



Unannounced Follow-up Care Inspection Report 11 May 2018



Madelayne Court

Type of Service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart BT55 7LG
Tel No: 028 7083 1014

Inspector: Carmel McKeegan

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 provider 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 nursing home registered to provide nursing care and residential care for up to 66 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O-Hare-Connolly	Registered Manager: Mrs Mabel Cole
Person in charge at the time of inspection: Ms Gemma Boyd, deputy manager, then Mrs 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 Residential Care (RC) RC-I - Old age not falling within any other category	Number of registered places: 66 22 patients in category NH-DE to be accommodated in the Dunseverick Suite, 18 in category RC-I to be accommodated in the Downhill Suite, 26 in categories NH-I, NH-MP (E) and NH-PH (E) to be accommodated in the Dunluce Suite. A maximum of four in category NH-TI. The home is also approved to provide care on a day basis for one person in the Dunseverick Suite and one person in the Downhill Suite.

4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 10.15 to 13.30 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.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect of another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of patients in Madelayne Court.

The following areas were examined during the inspection:

- The use of Madelayne Court to conduct business in respect of another service
- Governance and management arrangements
- Monthly quality monitoring visits by the registered provider
- Recruitment and selection of staff
- Registration of staff with their professional bodies.

Staff spoken with stated that they had no concerns in relation to the management and governance arrangements within Madelayne Court and that they felt supported in their role. However, some weaknesses were identified in regards to the quality of the monthly monitoring reports and the registered manager stated that on occasion there were difficulties in receiving a reply to an email or voicemail from the Responsible Individual. An area for improvement under regulation was made in regards to monthly monitoring visits.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

The total number of areas for improvement include four under the regulations and three under the standards which have been carried forward for review at the next care inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Mabel Cole, registered manager, as part of the inspection process and can be found in the main body of the report.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 December 2017. No further actions were required to be taken following the most recent 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:

- 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 the inspector met with Mrs Mabel Cole, registered manager; Ms Gemma Boyd, deputy manager; a registered nurse; a care assistant and the home administrator.

The following records were examined during the inspection:

- three reports of monthly quality monitoring visits by the registered provider
- two staff recruitment files
- staff registration with professional bodies.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to Mrs Mabel Cole, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 19 August 2017

This inspection focused solely on issues previously outlined in Section 4.0. The areas for improvement from the last care inspection on 19 August 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3 1 Use of premises by unregulated service

The registered manager and deputy manager advised that the premises were not used to conduct business in respect to another service. They were not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

6.3.2 Governance and management arrangements

There was a clear organisational structure within the home and all staff were aware of their roles, responsibility and accountability. All staff spoke positively about the sense of teamwork which existed within the home and the support they received from the registered manager.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager stated that whilst senior management were supportive, on occasion there could be a delay in receiving a reply to an email, voicemail or text message from the Responsible Individual. With the recent senior management changes, the registered manager stated that there was some ambiguity about who to report to if there was a concern.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

6.3.3 Visits by registered provider

The registered manager confirmed that visits by the registered provider, or their nominated representative, were undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and person responsible for completing the action.

Review of the last three reports dated 22 February 2018, 28 March 2018 and 26 April 2018 evidenced that:

- the 22 February 2018 visit had been completed by Amanda Leitch, Head of Quality and Governance for Runwood Homes; the 28 March 2018 had been completed by Heather Lyttle, registered manager of a nursing home within the Runwood Homes Group; and the visit on 26 April 2018 had been completed by Rosemary Dilworth, Operations Director in Runwood Homes.
- each report contained the date of visit; the time commenced and the time concluded.
- patients were spoken with as part of the visit.
- staff were interviewed as part of the visit.
- where areas for improvement were identified; an action was developed to address the issues.
- areas for improvement previously identified are being addressed.
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes.

A number of weaknesses in relation to these monthly monitoring records were found, namely:

- The report for the monitoring visit on 26 April 2018 indicated that the visit was completed in two hours and 45 minutes. The respective report did not provide the same level of information as the other two reports. This was discussed with registered manager who confirmed that the duration of the visit and the approach of the person conducting the visit varied.
- It was noted that within the 26 April report, the section to record the review of complaints for the month of April stated “None in Jan 18”. This was discussed with the registered manager who confirmed that there had not been any complaints received during the month of April 2018.
- None of the reports reviewed evidenced that relatives had been spoken with during the monthly visits; therefore, none of the reports contained feedback from relatives or visitors to the home. The 22 February and 26 April reports stated that there were no relatives present. As many patients have communication difficulties and some are unable to express their views on how they are being cared for, the person conducting the visit should make every effort to ensure relatives are consulted and their views sought. The planning of the visit should take this into account to maximise the potential of meeting relatives and visitors to the home.

The registered manager confirmed that visits by the registered provider in relation to Regulation 29 had been discussed at a registered managers meeting and she understood that a standard approach was to be applied.

These shortfalls were highlighted to the registered manager and an area for improvement under regulation was made.

6.3.4 Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

6.3.5 Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The administrator demonstrated the system in place for reviewing the registration status of all nursing and care staff members within the home and records were kept in this regard. The administrator advised that she would also perform this function for other Runwood Homes that do not have a lead signatory/endorser in place.

Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC) and stated that they are reminded by management when their renewal date is approaching.

Areas of good practice

There were examples of good practice found in relation to the procedures in respect of staff recruitment, the arrangements to monitor and review staff registration with professional bodies, and staff communication within the home.

Areas for improvement

An area for improvement under regulation was made in relation to monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 residential care 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 Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29 (4) (a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.3.3</p>
	<p>Response by the registered person detailing the actions taken: Following discussion with Responsible Person Monthly monitoring visits will be more robust and consistent so ensuring compliance with legislative requirements.</p>

Due to the focused nature of this inspection, as outlined in Section 4.0 of this report, the areas for improvement from the previous care inspection will be carried forward for review at the next care inspection.

Areas for improvement from the last care inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all accidents throughout the home are appropriately responded to by registered nursing staff at all times.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</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</p>

Stated: First time	reasons provided.
To be completed by: With immediate effect	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 35.3	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).
Stated: Second time To be completed by: With immediate effect	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 4.8	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.
Stated: First time To be completed by: 1 July 2017	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 5	The registered person shall ensure that patients' personal information is maintained confidentially and privacy respected.
Stated: First time To be completed by: 1 July 2017	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



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