

Inspection Report

9 June 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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual : Mr Stuart Johnstone (Applicant) | 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 I – Old age not falling within any other category TI – Terminally ill DE – Dementia. | Number of patients accommodated in the nursing home on the day of this inspection: 44 |
| 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 9 June 2022 from 9.15am to 7.05pm 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. An inspection of the residential care home was undertaken at the same time as the nursing home inspection.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 7.0. One area for improvement identified at the previous care inspection was stated for a second time.

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 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 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

Seven staff, five relatives, and 15 patients were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

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. Relatives were complimentary of the care provided in the home.

Staff acknowledged occasional challenges but all staff agreed that Madelayne Court was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 4 April 2022 | | |
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| 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. | Met |
| | This area for improvement relates to the deficits highlighted in 5.2.3 (in previous report). | |
| | Action taken as confirmed during the inspection: Although a small number of deficits in individual staff practice were identified, there was sufficient evidence to meet this area for improvement. | |

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| <p>Area for Improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> | <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> <hr/> <p>Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.</p> | <p>Met</p> |
| <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. <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | <p>Met</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> <hr/> <p>Action taken as confirmed during the inspection: Observation of staff practice evidenced that this area for improvement was met.</p> | <p>Met</p> |

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| <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> <hr/> <p>Action taken as confirmed during the inspection: Since the last care inspection wound care management training has been completed by staff through e-learning although expected training from the local Health and Social Care Trust is outstanding. Although some improvement was noted on some of the evaluations of wound care, further work is required to evidence that wound care needs are managed in an effective manner and that the training outcomes are embedded into practice.</p> <p>This area for improvement is partially met and is stated for a second time.</p> | <p>Partially met</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Review of records identified two choking risk assessments which had not been completed in a timely manner. These were completed before the end of the inspection and assurances provided by the manager that these will continue to be reviewed.</p> <p>Examination of the management of weight loss and a selection of choking risk assessments provided sufficient evidence to meet this area for improvement.</p> | <p>Met</p> |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
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| Area for Improvement 1 Ref: Standard 46.2 Stated: Third and final time | The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control. | Met |
| | Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met. | |
| Area for improvement 2 Ref: Standard 35.16 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 3 Ref: Standard 4.9 Stated: First time | The registered person shall ensure daily evaluation records are meaningful and patient centred. | Met |
| | Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met. | |
| 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. | Met |
| | Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement was met. | |

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| Area for improvement 5 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 6 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 7 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. | 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 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that an accurate employment history was not available which included reasons for leaving and employment gaps were not explored prior to an offer of employment being made. In addition, a pre-employment health check had not been obtained and proof of the person's identity was not available in the recruitment file. This was discussed with the manager and assurances were given that a new system for reviewing recruitment files was being implemented. An area for improvement was identified.

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). The manager provided additional assurances following the inspection that oversight of NISCC registration had been reviewed and will be monitored on a monthly basis.

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. 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.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

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 had no concerns regarding the staffing levels. The manager confirmed there was ongoing recruitment for two vacant registered nurse positions in the home.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also 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.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

5.2.2 Care Delivery and Record Keeping

Staff meet 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. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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 records were well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was not provided in keeping with care plan directions. Although some improvements were noted in evaluations by nursing staff, the plan of care was not sufficiently detailed to direct staff in the management of the wound. In addition, wound assessments and evaluations were not consistently completed. This was discussed with the manager and an area for improvement was stated for a second time.

Falls in the home were monitored on a monthly basis 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 falls evidenced appropriate actions were taken following falls in keeping with best practice guidance.

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 spoke positively in relation to the quality of the meals provided. It was noted that a menu was not displayed in the dining room in the nursing unit. This was discussed with the manager who told us that the menu boards would be reviewed to ensure they meet the needs of all the patients in the home.

Plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not readily available. Some patients spoken with said they would prefer to drink from a glass. This was discussed with senior management who confirmed the responsible individual had asked for this these to be removed from the home in a recent email and replaced with glassware. This will be reviewed at a future care inspection.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Care plans examined detailed how patients should be supported with their food and fluid intake. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were 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 one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

A small number of choking risk assessments had not been completed to assess the needs of patients. This was discussed with staff who arranged for these to be completed before the end of the inspection. The manager confirmed they would be meeting with the provider of the electronic care record management system to review the availability of assessments.

Review of records such as food and fluid intake evidenced that these were generally well maintained. However, deficits in record keeping with regard to personal care were identified. The manager agreed to review the system currently in use to ensure an accurate record is maintained. Staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement was identified.

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.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 25 April 2022. The manager confirmed that all actions identified by the fire risk assessor were being addressed by the maintenance team.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff practice and knowledge were discussed with the manager who agreed to address this with the identified staff through supervision.

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 or a lounge for meals.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. A number of patients said that they were looking forward to going to an event at Flowerfield Art Centre for live music and a tea party which was arranged for the afternoon. Discussion with staff confirmed events were planned to celebrate the Queen's jubilee.

Discussion with the manager confirmed that the activity co-ordinator role was currently vacant and that there was an ongoing recruitment process to fill the vacancy. Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator. This was addressed by the deputy manager before the end of the inspection. Patients did not raise any concerns regarding the activity provision. However, staff said that activities were not planned at present confirming they found it difficult to provide activities due to ongoing work demands.

This was discussed with the manager who confirmed activity provision would be an area of focus. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

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.

There has been a 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. RQIA were notified appropriately.

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 generally good. The manager confirmed they have plans to review the current care record and wound care audits to ensure the deficits identified on inspection are addressed.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. Examination of two complaints received evidenced that although they had been acknowledged, the outcome of the complaint was not recorded. In addition, it was not clear that all complaints were consistently recorded to capture the actions taken and the complainant's level of satisfaction. This was discussed with the manager who advised current processes were under review. There was evidence that the manager has recently introduced a complaints log to ensure that complaints were managed correctly and that accurate records are maintained. 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.

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.

Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative of the responsible individual 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 reports were available in the home 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 | 2 | 4* |

*The total number of areas for improvement includes three areas for improvement which were not reviewed and were carried forward for review at the next pharmacy 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 | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: 9 July 2022 | <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>Ref:5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff have been spoken to regarding best practice in management of wound care. HM reinforced the need to ensure that staff record care of wounds in keeping with care plan directive. Most of the wounds in the home are as a result of diabetes are well managed.</p> <p>Staff have been asked to provide sufficient detail in the care plan to direct all relevant staff in the management of the wounds and also to assess and evaluate the progress of the wound.</p> |
| Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate action required | <p>The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All pre-employment checks are being completed for new members of staff, there is a 'New Starter Checklist' at the front of each file which indicates accurate employment history which includes reason for leaving. Files also contain proof of identity and copy of contract and other essential documents including Access NI number and date issued and evidence if RTW in the UK as applicable and criminal declaration form.</p> |
| 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) | <p>The registered person shall ensure that medicines receipt records are fully and accurately completed.</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> |

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| <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>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 30</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 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>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 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2022</p> | <p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An audit of a sample of care records was undertaken by the HM on the 18.07.22. This indicates that Personal Care Records were accurately maintained in line with best practice. HM is issuing laminated guidance to staff to ensure the standard of Personal Care Records continue to be accurately maintained.</p> |

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