

# Unannounced Follow Up Care Inspection Report 19 August 2017



## Madelayne Court

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

[www.rqia.org.uk](http://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 registered nursing home which is registered to provide nursing care and residential care for up to 66 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O-Hare-Connolly	<b>Registered Manager:</b> Mabel Cole
<b>Person in charge at the time of inspection:</b> Nursing Sister Heather Worke (10.25 to 11.20 hours)  Ms. Mabel Cole thereafter	<b>Date manager registered:</b> 14 September 2015
<b>Categories of care:</b> 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) I – Old age not falling within any other category	<b>Number of registered places:</b> 66 comprising: 26 – NH- I, MP(E) and PH(E) including 4 – NH-TI 22 – NH-DE 18 – RC-I  In addition the home is also approved to provide care on a day basis for 1 person in NH- I, MP(E) and PH(E) and for 1 person in RC – I.

### 4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10.25 to 14.20 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 term 'patient' is used to describe those living in in Madelayne Court which provides both nursing and residential care.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd., a lay magistrate issued an order to cancel the registration of that home. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Madelayne Court.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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
<b>Total number of areas for improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mabel Cole, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 June 2017. Enforcement action resulted from the findings of this inspection.

It was evident that a previous area for improvement identified in December 2016 regarding fire safety had not been met. Following discussion with RQIA's senior management the registered provider and manager was contacted on 13 June 2017 and asked to attend a serious concerns meeting in RQIA to provide assurances that the areas of concern identified, in relation to fire safety, would be addressed.

At this serious concerns meeting, on 20 June 2017, RQIA were provided with assurances that the concerns had been addressed and that a management plan was in place to ensure compliance.

Details of the inspection findings and the serious concerns meeting assurances were also shared with the senior estates inspector and the Northern Ireland Fire and Rescue Service (NIFRS).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 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
- previous inspection report and Quality Improvement plan

During the inspection the inspector met with 11 patients, six staff and three patients' visitors/representatives.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 19 August 2017
- three patient care records
- supplementary care charts including food and fluid intake and reposition charts
- RQIA registration certificate
- certificate of public liability
- incident and accident records

Not all areas for improvement identified at the last care inspection were reviewed as part of this inspection and have been carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 June 2017

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 will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 12 June 2017

This inspection focused solely on issues previously outlined in section 4.0. Not all areas for improvement from the last care inspection on 12 June 2017 were reviewed as part of the inspection and the QIP reflects which areas for improvement have been carried forward to be validated at the next care inspection.

## 6.3 Inspection findings

### Management arrangements

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Discussion with staff evidenced that there was a clear organisational structure within the home.

Deficits were identified in relation to the management of accidents within the Downhill Unit. Discussion with staff and the registered manager evidenced that nursing staff were not always informed of accidents within the unit and that care staff would only inform nursing staff if they considered it necessary. An area for improvement under regulation was identified.

### Care delivery

Review of three patient care records evidenced that care plans were mainly in place to direct the care required. Weaknesses were identified in relation to wound care. The care records for one patient who required regular wound care failed to evidence any daily observation of the patient's dressing by care or nursing staff. Care records for another patient for whom staff had carried out wound care evidenced that the procedure had not been documented. Discussion with the registered manager also confirmed that the staff member who carried out this procedure was not appropriately trained to do so. The records of a third patient evidenced that staff had not adhered to the prescribed dressing regimen which was in place. One area for improvement under regulation were identified and discussed with the registered manager.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as the tissue viability nurse (TVN), the speech and language therapist (SALT), dieticians, care managers and GPs. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, SALT or TVN. Review of repositioning and food intake charts for one patient also confirmed that this required care was being delivered, as planned.

### Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 7 to 19 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

## **Equipment**

An observation of the environment evidenced that the nurse call system was working effectively throughout the home with nurse calls answered promptly. Three nurse call pressure mats were randomly tested and noted to be working effectively. However, one nurse call lead which was randomly tested was noted to be faulty. This was highlighted to the registered manager and replaced before the completion of the inspection. The importance of ensuring that all nurse call leads are working effectively was stressed to the registered manager.

## **Behaviours that challenge**

Discussion with some staff and the registered manager demonstrated awareness of one patient within the home who exhibits distressed reactions. Care records for this patient evidenced that this assessed need was clearly identified and relevant care plans were in place to direct staff in relation to effectively managing the patient's behaviour in a holistic and compassionate manner. Staff spoken with expressed confidence with regards to managing the patient's behaviours in compliance with multidisciplinary guidance which had also been recorded in the patient's care records.

## **Environment**

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm and clean throughout. Infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. During a review of the environment the inspector identified one unlocked sluice area where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under standards was identified and stated for a second time to ensure that Control of Substances Hazardous to Health (COSHH) regulations were adhered to. The area identified was addressed on the day of inspection.

## **Fire safety**

Staff demonstrated good awareness of fire safety practices. Fire doors were noted to be kept closed where necessary. Fire exits and corridors were observed to be clear of clutter and obstruction. One upper stairwell was observed to have a recliner chair present although it did not obstruct any designated escape route. This was immediately highlighted to the registered manager who stated that this equipment was awaiting collection by the local health Trust. The need to ensure that such equipment is appropriately stored was stressed and the equipment was removed from the stairwell before conclusion of the inspection. Personal emergency evacuation plans (PEEPS) were in place for each patient and kept under review. A fire risk assessment of the home had been carried out on 13 June 2017 and previously submitted to RQIA. Discussion with the registered manager also confirmed that fire safety training for staff was up to date and ongoing.

## **Areas for improvement**

Areas for improvement under regulation were identified in relation to: the delivery of wound care and governance processes in relation to accidents.

An area for improvement under standards was highlighted in relation to: compliance with COSHH.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 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 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 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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>Ref: Section 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Nurses respond to all accidents throughout the home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: Section 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> District Nurse delivers all wound care in the Residential unit and completes documentation in wound chart. Senior carer records in progress notes and updates care plan.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: Section 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All substances hazardous to health are appropriately stored in accordance with COSHH Guidelines.</p>

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

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.

<b>Areas for improvement from the last care inspection</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (c) <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	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.
	<b>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.</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time <b>To be completed by:</b> 1 July 2017	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.
	<b>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.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time <b>To be completed by:</b> 1 July 2017	The registered person shall ensure that patients' personal information is maintained confidentially and privacy respected.
	<b>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.</b>



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