



Unannounced Care Inspection Report 14 November 2019



Madelayne Court

Type of Service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart BT55 7LG
Tel no: 02870 831014
Inspector: Lyn Buckley

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 the Dunluce Suite. The Dunseverick Suite is situated 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: Gemma Boyd – deputy manager until 10:45 hours. Mabel Cole – manager from 10:45 hours</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</p> <p>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) 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.</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 14 November 2019 from 10:05 to 15:55 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of a previous estates inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the mealtime experience, activities, staffing arrangements and staff knowledge of their patients' needs and wishes. Also in relation to governance arrangements, management of complaints and incidents, ensuring the delivery of quality care and positive patient outcomes; and in maintaining good working relationships with staff, families and other healthcare professionals who visited the home.

Areas requiring improvement were identified which included the management of the environment, fire safety, IPC measures, medication. Refer to the Quality Improvement Plan (QIP) for details.

Patients described living in the home as being a good experience. Patients 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	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, manager, and Gemma Boyd, deputy 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 1 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 1 October 2018. 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. For example, serious adverse incidents.

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2019
- incident and accident records from 1 July 2019
- two staff recruitment and induction files
- six patient care records
- five patients' medication records
- a sample of governance audits and records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was recorded as met, partially met, or not 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 Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37.5 Stated: First time	The registered person shall ensure that the staff duty rota records are not altered, using white adhesive, to enable the previous record to be read in accordance with best practice in record keeping.	Met
	Action taken as confirmed during the inspection: Review of a sample of duty rotas evidenced that this area for improvement has been met.	

Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that patient repositioning charts are completed accurately and contemporaneously.	Met
	Action taken as confirmed during the inspection: Review of a sample of repositioning charts evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that identified deficits within governance audits are addressed in a timely manner. For example the deficits identified within the infection prevention and control audit for April 2018.	Met
	Action taken as confirmed during the inspection: Review of a sample of governance records evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure that the hours worked by the registered manager are recorded on the duty rota and identify the hours and the capacity in which these were worked This record shall be available for inspection.	Met
	Action taken as confirmed during the inspection: Review of a sample of duty rotas evidenced that this area for improvement has been met.	

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 the planned staffing levels and that these levels could be altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 3 to 16 November 2019 which confirmed that the planned staffing levels were achieved. We also saw that administrative, catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable. One patient said, "Lovely girls [staff] and I have no complaints."

We spoke with two family members. One said, "Lovely home and staff; any concerns I talk to Mabel."

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was generally clean, tidy, and comfortably warm throughout. The only exceptions were the cleanliness of the kitchenettes on each floor and the cleanliness of one identified sluice room. Details were also discussed with the manager regarding the management of food storage in refrigerators, storage of cleaning products, storage of nutritional supplements and staff belongings in the kitchenette areas. Areas for improvement were made.

We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Staff were reminded to ensure that the wheelchairs on the stair case landings are kept behind the designated line to ensure escape routes are free from obstruction; and that stores delivered to the ground floor are promptly moved away from the fire exit route. An area for improvement was made.

In addition we spoke with the manager regarding staff wearing gel nail polish. This matter had been raised previously as part of the monthly monitoring visits. An area for improvement was made.

We reviewed two staff recruitment records which confirmed that staff were recruited safely. Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patient or staff practice, fire safety and IPC.

We reviewed six patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs. Risk assessments and care plans had been reviewed at least every month and reflected the nursing care needs of the patients we reviewed. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall. Staff were reminded to ensure, where necessary, care plans were put in place to manage the risk of falls.

We reviewed the medication administration records of five patients. Records showed that patients received their oral medications as prescribed. However, administration records for topical medications, such as creams and ointments were recorded poorly. Discussion with staff confirmed that the application of topical medicines was a 'delegated task' to care assistants.

However, there was no evidence that nursing staff monitored this. Details were discussed with the manager and an area for improvement was made. We also discussed the time taken to administer medication on the first floor. Details were discussed with the nurse and with the manager. The manager agreed to review, provide support as required and to monitor the length of time to administer medication within this unit. This will be review during subsequent inspections.

Areas for improvement

Areas for improvement were identified in relation to the cleanliness and maintenance of kitchenettes and one identified sluice room; fire safety measure regarding fire exit routes, IPC measures and the management medications.

	Regulations	Standards
Total number of areas for improvement	3	5

6.4 Is care effective?

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

We spoke with two family members regarding the delivery of care. They were complimentary regarding the care of their loved one and the staff attitude towards them their loved one and other patients. They said that they were kept informed of any changes in their loved one's care and if they had a concern they would talk to the nurse in charge or the manager.

Patients unable to express their opinion and views were relaxed and comfortable. Interactions between them and staff were observed to be respectful, caring and kind. Patients able to voice their views confirmed that they received the good care and that staff were respectful, caring, kind and attentive.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal or had a fall; and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the lunchtime meal in the general nursing unit. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meal and that they had the choice of where and what to eat. We saw that the majority of patients ate their lunch in one of the dining rooms. Other patients choose to eat in their bedroom or in one of the lounge areas.

During the meal we saw that a number of patient records had been left on one of the dining tables and could have easily been accessed by patients or anyone else in the dining room. Earlier staff had been seen recording their findings in these records but it was evidently the usual practice for staff to store these records in the dining room rather than in a secure location to ensure patient privacy and confidentiality. This was discussed with the nurse in charge of the unit and with the manager. An area for improvement was made.

Staff were aware of the national changes to modified food and fluid descriptors. Staff confirmed that they had received training in relation to the new modified diet descriptors. A review of patient care records confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

An area for improvement was made regarding the management of patient records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Those patients enjoying breakfast had been enabled to have a 'lie in' and one patient said they enjoyed this.

During the meal times observed we saw that staff were providing support to patients as they needed it. It was clear that the interactions between staff and patients were relaxed, comfortable and appropriate. Patients were provided with choices during their meal, for example, where to sit, what to have to drink and another meal option if they did not like the meal served.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and/or jewellery or nail polish. We also heard staff chatting with patients about various topics of interest relevant to the patient and where they were from or their particular interest. A variety of activities had been planned for November and December and some patients and staff said they were looking forward to the coming festivities. For example, a 'Come Dine with Me' experience was enabled to get patients and their relatives to enjoy a meal together.

Patients told us that they were receiving good care from friendly, caring, respectful staff.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

“We were treated with the utmost kindness and affection.” – this was recorded by a relative who had lost their loved one.

“Each and every member of your team care for my Mum with compassion and dignity. From day one Mum felt very much at home as well as safe and secure with her carers.”

“Thank you all so very much for helping to make Mum’s...birthday so special for her...”

As stated previously relatives were complimentary regarding the care received by their loved ones, staff attitude and that they were kept informed of any changes in their loved ones care.

We also provided questionnaires for patients and family members; none were returned.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified within this domain.

	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.

Since the last care inspection there has been no changes to the management arrangements within the home.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

However, the areas for improvement identified will require monitoring to ensure the action taken by the manager to address these areas; has been fully implemented and embedded into practice.

The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed. For example, the person undertaking the monitoring visit for October 2019 had identified that staff were wearing gel nail polish while on duty and an action was put in place to address this. We also found this to be the case and an area for improvement has been made.

We also invited staff to provide comments via an online questionnaire. None were received.

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, ensuring the delivery of quality care and positive patient outcomes; and in maintaining good working relationships with staff, families and other healthcare professionals who visited the home.

Areas for improvement

No new areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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, and Gemma Boyd, deputy 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 (2) (h) and (i) Stated: First time To be completed by: Immediate action required	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Housekeeping staff are responsible for the cleanliness of the kitchen areas in each unit and this is recorded on their daily cleaning schedule. Kitchen staff will monitor the storage of the food in the refrigerators in each unit in accordance with food safety standards.</p>
Area for improvement 2 Ref: Regulation 27 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that fire exit routes are maintained free from obstruction.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff ensure that fire exit routes are free from obstruction and this is monitored daily.</p>
Area for improvement 3 Ref: Regulation 13(4) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure through regular monitoring that prescribed topical medications are administered according to the prescriber's instructions.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Administration of topical Medications is monitored daily by Nursing staff.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 47 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the identified sluice room is maintained clean.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Housekeeping staff record cleaning of identified sluice room daily.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all cleaning products are stored safely and in accordance with COSHH regulations.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Cleaning products are stored in locked cupboards in accordance with COSHH Regulations.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that medications such as nutritional supplements are stored safely and securely, as required.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Nutritional supplements are stored in a locked cupboard.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff are aware that Nail polish and Gel Polish should not be worn on duty in keeping with infection control procedures.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Patients records are stored securely in the Nurses office and staff are aware of the importance of this</p>

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



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