

Inspection Report

2 August 2023



Madelayne Court

Type of Service: Nursing Home

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

Tel no: 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: Kathryn Homes Ltd Responsible Individual Mr Stuart Johnstone	Registered Manager: Mrs Jane Bell - not registered
Person in charge at the time of inspection: Mrs Jane Bell - 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) 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: 48
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 which provides care for patients living with dementia; and the Dunluce Suite located on the second floor which provides general nursing care. There is a Residential Care Home located within the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 2 August 2023, from 9.30 am to 5.30 pm by a care Inspector.

The inspection assessed progress with all areas for 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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.

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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups. Patients spoke positively about living in the home, the meals and the care provided by staff.

There was a range of views provided from staff in the home. Staff said they worked well as a team, while some staff said they were satisfied with staffing levels other staff said staffing levels were low at times. This was brought to the attention of the management team following the inspection for their review.

No questionnaires were received from patients or relatives within the time frame.

There were no responses received for the online staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 7 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	

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 4.9 Stated: Second time	The registered person shall ensure that personal care records are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 41 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.1.	

	This area for improvement has been stated for a second time.	
Area for improvement 5 Ref: Standard 4.1 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 6 Ref: Standard 16 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. There was good compliance with mandatory training including moving and handling practices and food safety.

Staff said there was good team work however some staff said they were not always satisfied with the staffing levels and the level of communication between staff and management. This was discussed with the management team who confirmed the staffing levels had recently been reviewed and increased.

The staff duty rota did not accurately reflect the full name of the staff working in the home on a daily basis. This area for improvement has been stated for a second time.

The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, call bells were answered promptly and meals were served in a timely way.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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 are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, care records did not accurately reflect the patients' needs in regard to repositioning care. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and bed rails. Review of a sample of records identified that not all required observations were completed following a fall and possible head injury. This area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 of patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch and evening meal were a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

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

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe, however, a chair was stored in a hallway partially blocking a fire door. This was brought to the attention of the management team for their action and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

A number of infection prevention and control (IPC) issues with the environment and staff practices were identified. This was discussed with the management team and an area for improvement was identified.

It was noted that a room designated as a patient area was being used for staff on a daily basis. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges and could go out to other activities in the community.

Observation of records showed that patient's relatives had participated in meetings with the home to discuss various aspects of the care provision for patients.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff in the home. The range of activities included sensory games, fit and fun, pamper sessions and bingo.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Jane Bell has been the acting manager in this home since 20 February 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity.

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 patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. 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/or the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* the total number of areas for improvement includes one Regulation and one Standard that have been stated for a second time and two Standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jane Bell, 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: Second time To be completed by: Immediate action required	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: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: HM has developed new form to check each fall thoroughly Supervision with all RNs to ensure full CNS observations are completed HM attended falls training 20.09.23 to update practice.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Weekly hand hygiene audit is being completed Daily walkaround which notes use of PPE, hand hygiene completed. 7 steps displayed at sinks. IPC audits completed bare below the elbow observed at daily walk around and any issues addressed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
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. Ref: 5.1
	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 2</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: 5.1</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>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</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: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Rota contains full name of each staff member. It details actual hours worked by all staff grades and highlights the Nurse in Charge. This is monitored by the Regional Operations Director..</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Audit completed of residents tissue viability needs and care plans reviewed. Review of all documentation relating to pressure damage has been completed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all fire exits are free from obstacles.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This is checked and recorded daily in the walkaround by the Hm and by the maintenance person.</p>

Area for improvement 6 Ref: Standard 44.3 Stated: First time	The registered person shall ensure the nursing home, including all spaces, is used only for the purposes for which it is registered. Ref: 5.2.3
To be completed by: With immediate effect	Response by registered person detailing the actions taken: Residents had not been using the lounge at the end of the corridor, they are now using this lounge with the activity coordinator to do activities that require a quiet environment, reading and jigsaws.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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