



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Madelayne Court
Establishment ID No: 11145
Date of Inspection: 29 April 2014
Inspector's Name: Bridget Dougan
Inspection ID 17075

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Madelayne Court
Address:	1-27 Nursery Avenue Portstewart BT55 7LG
Telephone Number:	028 7083 1014
E mail Address:	manager.madelayne.ni@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran (Registration Pending)
Registered Manager:	Ms Sonya Ann Doherty
Person in Charge of the Home at the Time of Inspection:	Ms Sonya Ann Doherty
Categories of Care:	NH-I, NH-MP(E), NH-PH(E), NH-DE, NH-TI, RC-I
Number of Registered Places:	64
Number of Patients Accommodated on Day of Inspection:	63
Scale of Charges (per week):	Nursing - £587per week Residential - £476 per week
Date and Type of Previous Inspection:	12 December 2013 - Secondary unannounced
Date and Time of Inspection:	29 April 2014: 12.00 hours – 17.00 hours
Name of Inspector:	Bridget Dougan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients/residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to follow up on issues identified at the previous inspection of 12 December 2013.

2.0 Profile of Service

Madelayne Court is a new purpose built three storey detached private nursing home.

Downhill Suite is situated on the lower ground floor and has 17 beds available for residential care, in single room, en suite accommodation.

Dunseverick Suite is situated on the ground floor and has 22 beds available for people living with dementia and nursing needs, in single room, en suite accommodation.

Dunluce Suite is situated on the first floor and has 25 beds available for general nursing care, in single en suite accommodation.

The home offers bright and spacious accommodation. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients/residents' personal possessions. Each room has a lockable space for patients/residents' valuables. The soft furnishings are to a high standard and great attention has been paid to individualising each room. The tasteful use of pictures and a variety of colour schemes ensures that each bedroom has a unique feel.

Each suite is an individual, self-contained suite with a small kitchenette with facilities for making a cup of tea or a snack.

Lounges and dining rooms are available on both floors. There is music and televisions provided within the lounges.

There is an activity room where residents may undertake activities such as art, gardening, exercising or can just sit and take in what is going on.

There is also a multisensory room where patients/residents and residents may relax in a therapeutic environment, listening to music and watching the lights and the movement of the equipment.

A passenger lift ensures that facilities on each floor are accessible to all patients/residents/residents and visitors.

To the side of the building is an enclosed garden which the patients/residents/residents can access via patio doors.

The home provides care under the following categories:

Nursing Care

I	Old age not falling into any other category
DE	Dementia care
MP (E)	Mental disorder excluding learning disability or dementia over 65 years
PH (E)	Physical disability other than sensory impairment over 65 years

TI Terminally ill

Residential Care

I Old age not falling into any other category

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

3.0 Summary

A secondary unannounced inspection of Madelayne Court was undertaken by the inspector for the home, Bridget Dougan, on 29 April 2014 from 12.00 hours to 17.00 hours.

The inspection was facilitated by the Registered Manager, Ms Sonya Ann Doherty. Feedback was provided to Ms Doherty at the conclusion of the inspection.

The inspector carried out a general inspection of the nursing home to assess the environment, delivery of care and to seek the views of patients/residents and staff in relation to the quality of care and services provided.

Six requirements and four recommendations made as a result of the previous inspection were reviewed and the outcomes of the action taken can be viewed in the section following this summary. The home was assessed as compliant with six requirements and two recommendations. One recommendation was assessed as moving towards compliance and one recommendation was not inspected and will therefore be carried forward for review at the next inspection.

The inspector spoke with the majority of patients/residents, though not all were able to express their views due to their condition and frailty. The patients/residents consulted stated that they were well looked after and were content living in the home.

Staffing levels

Staffing levels were in keeping with the minimum levels identified in RQIA Staffing Guidance for Nursing Homes (2009).

Care Practices

The inspector observed the interactions between staff and patients/residents throughout the home which were seen to be respectful and considerate of the patient/residents abilities and well-being.

Care Records

The inspector reviewed the care records of seven patients/residents and can confirm that records were generally well maintained. Two recommendations have been made with regard to care records.

Annual Quality Report

The inspector examined the annual quality review report for 2013. Feedback provided from patients/residents and/or their representative was very positive with an action plan in place for any areas requiring improvement. A recommendation has been made for the report to be made available for patients/residents and relatives to view if they wish to do so.

The following additional areas were inspected, the details of which can be viewed in section 6 of this report:

- complaints
- accidents/incidents
- staffing levels
- environment

Conclusion

No requirements and four recommendations have been made as a result of this inspection. One recommendation has been stated for the second time.

The inspector would like to thank the registered manager, patients/residents and staff for their assistance in facilitating this inspection and for the hospitality extended.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15 (1) (d)	<p>The registered person shall not provide accommodation to a patient at the nursing home unless:-</p> <p>The registered person has confirmed in writing to the patient that, having regard to the assessment, the nursing home is suitable for the purpose of meeting the patient's needs in respect of his health and welfare.</p>	Discussion with the registered manager and review of a letter which is sent to all prospective patients/residents following completion of a pre-admission assessment, the inspector can confirm that this requirement has been addressed.	Compliant
2	15 (2)	The registered person shall ensure that the assessment of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances.	The inspector reviewed seven patients/residents care records. A computerised care record system was being maintained. Generally records were well maintained with assessment of the patient/residents needs being reviewed at least monthly. In the records of two residents in the residential unit, however the inspector observed that while a nutritional assessment had been completed and reviewed monthly, the Malnutrition Universal Screening Tool (MUST) had not been used. A recommendation has been made in this regard.	Compliant
3	16 (1) (2)	The registered person must ensure that care plans, evaluations and daily progress notes are comprehensive and	Review of seven care records evidenced that this requirement had been met.	Compliant

		patient centred.		
4	17 (1)	The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.	The inspector reviewed the Annual Quality Report for 2013. Feedback provided from patients/residents and/or their representative was very positive with an action plan in place for any areas requiring improvement. It is recommended that the report is made available for patients/residents and relatives to view if they wish.	Compliant
5	27 (4) (c)	The registered person shall provide adequate means of escape in the event of a fire.	The inspector examined the most recent fire risk assessment and can confirm that this requirement has been met.	Compliant
6	29	The registered person must ensure that a comprehensive report is prepared in accordance with Regulation 29. This report must include: Review of the previous action plan and a record of the progress made Accidents and incidents – review of the analysis Progress made on the most recent RQIA Quality Improvement Plan.	Inspection of a sample of Regulation 29 reports evidenced that this requirement had been met.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.1	The registered manager should ensure that where a DNR directive has been established, the directive contains the signature of the GP, the patient/resident and/or their representative.	The inspector reviewed two patient/residents care records where DNR directives had been established. The inspector observed that in one patient/residents record, the signature of the GP, the patient/resident and/or their representative was not in place. This recommendation will therefore be stated for the second time.	Moving towards compliance
2	20.2	Evidence must be available to demonstrate that the registered manager has established good governance arrangements to ensure that the emergency equipment is appropriately maintained and checked daily (unless otherwise recommended by the manufacturer's instructions).	Discussion with the registered manager and review of records evidenced that this recommendation had been met.	Compliant
3	13.1	The nurse manager must ensure that the programme of activities and events provides positive outcomes for patients/residents and is	This recommendation was not reviewed at this inspection and will therefore be carried forward for review at the next inspection.	Not inspected

		based on the identified needs and interests of patients/residents including their spiritual needs.		
4	5.6	The registered manager must ensure that contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.	Review of seven patients/residents care records evidenced that this recommendation has been met.	Compliant

6.0 Additional Areas Examined

6.1 Environment

The Inspector undertook an inspection of the home and examined a number of patient /resident bedrooms, lounges, bathrooms/toilets and dining rooms. The home was found to be clean and tidy with no mal odours identified.

6.2 Care practices

The inspector observed the interactions between staff and patients/residents throughout the home which were seen to be respectful and considerate of the patients/residents' abilities and well-being.

6.3 Patients/residents views

The inspector spoke with the majority of patients/residents. All patients/residents who were able to express an opinion of the care and services provided stated that they were well looked after and were content living in the home.

6.4 Complaints

Review of the complaints record on the day of inspection confirmed that the complaints were fully investigated and copies of these investigations were held in the home.

6.5 Incidents/accidents records

The Inspector reviewed a number of randomly selected accident/incident records which were found to be well maintained. Accidents are reviewed on a monthly basis to establish trends.

6.6 Staffing

Review of three weeks duty rotas evidenced that staffing levels were in keeping with the minimum levels identified in RQIA Staffing Guidance for Nursing Homes (2009).

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sonya Ann Doherty, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS**



Quality Improvement Plan

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Madelayne Court

29 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sonya Ann Doherty either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20.1	<p>The registered manager should ensure that where a DNR directive has been established, the directive contains the signature of the GP, the patient/resident and/or their representative.</p> <p>Reference: Follow up from previous issues</p>	Two	All resident records have been checked and those residents who have a DNR directive in place contains both the GP and relative/representative's signature	From the date of this inspection
2	13.1	<p>Carried forward for review at the next inspection:</p> <p>The nurse manager must ensure that the programme of activities and events provides positive outcomes for patients/residents and is based on the identified needs and interests of patients/residents including their spiritual needs.</p> <p>Reference: Follow up on previous issues section</p>	One	We are currently recruiting for an activity co-ordinator to assist the home staff with meaningful activities for the residents. We are currently focusing on all care staff to ensure that they engage and positively interact with residents throughout a span of duty	From the date of this inspection
3	8.1	<p>It is recommended that the MUST screening tool is used to identify patients/residents who are at risk of malnutrition</p> <p>Reference: Follow up on previous issues section</p>	One	The MUST screening tool is now fully operational on the e-care plan system and identifies those residents at risk. Manager checking these weekly to ensure that the subsequent action plans are	From the date of this inspection

				being implemented	
4	25.13	<p>It is recommended that the Annual Quality Report is made available for patients/residents and relatives to view if they wish.</p> <p>Reference: Follow up on previous issues section</p>	One	The 2013 Annual Quality Assurance Report is now displayed in the reception area of the Home	One week from the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	None in post; completed by Deputy Manager
Name of Responsible Person / Identified Responsible Person Approving Qip	Logan Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	11 August 2014
Further information requested from provider			