The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Madelayne Court**

Provider: **Kathryn Homes Ltd**

Date of Inspection: **21 July 2025**

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

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Jane Bell

Service Profile –
This home is a registered Nursing Home which provides nursing care for up to 49 patients. The home is divided into two suites; the Dunseverick Suite located on the ground floor which provides care for people living with dementia; and the Dunluce Suite located on the first floor which provides general nursing care.

There is a separate registered residential care home which occupies the same building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 21 July 2025 from 9.40 am to 8.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff were knowledgeable and well trained to deliver safe and effective care. 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.

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; management of risk, infection prevention and control and record keeping.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again and one will be reviewed at a future 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 told us, "it's reasonably comfortable here, the staff are fine", "staff are kind and gentle", and, "I can choose to eat my breakfast here [in the bedroom] and I like to watch the morning T.V". Others said, "the staff know me very well" and "the regular cook is very good, he will make me something else to eat if I ask".

Relatives told us that they felt the staff took a lot of time to support families and to get to know their loved ones. They also said they had good relationships with the staff.

There were no patient or relative questionnaires received following the inspection.

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. There was evidence of robust systems in place to manage staffing.

Staff said that there was good team work, that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded promptly to call bells. Some staff said that they felt there were not always enough staff on duty; this was shared with the management team for their review. However, review of the rota indicated that the planned staffing ratio was met by the number of staff on duty and the management team provided assurances that there were systems in place to ensure that planned staffing was met.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Observation of the lunchtime meal confirmed that staff are directed by a 'mealtime coordinator' who leads the serving of the meals to ensure good communication across the team about changes in patients' needs.

It was observed that 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.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Records for this aspect indicated that patients were assisted by the correct number of staff and at the correct times.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to utilise their walking aids and wear appropriate footwear. Examination records indicated that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff offered the opportunity for patients who are generally independent with meals, to enjoy their meal without support initially.

It was positive to note however, that staff returned to these patients to offer the assistance where they had not engaged independently as expected. Discussion with staff evidenced good knowledge of individual patients and consideration the patients' experience of their mealtime.

Patients enjoyed going to the dining room for meals and choosing where to sit with their friends, while others preferred to enjoy their meals in their bedroom. Meals were seen to be uncovered when brought to patient bedrooms. This was discussed with the manager who agreed to meet with staff and review current arrangements.

Staff confirmed that no-one was identified to lead on activities in the absence of the activity co-ordinator. This was discussed with the deputy manager who agreed to review their current arrangements provision of meaningful activities may not be limited to the activity staff. Observation of the care delivery in the afternoon indicated that this was understood by care staff to some extent, as staff engaged patients in group singing and dancing. Patients enjoyed this and interacted with one another in a meaningful way; some patients attending the lounge specifically to join in. Where some patients may not have felt included in the singing, staff reassured and assisted them to be included with the others by offering that they choose the next song to sing. Patients enjoyed this activity and the staff demonstrated they were understanding and sensitive to patients' needs and knew the patients' preferences.

Some patients told us that they preferred to sit in their room and read the newspapers or watch their own T.V. There were also arrangements in place to meet patients' social, religious and spiritual needs within the home.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. For example, if a patient returned to the home from a period in hospital. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

A number of patients were observed to be in bed in the afternoon, wearing either their clothes or nightwear. Some patients, who were able to sit in a chair, were observed to be assisted with their lunch while in bed. Staff said that this was at the preference of each individual. However, review of care records did not clearly communicate patients preferred time to rise and retire, nor their preference as to how and where they spent their day. This lack of detail inhibits the nurse's capacity to monitor the quality of life of the patients in their daily routines. Two areas for improvement were identified.

A number of patients cared for in their bedroom were unable to use the nurse call system due to their cognitive impairment. Review of records confirmed suitable arrangements for supervision of these patients were not in place. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. However, these were not person centred in their review and some contained inaccurate information. This area for improvement was stated for a second time.

Review of care plans in relation to patients' capacity and/or if they are subject to Deprivation of Liberty Safeguards (DoLS) were not always person centred and at times, were lacking in clarity as to what the assessed need of the individual was; or accurately, what measures were required to maintain their safety. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient such as from birthday celebrations in their bedroom. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were also photographs of resident's celebrations and activities in some communal areas.

Communal equipment such as shower chairs and wheelchairs appeared to be clean and well maintained.

Review of records and observations confirmed 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.

The domestic trolley was left unattended with cleaning chemicals accessible to patients, and there were toiletries available in patients' bedrooms and batteries accessible in the lounge. All areas of the home accessible to patients must be free from hazards. An area for improvement was identified.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, a number of staff were not bare below the elbow. An area for improvement was identified.

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 manager in this home since 20 February 2023.

Patients, relatives and staff commented positively about the management team and described them as supportive and approachable.

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 evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well. A record of compliments such as 'Thank You' cards were retained and shared with staff.

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
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes that one Standard which has been stated for a second time and one Regulation which has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Shannon McCullough, deputy 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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 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
	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.
Area for improvement 3 **Ref:** Regulation 14 (2) **Stated:** First time **To be completed by:** 21 July 2025	The registered person shall ensure that all areas of the home which patients have access to are free from hazards. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with Housekeeping staff to ensure that they supervise their cleaning trolley at all times. A visual check is completed during Home Managers walk arounds. Further issues will be addressed via HR process
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 21 July 2025	The registered person will ensure that nursing staff evaluate care in a meaningful manner that is person centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: The nurses evaluate care in a meaningful manner but have been given greater detail on what the Inspector highlighted as required in the evaluations. This has now been added.
Area for improvement 2 **Ref:** Standard 4.4 **Stated:** First time	The Registered Person will ensure that patients who require assistance to change position, have their preferences for sitting in a chair throughout the day detailed in their care plan. Where these preferences are not adhered to, a rationale is documented. Ref: 3.3.3

To be completed by: 21 July 2025	**Response by registered person detailing the actions taken:** All skin integrity care plans have been updated to provide detail on times that the resident wishes to sit out and Nurses have been asked to record if there is any change to this and the rationalle.
Area for improvement 3 **Ref:** Standard 4.4 **Stated:** First time **To be completed by:** 21 July 2025	The Registered Person will ensure that care plans clearly indicate a preferred time to rise and retire in order that staff may provide care as the individual prefers, facilitating choice. Ref: 3.3.3
	Response by registered person detailing the actions taken: All sleep care plans have been reviewed to include this information. However, this can change daily depending on residents wishes at that time
Area for improvement 4 **Ref:** Standard 4.4 **Stated:** First time **To be completed by:** 21 July 2025	The Registered Person will ensure that where a person in unable to use a call bell to request assistance, alternative measures are in place and are clearly documented in the care plan and care records. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents have either access to a call bell, alarm mat, seat alarm. All residents are monitored hourly checks and this will continue.
Area for improvement 5 **Ref:** Standard 4.4 **Stated:** First time **To be completed by:** 21 July 2025	The Registered Person will ensure that patients who have limited capacity or are subject to Deprivation of Liberty Safeguards (DoLS), have a care plan which clearly details the level of support required to assist them or maintain safety. Ref: 3.3.3
	Response by registered person detailing the actions taken: All DOLs care plans have been reviewed to reflect this detail
Area for improvement 6 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 21 July 2025	The Registered Person shall ensure that all staff adhere to infection prevention and control best practice. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have been reminded to adhere to bare below the elbow guidelines and weekly hand hygiene audits are ongoing

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