Unannounced Care Inspection Report
14 June 2016

Madelayne Court

Type of service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart BT55 7LG
Tel No: 028 7083 1014
Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Madelayne Court took place on 14 and 15 June 2016 from 10:45 to 16:15 on day one; and from 09:30 to 15:45 on day two.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Throughout this report the term 'patient' is used to describe those living in Madelayne Court which provides both nursing and residential care.

Is care safe?

There was evidence that systems and processes were in place and monitored to ensure the safe and competent delivery of care and other services. A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home.

There were no requirements or recommendations made.

Is care effective?

There was evidence of positive outcomes for patients in relation to the appropriate and timely delivery of care. Records reviewed accurately reflected the care delivered. All staff spoken with demonstrated knowledge and understanding of their role and function to ensure patients received the right care at the right time.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

There were no requirements or recommendations made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with were complimentary regarding the registered manager and stated that they felt confident to deliver care and other services under her leadership and guidance and that some staff who had left the home were now seeking to return to the home because of this.

It was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. The registered manager was available to patients, their relatives and operated an 'open door' policy for contacting her. This was commended.

There were no requirements or recommendations made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Mabel Cole, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection and the QIP was validated during this inspection. Refer to section 4.2 for details.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd Mr Nadarajah(Logan) Logeswaran	**Registered manager:** Mrs Mabel Cole
Person in charge of the home at the time of inspection: Mrs Mabel Cole	**Date manager registered:** 14 September 2015
Categories of care: RC-I, NH-PH(E), NH-MP(E), NH-I, NH-TI and NH-DE Twenty two patients in category NH-DE to be accommodated in the Dunseverick Suite; 18 persons in category RC-I to be accommodated in the Downhill Suite; 26 persons in categories NH- I, MP(E), PH(E) to be accommodated in the Dunluce Suite. A maximum of four persons in category NH-TI. The home is also approved to provide day care on a day basis for one person in the Dunseverick Suite and one person in the Downhill Suite.	**Number of registered places:** 66

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with eight patients individually and with others in small groups, six care staff, the deputy manager, two registered nurses, the catering manager, two staff from housekeeping, the home's administrator, the activity therapist and a district nurse visiting in the residential unit.

A poster indicating that the inspection was taking place was displayed on the front door of the home which invited visitors/relatives to speak with the inspector. The inspector spoke with seven relatives over the two days of inspection.

In addition questionnaires were provided for distribution by the registered manager; 10 for relatives/representatives; eight for patients and 10 for staff. Refer to section 4.5 for details.

The following information was examined during the inspection:

- four patient care records
- three patients' supplementary care charts such as repositioning and fluid intake records
- staff duty rosters 6 – 19 June 2016
- staff training and planner/matrix for 2015 and 2016
- one staff recruitment record
- complaints record
- incident and accident records including audit processes
- planner and matrix for staff supervision and appraisal 2015 and 2016
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit and governance
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC) and checking with the Northern Ireland Social Care Council (NISCC) in relation to care staff
- evidence of consultation with staff, patients and representatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2015 / Care

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP was validated during this inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 18 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 4.1 **Stated:** Second time **To be Completed by:** 11 January 2016	It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and or their representatives': • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager, nursing staff and review of patients' records confirmed that this recommendation had been met.	
Recommendation 2 **Ref**: Standard 39.4 **Stated:** Second time **To be Completed by:** 11 January 2016	Training should be provided to staff, relevant to their roles in: • Communicating effectively • Death, dying and bereavement • Palliative and end of life care.	**Met**
	Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager and staff confirmed that this recommendation had been met.	
Recommendation 3 **Ref**: Standard 39 **Stated:** First time **To be Completed by:** 18 February 2016	It is recommended that training in regards to supra pubic catheterisation is provided for staff in relation to their roles and responsibilities. Additional training should be provided for registered nurses and care staff whom have not completed continence management and product application training.	**Met**
	Action taken as confirmed during the inspection: Review of training records, one patient's care record; and discussion with the registered manager and registered nurses confirmed that this recommendation had been met.	

Recommendation 4 **Ref**: Standard 36 Criteria 4 **Stated:** First time **To be Completed by:** 18 February 2016	It is recommended that all policies and procedures are reviewed and reflective of current best practice guidelines in relation to; • the management of continence/incontinence • catheterisation • stoma care. **Action taken as confirmed during the inspection**: Review of records, discussion with the registered manager and with registered nurses confirmed that this recommendation had been met.	**Met**
Recommendation 5 **Ref**: Standard 4 Criteria (1)(7) **Stated:** First time **To be Completed by:** 18 December 2015	It is recommended that continence assessments and care plans are fully completed and include the patient's normal bowel pattern and bowel type. The care plan should also indicate the patients fluid target and input /output should be recorded were deemed as appropriate. **Action taken as confirmed during the inspection**: Review of patients' care records and discussion with nursing and care staff confirmed that this recommendation had been met.	**Met**
Recommendation 6 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 18 December 2015	It is recommended that care plans pertaining to urinary catheters contain specific detailed information to ensure the safe management of catheterisation. **Action taken as confirmed during the inspection**: Review of patients' records and discussion with registered nurses confirmed that this recommendation had been met.	**Met**
Recommendation 7 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 18 January 2016	The registered person shall ensure that registered nurses develop care plans that are patient centred and that the care plan interventions are measurable, specific and relate to the assessed needs of the patient. **Action taken as confirmed during the inspection**: Review of patients' care records which included care plans; and discussion with registered nurses confirmed that this recommendation had been met.	**Met**

Recommendation 8 **Ref**: Standard 39 **Stated:** First time **To be Completed by:** 31 January 2016	It is recommended that record keeping training is provided for all registered nurses in accordance with minimum standards, professional guidance and legislative requirements. **Action taken as confirmed during the inspection**: Records confirmed that training for registered nurses took place on 19 January 2016 with six staff attending.	**Met**
Recommendation 9 **Ref**: Standard 46 Criteria (1)(2) **Stated:** First time **To be Completed by:** 31 December 2015	It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice. Particular attention should focus on the areas identified on inspection. **Action taken as confirmed during the inspection**: Observations, review of records and discussion with the registered manager and staff confirmed that this recommendation had been met.	**Met**

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. For example, following discussion with patients and staff; and review of patients' wake up times the shift pattern for the nursing units was changed to that of the residential unit (morning shift commences at 07:00 hours) ensuring that staff were available to patients who choose to get up before 08:00 hours.

Review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives/representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for one staff member were reviewed and found to be completed in full and dated and signed appropriately.

Discussion with the registered manager evidenced that she had a system in place to ensure staff attended mandatory training. Review of the training matrix/schedule for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Training outcomes for 2016, so far, indicated that the registered manager ensured mandatory training was completed. For example, 80% compliance had been achieved for fire safety – theory with 63% for fire safety practice; 98.5% compliance had been achieved in moving and handling practical and dementia awareness compliance was at 93.8%. This was commended. Records for 2015 mandatory training compliance were not available as the computer updated the record automatically.

Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager and deputy manager discussed concerns regarding a named patient. The registered manager had spoken with the Trust and raised concerns previously but felt that because the home had provided support the situation was not yet resolved. Advice was given to refer the concerns regarding the patient to the Trust under the safeguarding protocols. On day two of the inspection the registered manager confirmed that the referral had been made.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Advice was given in relation to providing more detail of the auditor's evaluation and outcome of the analysis. Information from the falls audit, and other audits, informed the responsible individual's monthly monitoring visit in accordance with the Nursing Home Regulations (Northern Ireland) 2005 - regulation 29. Staff spoken with confirmed that nursing staff and senior care staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Patients, relatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

The inspector had the opportunity to speak with a district nurse who was visiting the residential unit. The nurse stated that they visited the home on a regular basis and found the staff to be 'very good'. They also confirmed that any recommendations made or concerns raised were dealt with effectively both by the staff in the unit and by management. The nurse also said they were impressed by the knowledge staff had of their patients and stated that because of this knowledge "staff knew how and what to do to comfort [patients]". The nurse also said they "never had cause for concern".

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their relatives, if appropriate. There was evidence of regular communication with relatives and representatives from the Trust within the care records.

Discussion with staff confirmed that all nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held and minutes were made available. Nursing and senior care staff also attended a daily meeting at 11:00 hours to update the registered manager and to seek advice and/or clarify next steps for areas of concern. Staff shared concerns they had about their patients and discussed progress with other healthcare professionals or relatives as required. This is good practice.

Staff stated they knew they worked together effectively as a team because they communicated effectively and patients "came first". Staff stated that they felt proud to be able to make a difference to patients' quality of life. Staff confirmed they could raise their concerns with senior staff and were confident of support and, if required, confidentiality. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

In section 4.3 under review of staffing it was stated that the morning shift start time had been adjusted to ensure the needs of patients who choose to get up before 08:00hours were met. The registered manager, nursing and care staff spoken with confirmed that changing the start time had had a positive impact on the patients. The residential unit had commenced this working pattern a year ahead of the nursing units and following discussion with patients, relatives and staff a trail period was agreed for the two nursing units. Following the trial period and because of the positive impact on care and quality of life the change to the shift patterns was made permanent. Some of the positive changes included, patients' needs were met in a more timely manner and the risk of falls had been reduced. Also patients had their breakfast earlier and were 'more ready' to eat their midmorning snack and lunch. While statistics were not yet available to evidence reductions in falls or weight loss, it was evident through discussion that the change had been a positive one. The registered manager confirmed she and her team would continue to monitor the effectiveness of this change.

Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. It was evident that there were good relationships between patients and staff however, on more than one occasion the inspector heard staff referring to patients as 'good girl' good man'. Details of observations were discussed with the registered manager who agreed to address the use of 'terms of endearment' with staff.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

During one period of observation a staff member from the housekeeping staff interacted with a patient because they [the staff member] were there and this interaction prevented the patient from falling. Other examples included observation of a care assistant offering quiet and caring support when a patient needed reassurance and the activity therapist sitting companionably beside another patient while they did their sewing/knitting; and one of the catering staff sitting beside a patient at the dining table who wanted to chat about their family. This level of interaction from all members of staff was commended and the detail discussed during feedback.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with patients, relatives and staff confirmed that a variety of 'activities' were available in the home. One relative said they choose this home because they welcomed dogs and staff recognised the importance of patients' pets. Discussion with the activity therapist evidenced that activities were important for all patients but particularly to those living with dementia. For example, group activities would be organised on a daily basis for the whole home but would not always be held in the dementia unit. The reason for this was because the patients could be impacted upon by the number of additional people in the unit or the noise from the additional people or the music. This was commended during feedback.

A café was available and in constant use. The activity therapist confirmed that she would organise a 'chippy night' and records had to kept to ensure patients could attend, as it was so popular. The activity therapist also explained that some patients benefitted from a lunch or afternoon tea in the café as they were away from the usual 'hustle and bustle' of the dining room and could enjoy a quiet chat and discussion during their meal. Relatives could also make use of the café room for family birthday parties. The home also has a 'music room' which can accommodate larger groups. Local people came into the home weekly to play for the patients and staff stated that the patients enjoyed this and looked forward to it.

Work was ongoing with nursing and care staff to ensure activities were viewed as part of the care delivery rather than something extra and only undertaken by the activity therapist.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their relatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. The records pertaining to consultation with patients and their relatives/representatives, including outcomes, were not reviewed on this occasion.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Madelayne Court was a positive experience.

Patient comments to the inspector included:

- "I have no complaints".
- "Very good here, staff nice, no worries".
- "Food good".
- "I love my room and staff are good".

In addition eight patient questionnaires were provided by RQIA for distribution by the registered manager. Seven were returned. Two respondents recorded that they were satisified with the home and five responded that they were very satisfied in relation to the domains; is care safe, effective and compassionate and is care well led? Only one respondent provided additional comments which raised concern about staffing levels and staff attitude when 'under pressure' due to staffing levels. While the inspection outcomes would not support the comments made; and because RQIA had no means to contact the respondent for clarification; RQIA contacted the registered manager by telephone on 5 July 2016 to discuss the comments recorded. Assurances were provided, during this conversation, that the comments made had not been raised with the registered manager as a complaint and that the registered manager would address the concerns with staff.

Relatives spoken with were very positive in relation to the care delivered, the environment, staff attitude and management of the home as recorded throughout the previous sections. In addition 10 relative/representatives' questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report none had been returned.

Comments made by staff during the inspection are included throughout the report. In addition 10 staff questionnaires were provided by RQIA for distribution, by the registered manager, to staff not on duty during the inspection. At the time of issuing this report only one questionnaire had been returned. The staff member indicated that they were very satisified in relation to the domains; is care safe, effective, and compassionate and is care well led?

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005- regulation 24 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and relatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and relatives confirmed that they were confident that staff and management would address any concern raised by them appropriately. Patients were aware of who the registered manager was and referred to her as Mabel.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since 30 January 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed, in accordance with best practice guidance, in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. As stated previously in section 4.3, advice was given in relation to providing more detail in the auditor's evaluation and outcome of the analysis. Records were maintained appropriately when identified shortfalls required to be addressed.

Discussion with the registered manager confirmed that the regional care director undertook unannounced monitoring visits on behalf of the responsible individual, Mr Logan. Records of visits undertaken since 1 January 2016 were available to patients, their relatives, staff and Trust representatives. Review of the report for the visit undertaken on 17 May 2016 confirmed that an action plan was generated, as required, to address any areas for improvement

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with were complimentary regarding the registered manager and stated that they felt confident to deliver care and other services under her leadership and guidance and that some staff who had left the home were now seeking to return to the home because of this.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. The registered manager was available to patients, their relatives and operated an 'open door' policy for contacting her. This was commended.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

There were no issues identified during this inspection and a QIP is neither required, nor included as part of this inspection report.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.

The Regulation and Quality Improvement Authority

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