

# Inspection Report

**Name of Service:** Madelayne Court

**Provider:** Kathryn Homes Ltd

**Date of Inspection:** 16 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Kathryn Homes Ltd
<b>Responsible Person:</b>	Mrs Tracey Anderson
<b>Registered Manager:</b>	Mrs Jane Bell
<b>Service Profile:</b> This home is a registered Nursing Home which provides nursing care for up to 49 patients. The home is divided in two units; the Dunseverick Suite located on the first floor which provides care for patients living with dementia; and the Dunluce Suite located on the second floor which provides general nursing care.  There is a separate registered residential care home located within the same building for which the manager also has operational responsibility and oversight.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 January 2025 from 9.30 am to 2.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment and care records.

As a result of this inspection one area for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very good. I have my favourites", "It's lovely. The girls are great," and "I am so grateful for everything the staff do for me."

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

Relatives commented positively about the overall provision of care within the home. Comments included: "I am happy with the care. I feel involved in my relatives care and I am listened to. They do a lot of activities in the home."

Staff spoken with said that Madelayne Court was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said that, "I love the teamwork here on both floors. Everyone is so helpful."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Review of staff recruitment files evidenced that a full employment history of staff was not always obtained, while reasons for leaving were not consistently recorded. Details were discussed with the manager and an area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dietitians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients were observed singing in the lounge with staff and listening to music.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "The staff are good craic".

### 3.3.3 Management of Care Records

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

Care records were person centred, generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patient's appeared clean and well cared for, however recording gaps of up to two weeks were noted personal records. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This was discussed with the manager and an area for improvement were identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records for the day shift evidenced that these had been completed prior to midday and no further entries had been made to reflect on the care delivered after midday. In addition, some evaluations of care were not person-centred and contained repetitive statements. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jane Bell has been the Registered Manager in this home since 22 October 2024. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3

\*The total number of areas for improvement includes one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Bell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection (30 May 2024)	The registered person shall ensure systems are reviewed to ensure injectable medicines are administered as prescribed.  Ref: 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> 16 January 2025	The registered person shall ensure that before staff commence working in the home, a full employment history is provided which includes the reason for leaving.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> Mandatory interview questions to examine gaps in employment and reasons for leaving were rolled out company wide. These have been introduced into Madelayne Court. The applicant also completes a gaps in employment and reasons for leaving section as part of their onboarding process. A check sheet has been introduced by Mademayne Court to ensure all applicants are compliant.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 16 January 2025	The registered person shall ensure that personal care records are accurately maintained.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Monthly management checks are embeded into the audit system to check regularly that personal care records are complaint. The personal care sheets have also been amended. Staff supervisions have been completed to highlight the issue.

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 16 January 2025	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Daily spot checks are being completed by Management to address this. All nurses hve been informed through the supervision system.

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





The Regulation and  
Quality Improvement  
Authority

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