



Unannounced Care Inspection Report 10 February 2020



Madelayne Court

Type of Service: Nursing Home
**Address: Dunseverick and Dunluce Suites, 1-27 Nursery
Avenue, Portstewart, BT55 7LG**
Tel no: 028 7083 1014
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 48 patients. The home has two units known as Dunseverick Suite and Dunluce Suite. The Dunseverick Suite is located on the ground floor and accommodates up to 22 patients; and the Dunluce Suite is situated on the first floor and accommodates up to 26 patients.

3.0 Service details

<p>Organisation/Registered Provider: Runwood Homes Ltd</p> <p>Responsible Individual: Gavin O'Hare-Connolly</p>	<p>Registered Manager and date registered: Mabel Cole 14 September 2015</p>
<p>Person in charge at the time of inspection: Mabel Cole</p>	<p>Number of registered places: 48 comprising of: 22 NH- DE accommodated in the Dunseverick Suite 26 NH-I MP(E) and PH(E) accommodated in the Dunluce Suite A maximum of four patients in category NH- TI. The home is also approved to provide care on a day basis for one person in the Dunseverick Suite.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 48</p>

4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 09.45 hours to 15.15 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Madelayne Court which provides nursing care.

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.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

An area requiring improvement was identified in relation to the policies and procedures on adult safeguarding and restraint to be reviewed in line with the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

Patients described living in the home as being a good experience/ in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 14 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Five surveys were returned to RQIA and indicated that they were all 'satisfied' or 'very satisfied' that care was safe, effective, and compassionate and the home was well led. Comments noted as follows:

- 'All staff are lovely and kind. The manager is good and visits me to see if I'm ok.'
- 'Staff are very nice.'

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views; no staff surveys were returned to RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 9 February to 7 March 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports from December 2019 and January 2020
- policies and procedures relating to safeguarding and restraint
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (2) (h) and (i) Stated: First time	The registered person shall ensure through regular monitoring that all kitchen areas in the home are maintained clean and that food is stored in accordance with food safety standard in refrigerators. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspector viewed the various kitchen areas in the home and found each to be clean, with all food stored in refrigerators in line with food safety standards. The cleaning schedules records had been completed and the manager confirmed monitoring of the kitchen areas is carried out on a regular basis.	
Area for improvement 2 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire exit routes are maintained free from obstruction. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspector confirmed that fire exit routes were free from obstructions on day of inspection. The manager and nurse confirmed fire exits are monitored by the nurse in charge daily.	
Area for improvement 3 Ref: Regulation 13(4) (b) Stated: First time	The registered person shall ensure through regular monitoring that prescribed topical medications are administered according to the prescriber's instructions. Ref: 6.3	Met

	<p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records that confirmed prescribed topical medications had been administered according to the prescriber's instructions. The monthly auditing of medication records by the manager was viewed.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 47 Stated: First time</p>	<p>The registered person shall ensure that the identified sluice room is maintained clean. Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector found that the identified sluice room, along with other sluice rooms were clean, with no malodours or stained sinks.</p>	
<p>Area for improvement 2 Ref: Standard 47 Stated: First time</p>	<p>The registered person shall ensure that all cleaning products are stored safely and in accordance with COSHH regulations. Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector observed all cleaning products were being stored in locked stores and the cleaning trolley was not left unattended while the domestic staffs were cleaning bedrooms and other areas of the home.</p>	
<p>Area for improvement 3 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that medications such as nutritional supplements are stored safely and securely, as required. Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection: The inspectors observed all medications, such as nutritional supplements and thickening powders, were stored safely and securely.</p>	

Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure that a system is in place to ensure that staff do not wear gel or regular nail polish while on duty in keeping with regional infection prevention and control procedures/guidance. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspectors observed that staff were following the regional infection prevention and control procedures/guidance with no nail polish or gel nails worn at the time of inspection.	
Area for improvement 5 Ref: Standard 6.1 Stated: First time To be completed by: 30 November 2019	The registered person shall ensure that patient records are stored securely and confidentially at all times and that staff are aware of the importance of this. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspectors observed staff practice in relation to completing patient records and their subsequent storage of these records in the locked area, this ensured confidentiality was maintained.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; all responses indicated that there were enough staff to help them.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home's duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they are in the process of recruiting for one care assistant post.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a small number of new staff have been appointed in the last year to fill vacant posts as there was low staff turnover in the home. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issues; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

The inspector identified that all the senior staff and nurses had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The inspector reviewed records that confirmed training of all care staff to level 2 in this subject had been completed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction, with wheelchairs stored within the designated areas when not in use.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Discussion with a relative indicated they found the hand sanitiser gel dispensers often empty when they visited. However, the inspector had used the gel from a number of dispensers on the day of inspection; this feedback was discussed with the manager for ongoing review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Discussions with staff, patients and relatives, along with observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Feedback from the family of one patient indicated that they had not been satisfied the treatment and medical attention sought for their relative had been timely. This was discussed with the manager who confirmed a meeting has already been arranged for later this week to review the patients care with the family.

There was evidence of referrals having been made to relevant health care professionals, such as the wound care team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and SALT that were regularly reviewed and shared with catering staff.

Feedback from patients and a relative included the following comments:

- “I like it here, the carers and staff have a very caring nature.”
- “We are very happy with the care provided. The care and attention is very good; the nurses, manager or deputy are very approachable and have always been available when needed. We visit every day and are always welcomed.”
- “There are times when the call bell is heard ringing for a long period without being answered.”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly; however, the feedback from a relative on this subject was discussed with the manager for review.

Staff comments received included:

- “The care is good. We have a good team, working together for the resident’s welfare.”
- “The best part of the job is building relationships and learning about the patient’s different interests and life story.”

The inspector observed the serving of lunch in the dining room. The patients’ menu choices were sought in the dining room. The cook discussed their recently introduced method of seeking patients meal choices as very effective; the actual food choices are presented on plates, covered with cling film, to each patient to choose from, then their preferred meal is served from the heated trolley to them. The cook explained that the patients seem to prefer this system of food choice. The cook described the communication with patients, staff and the kitchen as very effective. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients’ likes and dislikes. Staff assisted patients as required and independent eating was encouraged with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. One patient commented:

- “The food is very good, I get plenty of choices.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning the patients were offered a range of hot and cold beverages and a selection of cakes and biscuits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with two patients about their experience of living in Madelayne Court Nursing Home.

Patients were complimentary about life in the home. They commented:

- “I am happy enough living here; my family visit regularly and are always welcomed. It is a good home. I feel sometimes the people don’t get enough attention.”
- “I like my own company. The staff respect my choices. I get all the assistance I need; they usually know what I need before I ask them.”

Relatives spoken with during the inspection commented:

- “The home is good and xxx gets all the help and care she needs.”
- “The staff are good. We are aware of how to raise any concerns with Mabel if needed.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

The activity programme viewed on the noticeboard was found to have a variety of events and one to one items listed for the current week. The inspector heard a group of patients and the activity coordinator enjoying a quiz, with lots of laughing and one comment: “Check that answer on Google”; music by ABBA was playing in the background.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments were noted and logged that had been received by the home. Examples included:

- ‘Many thanks to you all for the care and attention you gave to our relative.’
- ‘Thank you for making our relative’s birthday so special, she really had a wonderful time. Thank you all so much for the care, comfort and affection you show xxx. You are making the final chapter in her life as comfortable as possible, which means everything to us.’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

The inspector reviewed the homes policies and procedures in relation to adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty

Safeguarding code of practice which came into effect in December 2019 in Northern Ireland. This is an area for improvement identified during inspection.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately with all now resolved.

Monthly quality monitoring reports were reviewed for December 2019 and January 2020. These reports had been completed by the organisations quality monitoring officer and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives and other professionals. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints. The inspector discussed the need for this report template to be reviewed to include a section or prompt regarding any patients Deprivation of Liberty Safeguarding decisions in place to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Staff comments included:

- “It’s good here; I find the training is good and the other nurses and manager are very approachable.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area was identified for improvement in relation to the policies and procedures on adult safeguarding and restraint. These should be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mabel Cole, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 36 (1) and (2)</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2020</p>	<p>The registered person shall ensure that:</p> <ol style="list-style-type: none"> 1. The policies and procedures for all operational areas of the home are in accordance with the statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures. 2. The policies and procedures for treatment and care are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations. <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Policies and procedures are in accordance with statutory requirements and are evidence based in line with current best practice.</p>

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



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