time	<p>The registered person shall ensure that patient's care plans are kept under review to reflect any change in their assessed care needs, specifically in relation to weight loss. Choking risk should be assessed on admission and at appropriate intervals as required.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46.2 Stated: Third and final time	<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>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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 35.16 Stated: First time	<p>The registered person shall ensure that an annual quality report is prepared which includes follow up actions to be taken. The report should integrate the views of patients, their relatives and staff into the evaluation and review of the quality of care.</p> <p>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>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>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>	Carried forward to the next inspection

Area for improvement 4 Ref: Standard 46.2 Stated: First time	The registered person shall ensure there is an established system to assure compliance in equipment decontamination and appropriate storage of patient equipment.	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Improvement is required in the records of the receipt of medicines. It was noted that these records were not always signed and dated by the person receiving the medicines and some receipts were missing. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and

outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records however care plans directing the use of these medicines were not in place. Records did not include the reason for and outcome of each administration. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located.

Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. The refrigerator in the Dunluce Suite was observed to be consistently outside of the required range of 2°C to 8°C. Staff were requested to check with the community pharmacist that the medicines were suitable for continued use. Confirmation that this had been done was received by email on 13 April 2022. An area for improvement in relation to refrigerator temperatures was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed and were filed once completed.

The records in place to record the administration of a medicine that is administered quarterly by injection had not been fully completed. It could not be determined during the inspection that these medicines had been administered as prescribed. The manager was asked to review the administration of this medicine to those patients for whom it is prescribed. The outcome of this review was received by email on 13 April 2022 and confirmed that this medicine had been administered as prescribed to the patients.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. There had been one medicine related incident which had been reported to RQIA since the last inspection and this was discussed. There was evidence that the incident had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

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, 2015.

	Regulations	Standards
Total number of Areas for Improvement	6*	7*

* The total number of areas for improvement includes ten which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Gemma Boyd, Acting Manager, Ms Araceli Flores, incoming Manager, and Ms Alana Irvine, Regional 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 (7) Stated: Third and final time To be completed by: 7 March 2022	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 5.2.3 (in previous report).</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 7 March 2022	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, in keeping with best practice, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 7 March 2022	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> • the repositioning of patients in keeping with their prescribed care needs • the contemporaneous and comprehensive completion of supplementary repositioning records • the timely provision of pressure relieving mattresses, as needed • the meaningful review of patients' care needs and/or nursing interventions within daily care records • the effective communication of patients' pressure care needs between staff.

	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (7 February 2022)</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates and brakes.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2022</p>	<p>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.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (7 February 2022)</p>	<p>The registered person shall ensure that patient's care plans are kept under review to reflect any change in their assessed care needs, specifically in relation to weight loss. Choking risk should be assessed on admission and at appropriate intervals as required.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: Third and final time</p> <p>To be completed by: 7 March 2022</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>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> <p>Ref: 5.1</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2021</p>	<p>The registered person shall ensure that an annual quality report is prepared which includes follow up actions to be taken. The report should integrate the views of patients, their relatives and staff into the evaluation and review of the quality of care.</p> <hr/> <p>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> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2022</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <hr/> <p>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> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2022</p>	<p>The registered person shall ensure there is an established system to assure compliance in equipment decontamination and appropriate storage of patient equipment.</p> <hr/> <p>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> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate action (4 April 2022)</p>	<p>The registered person shall ensure that medicines receipt records are fully and accurately completed.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All receipts and records are fully and accurately completed. Compliance with this is checked weekly by the Home Manager and ongoing medication audits.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2022</p>	<p>The registered person shall review the management of distressed reactions to ensure that:</p> <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. <p>Ref 5.2.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action (4 April 2022)</p>	<p>Response by registered person detailing the actions taken: All distressed reactions are monitored and reviewed and ABC charts in place where appropriate and associated administration of medication recorded. All reasons for and outcomes of medication used in regard to distressed reactions is recorded on the back of Mar. Any medication used prn is monitored via restrictive practice audit and anti-psychotic medications monitored monthly via Quality Indicator reports.</p> <p>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.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: All fridge temperatures are recorded and documented daily. Actions taken and recorded if range is outside of 2-8 degrees.</p>

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