



Unannounced Care Inspection Report 1 October 2018



Madelayne Court

Type of Service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart, BT55 7LG
Tel No: 028 7083 1014
Inspectors: Lyn Buckley and Linda Parkes

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O-Hare-Connolly	Registered Manager: Mabel Cole
Person in charge at the time of inspection: Mabel Cole	Date manager registered: 14 September 2015
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	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.

4.0 Inspection summary

An unannounced inspection took place on 1 October 2018 from 10.10 to 16.40 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to provision and development of staff, management of complaints, management of notifications to the RQIA and the patients' dining experience. We observed good communication between patients, management, staff and visitors. We also evidenced good practice in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified in relation to the staff duty rota, patient repositioning charts, recording of the manager's working hours and completion of the audit process.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the ability and willingness to meet their needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable.

Patients said:

“Staff look after me well.”

“I’m treated with respect and dignity.”

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, registered 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 11 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 May 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with seven patients, one patients’ relative and six staff. Twenty questionnaires were also left for patients and patients’ representatives for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Have we missed you’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door.

The following records were examined during the inspection:

- duty rota for all staff from 23 September to 6 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- two patient care charts including reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports, from April 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- the home's Statement of Purpose.

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 the most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP and the QIP from the unannounced care inspection undertaken on 19 August 2017 were validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2018 and from care inspection dated 19 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (4) (a) and (c) Stated: First time	The registered person shall ensure that the weaknesses identified during this inspection in relation to monthly monitoring visits are addressed in order to ensure compliance with legislative requirements and consistency of approach.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been addressed.	
Area for improvement 2 Ref: Regulation 27 (4) (c) Stated: Second time	The registered provider shall ensure that the locking system in place for final exit doors is reviewed in conjunction with the home's fire risk assessor; and to ensure that fire exits and routes to fire exits are not obstructed by equipment/furniture.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been addressed.	
Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered persons must ensure that all accidents throughout the home are appropriately responded to by registered nursing staff at all times.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been addressed.	

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all wound care is delivered by competently trained staff and in compliance with current care plans. Wound care records must also be maintained contemporaneously with any variance to the care plan fully documented and explanatory reasons provided.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed this area for improvement has been addressed. Residential care provision is now registered separately from nursing care provision in the facility.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that any substance hazardous to health is appropriately stored in accordance with guidelines – Control Of Substances Hazardous to Health (COSHH).</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the registered manager confirmed this area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff involved in the preparation and delivery of therapeutic diets have access to patients' individual assessments and/or recommendations from SALT rather than relying on verbal communication and memory.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with the registered manager and staff confirmed this area for improvement has been addressed.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 5 Stated: First time	The registered person shall ensure that patients' personal information is maintained confidentially and privacy respected.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager and staff confirmed this area for improvement has been addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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. A review of the staffing rota from 23 September to 6 October 2018 evidenced that the planned staffing levels were adhered to. The registered manager advised that the deputy manager was working in a supernumerary role commencing 1 October 2018. Observation and conversation with staff also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Review of the staff duty rota evidenced that the records were altered using white adhesive paper. The original record could not be viewed. This does not adhere to record keeping guidance. An area for improvement was made.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Madelayne Court. We also sought the opinion of patients on staffing via questionnaires. Three patient questionnaires were returned. All patients indicated that they were very satisfied in relation to the questions asked about staffing and with the care they received.

A patient said:

"Everyone is very kind. I'm not neglected."

A relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Twelve questionnaires were returned; and all the relatives indicated that they were very satisfied that staff had 'enough time to care'.

A relative commented:

"Staff look after my ... very well. One hundred and one per cent."

We discussed recruitment with the registered manager. Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, infection control, and the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice and that the registered manager was identified as the safeguarding champion. The registered manager and deputy manager confirmed that they planned to attend safeguarding training in November 2018.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. A review of records, observation of practices and discussion with the registered manager and staff confirmed there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observation 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. Patients 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.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control and best practice guidance were consistently adhered to.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge of adult safeguarding arrangements, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement was identified in relation to altering of the duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of four patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. The process of auditing care plans from June to September 2018 was viewed and no concerns were noted.

We reviewed the management of infections, and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Review of two patient's repositioning charts evidenced that both charts had gaps in recording the delivery of care. One chart showed no entries from 17:30 to midnight for three hourly repositioning of the patient. It was also evidenced that the recording of dates and times was inconsistent. An area for improvement was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as, General Practitioners (GPs), Speech and Language Therapists (SALT) and Dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained as required. There was evidence that care plans had been reviewed when recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician were changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and the relative spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and the relative were aware of who the registered manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in care planning, reviews, and effective communication with patients, relatives, staff and other healthcare professionals.

Areas for improvement

Areas for improvement were identified in relation to recording patient repositioning charts.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 10:10 hours and were greeted by staff who were helpful and attentive. Staff were observed responding to patients' needs and requests promptly and cheerfully. Patients were observed seated in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water or juice and staff were observed assisting patients to enjoy food and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of inspection we observed patients and staff enjoying piano playing and singing in the music room.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in both Dunseverick Suite and Dunluce Suite. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients said:

“The food is very nice.”

“I always enjoy the food here.”

Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you all for the loving attention. You are special people. All of you will have a place in our memories.”

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of 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. We provided patients with questionnaires; three were returned. Patients all recorded that they were very satisfied with all aspects of their care and life in the home under all of the four domains reviewed.

In addition to speaking with one relative, we received twelve completed questionnaires from patient’s representatives. All stated that they were very satisfied with the care their loved one received under the four domains reviewed.

Comments on two returned questionnaires stated:

“Staff are very caring and family is kept up to date.”

“Madelayne Court is a home from home. My... is extremely well looked after.”

Comments and views expressed by staff are detailed throughout this report. We also invited staff to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, relatives or staff in returned questionnaires or on line responses received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not recorded. The registered manager confirmed that her hours were recorded separately. A record was not available for inspection. An area for improvement was made.

Staff were able to identify the person in charge of the home in the absence of the registered manager.

It was observed in the residential care home that to exit the home via the staircase you had to use a keypad and request the code from staff to exit. However, residents could leave the unit by the lift that did not require a keypad code to access and was not restricted. The use of the keypad lock was discussed with the registered manager who agreed to address this matter in accordance with the Deprivation of Liberty Guidelines (DoLs). This observation and discussion was shared with the aligned inspector for the residential care home for their information and action as required.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents and incidents, infection prevention and control practices (IPC) and wound care. Review of the IPC audit for April 2018 evidenced that deficits had been identified in relation to the provision of a body fluids and blood spill kits. This deficit had been identified repeatedly over the last six months with no action to address this recorded. During discussion the registered manager confirmed they had never had the need for a body fluid or blood spills kit in the home. Advice was given that deficits such as this needed to be addressed by providing the necessary equipment or detailing that it was 'not applicable' to the home. It was also advised that the registered manager reviewed the need for a body spills kit in line with IPC regional practice guidance. An area for improvement was made.

Discussion with the registered manager and review of records from April 2018 to September 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was made in relation to the availability of the registered manager's duty rota for inspection and the completion of any audit process.

	Regulations	Standards
Total number of areas for improvement	0	2

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, registered 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 Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 37.5 Stated: First time To be completed: With immediate effect	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Duty Rotas will be typed and not altered using white adhesive in accordance with best practice in Record keeping..</p>
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed: With immediate effect	<p>The registered person shall ensure that patient repositioning charts are completed accurately and contemporaneously.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: supervision completed with all staff on the importance of completing repositioning charts accurately.</p>
Area for improvement 3 Ref: Standard 35.6 Stated: First time To be completed: With immediate effect	<p>The registered person shall ensure that identified deficits within governance audits are addressed in a timely manner.</p> <p>For example the deficits identified within the infection prevention and control audit for April 2018.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All deficits in Audits addressed.</p>
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed: With immediate effect	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Registered Managers hours are recorded in Duty rota.</p>

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



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