



Unannounced Care Inspection Report 16 March 2021



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: Michael Lavelle

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 nursing home registered to provide nursing care for up to 48 persons.

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</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: 36</p>

4.0 Inspection summary

An unannounced inspection took place on 16 March 2021 from 10.25 hours to 18.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the 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	4

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with seven patients, two patient's relatives and five staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. Four questionnaires were returned within the timeframe for inclusion in the report.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 15 March 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for four patients
- accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports
- mental capacity act policy and visiting policy.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance 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 36 (1) and (2) Stated: First time To be completed by: 26 March 2020	The registered person shall ensure that: <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. 	Met
	Action taken as confirmed during the inspection: Review of the Mental Capacity Act policy confirmed this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients expressed no concerns regarding staffing levels in the home.

We spoke with five members of staff who displayed commitment and empathy towards the patients; and they had a good knowledge and understanding of patients' individual needs, wishes and preferences.

All of the staff spoke compassionately of the impact of the COVID 19 pandemic on staff, patients and relatives. The majority of staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"I feel undervalued and morale is low at times. It has been a difficult year and care staff have been cut."

"I am happy here. Everyone is lovely."

"I love dementia care. The teamwork is fantastic. The morale in our unit is fantastic."

"I have no staffing concerns. We all get on well and do our bit. I like the staff and the residents."

We discussed the comments above with the manager who confirmed that care assistant numbers had been reduced due to the occupancy levels falling in the home and would be reviewed when the occupancy levels increased.

Review of one staff recruitment file identified deficits in relation to staff recruitment. Although the file contained an employment history for the staff member, the record did not include start and finish dates. In addition, there was no evidence that identifiable gaps in the employment history were fully explored. An area for improvement was made.

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Patients told us:

"It's very clean in here. The dinner isn't great. Sometimes they are slow when I press the buzzer but what can you do, they are very busy. They are nice to me".

"The food is unbelievably good. The accommodation is great and the nursing care is excellent. I get asked where I am going though if I go down the corridor".

"The care is very good. It's not home but it's close enough. We do have some activities. The staff come quick enough when I press the buzzer".

"I am very happy here".

"I am happy enough here".

"I am content".

Two relatives spoken with told us:

“The communication with the home is good. They keep me well informed”.

“It has been brilliant (the visiting and testing). The home has been great. No problems at all”.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not visiting during the inspection; four were received within the timeframe for inclusion in this report. All four questionnaires were completed by relatives who stated they were either satisfied or very satisfied with the care provided and that the care was safe, effective, and compassionate and that the home was well led.

Review of the activity boards confirmed no activities had been planned for the week of inspection. The activity planners that were displayed were not in a suitable format for all patients. We did see examples of activities delivered in the home, these included St Patrick’s Day decorations. Patient’s said they had recently enjoyed a Mother’s Day party. Staff confirmed the activity co-ordinator was off that week. Staff said:

“We do activities in the afternoon if we have time. We can do their nails, have a coffee and a chat or maybe have a movie afternoon.”

“They are not allocating when the activity co-ordinator is off.”

This was discussed with the manager who agreed to review activity provision to ensure activities were planned and delivered in the absence of the activity co-ordinator. An area for improvement was made.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting ‘pod’ had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid ‘symptom free’. There was ample PPE and hand sanitiser available for visitors. Management advised that in addition to the visiting pod care partners had been identified for many patients and their relatives. Review of the visiting policy evidenced it had been updated in keeping with guidance on visiting and care partners from the Department of Health.

The dining experience was a well organised and an unhurried experience for patients. Patients enjoyed their meal either in the dining room or their bedroom in keeping with their choice. The food looked and smelled appetizing. Patients had a choice of two meals and both these options were available for those who required a modified diet. The food looked fresh, healthy and nutritious and appropriate portions were served. Choices of drinks were offered. Patients told us they enjoyed their meal and the food served in the home.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“Thank you for all your care during this hard time.”

“Thank you on behalf of our family for the quality of care received by our relative during their recent illness. They always had excellent care during their stay in Madelayne Court.”

6.2.3 Care records

We reviewed four patients' care records. A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), tissue viability nurse (TVN), podiatrists and dieticians also completed assessments as required. There was evidence within the records that recommendations made by other healthcare professionals were adhered to. Review of one patient's care records evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Records of assessment of patient need and associated risk assessments had been completed after care plans had been developed with some care plans not being updated to accurately reflect the patient's assessed needs. An area for improvement was made.

Patients' care records also evidenced that care plans were person centred and reviewed regularly. Review of supplementary care charts such as repositioning records and food/fluid intake evidenced these were very well completed.

We reviewed one patient's needs in relation to wound care. Wound care documentation was generally well completed with wound assessments completed after the wounds were redressed in keeping with the instructions given by the TVN. We did identify one occasion where a wound assessment and evaluation was not completed. This was discussed with the manager for action as required. We saw some good examples of wound care evaluation, although these were not always completed in a consistent manner. We asked the manager to ensure nursing staff complete a comprehensive wound care evaluation. This will be reviewed at a future care inspection.

We reviewed the management of patients who had falls. Review of one unwitnessed fall record evidenced that the appropriate actions were taken following the fall; in keeping with best practice guidance. Review of daily progress notes confirmed that registered nursing staff did not consistently complete or comment on the clinical and neurological observations taken after a fall. This was discussed with the manager who agreed to complete clinical supervision with registered nursing staff regarding post falls management.

One patient was observed moving themselves in a wheelchair without footplates. Review of the patient's care records evidenced this was not appropriately care planned for. This was discussed with the nurse in charge of the unit who confirmed that this was the patient's preference. Assurances were sought and received that this would be appropriately risk assessed and care planned for.

Review of care plans did not provide assurances that patient care plans were developed in consultation with the patient or patient's representative. This was discussed with the manager who agreed review this. An area for improvement was made.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature. We observed that hand sanitiser and personal protective equipment (PPE) were available at the entrance to the home. Signage had been placed at the entrance which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Observation of staff practice throughout the day identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. While most staff wore their face masks correctly, we saw some staff applying and removing PPE incorrectly. An area for improvement was made.

There was a good availability of hand sanitising gel throughout the nursing home. Audits, including hand hygiene and use of PPE, were completed regularly and evidenced good compliance with best practice; however this was not evidenced during the inspection. The deficits in the audit process were identified and discussed with the manager. An area for improvement was made.

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 clean, warm and tidy and any equipment in use was clean and well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

We reviewed the laundry. We saw some cluttered areas and identified a number of mop heads that had potentially become contaminated after being laundered. It was disappointing that PPE was not readily available or utilised by staff in the laundry. This was discussed with the manager who agreed to address the deficits.

We saw domestic cleaning trolleys were left unsupervised on two occasions with the potential of patient access to cleaning chemicals and equipment that may cause them harm. We discussed this with domestic staff and highlighted the risks. An area for improvement was made.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates demonstrated this and also evidenced that appropriate records were maintained.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the hand hygiene and PPE use. An area for improvement relating to the audit process was made in 6.2.4.

We examined the reports of the visits made on behalf of the responsible individual from November 2020 to January 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to care delivery. There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

Areas for improvement

Seven areas for improvement were identified. These related to staff recruitment, planning of care, infection prevention and control, control of substances hazardous to health, activity provision and governance oversight of IPC audits.

	Regulations	Standards
Total number of areas for improvement	3	4

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients' individual needs. The home was tidy and fresh smelling throughout. Management were available throughout the inspection and enjoyed the support of staff.

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 21 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Applications checked at interview and any deficits in employment discussed with applicant and reasons recorded</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 6.2.4.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions completed with staff on correct use of PPE and Hand Hygiene</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that domestic trolleys are not left unsupervised.</p> <p>This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision completed with domestic staff on importance of supervising their trolley at all times. COSHH training has been completed by Domestic 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	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2021</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Weekly Activity schedule is in place in each unit. In the absence of the Activity Co Ordinator a staff member is allocated to undertake Activities.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Supervision completed with staff on importance of completing assessments within 24hrs of admission and care plans reviewed and updated within 5 days.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the care plan records evidence of involvement of the patient and/or their relatives in the development and review of care plans, incorporating decisions made, the agreements reached and the information which was shared.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Care plans are developed in consultation with the Resident and/or their next of kin and this is clearly documented..</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Infection control Audits are completed monthly. Hand hygiene and Donning and Doffing Audits completed twice weekly to ensure best practice in Infection prevention and control..</p>

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

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