

Unannounced Care Inspection Report 5 December 2016



Madelayne Court

Type of Service: Nursing Home
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Tel no: 028 7083 1014
Inspectors: Lyn Buckley and John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Madelayne Court took place on 5 December 2016 from 10:05 to 14:30 hours.

The inspection sought to assess progress with any issues raised 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.

The term 'patient' is used to describe those living in Madelayne Court which provides both nursing and residential care.

Is care safe?

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. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. However, a requirement was made regarding the staffing levels at night within the residential unit.

Staff consulted clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

The home was clean, tidy and comfortably heated throughout. The general décor and furnishings in areas of the home were of a good standard.

A requirement was made regarding the management of final fire exit doors, and a recommendation was made regarding the completion of accident records.

Refer to section 4.3 for details

Is care effective?

Discussion with the staff established that staff in the home responded appropriately to and met the assessed needs of the patients. Discussion with staff confirmed that a person centred approach underpinned practice. A requirement was also made regarding the management of pressure relief mattresses.

Care records were generally reflective the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. A recommendation was made regarding the content of patients' care plans as evidenced in the nursing unit on the first floor.

The registered manager confirmed that systems were in place to ensure effective communication with patients, their relatives and other key stakeholders and that an 'open door policy' in regard to communication was operated. Patients and relatives spoken with confirmed that care and communication was effective.

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 their line manager and /or the registered manager.

Refer to section 4.4 for details.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff confirmed their awareness of promoting patients' rights, independence and dignity; and were able to demonstrate how patients' confidentiality was protected.

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.

Patients and their relatives consulted confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

There were no areas for improvement identified in this domain.

Refer to section 4.5 for details.

Is the service well led?

The registered manager confirmed that the needs of patients were met in accordance with the home's statement of purpose and the categories of care for which the home was registered.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Systems and processes were in place to monitor the effectiveness of care delivered and services provided.

Despite a number of requirements and recommendations made in the preceding domains, it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused to ensure the patient experience was a positive one. Addressing the requirements and recommendations made will further enhance the quality of care delivered and services provided in Madelayne Court.

There were no new areas for improvement identified in this domain.

Refer to section 4.6 for details.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mabel Cole, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 June 2016. There were no further actions required to be taken following the most recent inspection as no QIP was issued as a result of this inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/ Mr John Rafferty	Registered manager: Mrs Mabel Cole
Person in charge of the home at the time of inspection: Mabel Cole	Date manager registered: 14 September 2015
Categories of care: RC-I, NH-PH(E), NH-MP(E), NH-I, NH-TI, NH-DE. Twenty two patients in category NH-DE to be accommodated in the Dunseverick Suite; 18 persons in category RC-I to be accommodated in the Downhill Suite; 26 persons in categories NH- I, MP(E), PH(E) to be accommodated in the Dunluce Suite. A maximum of four persons in category NH-TI. The home is also approved to provide day care on a day basis for one person in the Dunseverick Suite and one person in the Downhill Suite.	Number of registered places: 66

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspectors spoke with 22 patients individually and with others in small groups and 10 nursing and care staff. The inspectors also spoke with three relatives. Comments can be viewed in section 4.5.

In addition, questionnaires were provided for distribution by the registered manager; 10 for relatives/representatives; eight for patients and 10 for staff. Refer to section 4.5 for details.

The following information was examined during the inspection:

- six patient care records
- staff duty rotas from 28 November to 11 December 2016
- one staff recruitment record
- complaint records including the relevant audit records
- incident and accident records including the relevant audit records
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 from 1 July 2016
- evidenced of training and assessments of staff administering medicines
- evidence of consultation with staff, patients and relatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

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 staff duty rotas from 28 November to 11 December 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

However, the staffing levels for the residential unit at night were discussed with the registered manager. Concerns were raised as only one member of staff was on duty, in this unit, from 23:00 until 08:00hours. Concerns discussed included;

- the size/coverage and layout of the unit
- patient dependencies, for example assistance of two staff required,
- the potential need for general assistance in the event of a fall or a patient being unwell.

RQIA did acknowledge that the staffing levels could be considered from a 'whole home perspective'. This was discussed in detail with the registered manager, during feedback; it was agreed that the night duty staffing levels in the other two units was based on the assessed needs of the patients accommodated and to redeploy staff to the residential unit at 23:00 could have a detrimental effect on the delivery of safe and effective care within these units. A requirement was made.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Review of one staff member's personnel file confirmed that appropriate processes were adhered to in relation to recruitment practices and induction.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Records pertaining to assessment of competence in the administration of medicines was reviewed and found to be appropriately managed.

Staff consulted clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

The home was clean, tidy and comfortably heated throughout. The general décor and furnishings in areas of the home were of a good standard.

A fire exit door in the residential unit opposite the office was locked, with a key lock, and partially obstructed by a small table. A requirement was made for this identified risk to be made safe.

The home had an up to date fire risk assessment in place dated 6 April 2016. Corresponding evidence was recorded to confirm that the recommendations from this assessment had been addressed. Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular up to date basis. Individual patients had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of the audit records for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection in June 2016, for one unit, evidenced that these events were few in number and generally appropriately managed. However, RQIA were not notified of an accident which identified a head injury had been sustained. The registered manager agreed to send in a retrospective notification and review the other units' accidents records. Email confirmation was received on 6 December 2016. A requirement was made.

In addition a recommendation was made that accidents records clearly evidence who was notified, the outcome of any medical intervention and that the registered manager/deputy manager has reviewed the record and when. These omissions were found evident in a significant number of reports inspected in the residential unit.

Review of patient' bedrooms evidenced that bed mattresses were used as 'crash' or fallout' mats. This was also recorded as an identified action with the Regulation 29 report dated 28 November 2016. Following discussion with the registered manager it was evident that she was aware of the risks of only using equipment for the purpose for which it is designed. RQIA were assured that the concern raised regarding 'crash mats' would be addressed; four 'crash mats' were due for delivery on 8 December 2016.

Areas for improvement

A requirement was made for the night duty staffing levels, within the residential unit, to be reviewed, taking in account the concerns raised by RQIA.

A requirement was made that final exit doors are reviewed regarding the locking mechanism used to secure these doors 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.

A requirement was made that RQIA are notified of incidents/events occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.

A recommendation was made regarding the completion of accident records.

Number of requirements	3	Number of recommendations	1
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4.4 Is care effective?

Discussion with the staff established that staff in the home responded appropriately to and met the assessed needs of the patients.

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Records also included daily/regular statements of evaluation of the effectiveness of the delivery of care and treatments and the health and well-being of the patient.

Care records were generally reflective the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, a recommendation was made regarding the content of patients' care plans as evidenced in the nursing unit on the first floor.

Patient records contained evidence that the patient and/or their representative and their aligned healthcare professional were involved and consulted in the assessment, planning and review of care.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with staff on duty revealed that they had good knowledge and understanding of individual patients' care needs, wishes and preferences.

The registered manager confirmed that systems were in place to ensure effective communication with patients, their relatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, patients' and relatives meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an 'open door policy' in regard to communication.

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 their line manager and /or the registered manager.

Observations throughout both nursing units evidenced that the setting on pressure relief mattresses did not always corresponded to the patient's actual weight as required by the equipment. This had the potential to cause pressure damage rather than preventing it. This was discussed with the registered manager and nursing staff. This concern had also been identified during the Regulation 29 visit on 28 November 2016 Nursing staff and the registered manager confirmed that following the visit they had undertaken to carry out weekly mattress setting checks. However, a requirement was made to ensure that pressure relieving mattresses were set correctly and it was evident that the seriousness of the impact of the wrong setting on patients' pressure areas had not been adequately considered or addressed.

Areas for improvement

A recommendation was made that care plans are reviewed, in particular in the general nursing unit on the first floor, to ensure they are reflective the assessed needs of patients, kept under review and where appropriate, reflect recommendations prescribed by other healthcare professionals

A requirement was made to ensure that pressure relieving mattresses were set at the correct weight for the patient for whom it was prescribed and that staff should be aware of the risks to patient health and well-being when the correct setting is not maintained.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff confirmed their awareness of promoting patients' rights, independence and dignity and were able to demonstrate how patients' confidentiality was protected. Examples of this included; knocking of bedroom doors before entering and general good manners and gentleness of staff when interacting with patients.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A customer satisfaction survey was in progress and minutes from staff meetings and patient/relatives meeting were available.

Patients and their relatives consulted confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with 22 patients individually, and with others in smaller groups, confirmed that living in Madelayne Court was a positive experience. Patients confirmed or indicated that they were happy with their life in the home and the provision of care. Some of the comments made included statements such as:

- "I couldn't complain about a thing. The staff are all brilliant"
- "I love it here. The staff are all very nice. They work very hard and at times can be under pressure"
- "Things are just grand. No complaints"
- "We all get on very well. There's a nice atmosphere".

Relatives consulted were complimentary regarding care provided, the environment and the kindness and support received from staff. One relative, from the residential unit, made comment that they would like to see better reading material and magazines available and possibly a piano in a lounge. These suggestions were conveyed to the registered manager who agreed to take these forward.

An appetising nicely presented lunch time meal was provided. There was a choice of main course, dessert and drink. Each unit organised the mealtime experience for their patients to according to assessed needs. For example, two servings of lunch was in place within the ground floor unit. Each dining room had tables that were nicely set with choice of condiments.

Discussion with staff and patients confirmed that they were satisfied with activities provided. At the time of this inspection patients were engaged, in the residential unit, in a planned activity of armchair activity for which they were observed to gain great enjoyment and fulfilment from. Patient in the other units were supported by staff to engage in one to one activities such as reading, puzzles, knitting or listening to music. An activity board was provided to assist in the planning of the activities for the day and to inform patient and relatives as to the daily programme. A detailed programme of additional Christmas activities was also displayed.

In addition to consulting with patient, relative and staff during the inspection RQIA asked the registered manager to distribute questionnaires to patients (8), relatives (10) and staff not on duty (10). Questionnaires were to be returned within a specified timeframe. At the time of issuing this report three staff, one patient and one relative had returned their questionnaires. Responses were as follows:

Patient questionnaire

The patient recorded that they were 'very satisfied' with the questions asked under each domain, is care safe, is care effective, is care compassionate and is the service well led? Additional comments recorded included;

- "Mabel is most helpful as are all the staff."
- "Nothing is a trouble!"
- "We are indeed treated with dignity and respect. This makes the home very special."

Relative's questionnaire

The relative indicated that they were 'very satisfied' with the home under the four domains questioned. There were no additional comments recorded.

Staff questionnaire

All three staff recorded that they were 'very satisfied' with the home under the four domains questioned. There were no additional comments recorded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager confirmed that the needs of patients were met in accordance with the home's statement of purpose and the categories of care for which the home was registered.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the patient.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Systems and processes were in place to monitor the effectiveness of care delivered and services provided.

The responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 was reviewed for November 2016. The report confirmed that the visit had been undertaken by a senior member of the organisation's quality management team, on behalf of the responsible individual, and that it was unannounced. The actions to be addressed were clearly recorded with a timeframe identified for completion.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients and relatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/relatives confirmed that they were confident that staff and/or management would manage any concern raised by them appropriately. Patients/relatives were aware of who the registered manager was.

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

Despite a number of requirements and recommendations made in the preceding domains, it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused to ensure the patient experience was a positive one. Addressing the requirements and recommendations made will further enhance the quality of care delivered and services provided in Madelayne Court.

Areas for improvement

No new areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the RQIA web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2017.</p>	<p>The registered provider must review the night duty staffing levels, within the residential unit; taking in to account the concerns raised by RQIA during the care inspection.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Night duty staffing levels reviewed in the residential unit and increased to 2 staff on night duty from 19.00 to 07.00</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider must 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.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Locking system for final fire exit doors reviewed and fire exits and routes are free from obstructions.</p>
<p>Requirement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider must ensure that RQIA are notified of incidents/events occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: RQIA are notified of incidents/events occurring in the home in accordance with the Nursing Home regulations 2005.</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider must ensure that pressure relieving mattresses are set at the correct weight for the patient for whom it is prescribed and that staff are aware of the risks to patients' health and well being when the correct setting is not maintained.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: weekly and monthly audits are in place to ensure that pressure relieving mattresses are set at correct weight for the resident. All staff are aware of the importance of this being adhered to.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider should ensure that accidents records clearly evidence who was notified, the outcome of any medical intervention and that the registered manager/deputy manager has reviewed the record and when. These omissions were found evident in a significant number of reports inspected in the residential unit.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: staff have been made aware that all accident records must be fully completed. The Manager/Deputy reviews this and signs and dates the record.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2017.</p>	<p>The registered provider should ensure that care plans are reflective of the assessed needs of patients, kept under review and where appropriate, reflect recommendations prescribed by other healthcare professionals. This recommendation particularly refers to the first floor nursing unit.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The named nurse reviews the care plans monthly or when there are changes to the Residents care ensuring that any recommendations made by healthcare professionals are reflected in the care plan.</p>

Please ensure this document is completed in full and returned via the RQIA web portal



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