

Inspection Report

1 and 2 March 2023



Meadowview Care Home

Type of service: Residential

Address: 2a Ashbourne Manor, Chanterhill, Enniskillen, BT74 4BB

Telephone number: 028 6632 5500

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd	Registered Manager: Mrs Lisa Gray
Responsible Individual: Mr Stuart Johnstone	Date registered: 21 November 2021
Person in charge at the time of inspection: Mrs Lisa Gray	Number of registered places: 54 A Maximum of 54 residents in Category RC-DE to be accommodated.
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 54 residents. The home is divided into two floors. Each resident has their own bedroom and ensuite bathroom. Residents have access to communal lounge and dining areas.	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 March 2023 from 09.50 am to 5.30 pm by a care inspector and pharmacist inspector; and on 2 March 2023 from 10.45 am to 3.15 pm by a care inspector.

RQIA received information which raised concerns in relation to care delivery, the home's environment, management of adult safeguarding and the management and governance arrangements. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

The home was warm and free from malodour and bedrooms were personalised. Staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager and the management team.

Staff were attentive to resident's needs and there was clear evidence of attention to personal care and dressing. Care duties and tasks were organised and unhurried. Residents were administered their medicines as prescribed and medicine related records were maintained to a satisfactory standard.

Seven areas of improvement were identified during this inspection. These are discussed in the main body of this report and detailed in the quality improvement plan.

RQIA will be assured that the delivery of care and service provided in Meadowview Care Home will be safe, effective, compassionate and well led, in addressing these areas for improvement.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were well cared for in Meadowview. They described the staff as being helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Some residents' comments were: "They are kind to me; it's a good place. The staff come to me quickly; I feel safe in here." and "It's a great place; they do everything for me here. I am safe, well cared for and I couldn't fault it."

During the inspection we met with one relative who commended the care provided in Meadowview. They stated that the staff were very knowledgeable in regards to their relative's needs and that the staff were very approachable and willing to help. They commented "This is

a great place; I couldn't fault it. They treat (relative) really well and she is safe in here. The staff can't do enough for you."

Staff spoke positively about working in the home and advised that there was good team work; that the care provided for residents was good and residents were treated with kindness and respect. Staff spoke positively about their roles and duties, the staffing levels and support available from the management team. Staff advised that they could approach the manager to raise any concerns and were confident that these would be addressed. One comment made was "Things have improved, this is a good staff team and we all work well together."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 April 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (f) Stated: First time	The registered person shall ensure that all staff working in the home are in receipt of up-to-date training in fire safety drills.	Met
	Action taken as confirmed during the inspection: A review of the fire safety records confirmed that all staff had completed fire safety training and fire safety drills.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.2 Stated: First time	The registered person shall record corresponding actions taken to findings of audits in respect of falls and accidents.	Met
	Action taken as confirmed during the inspection: A review of the audits in respect of falls confirmed that these were completed monthly with actions and outcomes recorded.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. However; the staff duty rota did not consistently record the full names and grades of staff. Email confirmation was provided by the manager following the inspection to advise this was actioned with immediate effect.

Staff told us that overall there was enough staff on duty to meet the needs of the residents. Staff reported that at times staffing can be reduced due to short notice staff sickness, but generally staffing had improved. During the inspection, there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Care duties and tasks were organised and unhurried.

Shortfalls were identified in the provision of domestic staff. On 1 March 2023 there was only one member of domestic staff on duty while on 2 March 2023 there were no domestic staff on duty until the afternoon. The management team advised that a new member of domestic staff was recruited and they were working through the process of the pre-employment checks. However; no alternative arrangements were in place to ensure that there was an adequate provision of domestic staff during this process. An area for improvement was identified.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. There was no reference to the management of adult safeguarding within these documents. This was discussed with the manager who provided written confirmation following the inspection to advise that this had been actioned.

Staff were appropriately registered with their professional body. Newly appointed staff were supported to register with the Northern Ireland Social Care Council (NISCC) within the required timeframe. The manager had a system in place to maintain oversight of staff's registration however this was not robust as registration dates were not consistently recorded. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. Staff had received recent training in a range of topics including first aid, fire safety and adult safeguarding. A program of further training was planned in conjunction with WHSCT in relation to falls management and prevention and person centred care planning in April 2023.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel safe in here".

One relative spoken with stated that there was enough staff on duty and that they were helpful and approachable.

5.2.2 Care Delivery and Record Keeping

The home had a relaxed atmosphere and positive interactions were observed between residents and the staff. Staff were observed to be prompt in recognising residents' needs and any early signs of distress or requests for assistance. Staff interactions with residents were polite, warm and supportive.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, staff also met during the day at 'flash meetings' to ensure that any changes to the residents' needs were communicated and actioned appropriately. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. We observed residents able to walk around freely and light music was playing in the background.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, the use of bedside alarm mats to inform staff of the resident's whereabouts. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate post falls checklist being completed and the appropriate documentation was reviewed on a monthly basis or following a fall. Residents were observed to wear good quality footwear. Residents falls were included on the daily flash meeting so that the manager is kept informed.

The dining experience had an atmosphere which was calm, relaxed and unhurried. Residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were seen to socialise with residents throughout the lunchtime meal. There was appropriate staff supervision in place and we observed staff complete the 'safety pause' during the mealtime.

A menu was displayed in the dining room with alternative choices catered for. Residents and staff spoke positively of the food provision within the home. The food offered was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. An area for improvement was identified as there was no three weekly meal planner in place in the kitchen.

Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. In addition, staff carried information with them in relation to specific nutritional requirements. We observed staff trying to encourage and support those residents who were reluctant to have their lunch, in a compassionate manner.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. We noted on one care record where a resident was prescribed a specific modified diet. However, the care records contained contradictory information and it was unclear which specific modified diet was required. This was discussed with the manager who actioned this immediately. This was also identified as an area for improvement.

Daily fluid targets were in place in fluid intake records, however these targets were consistently not met. The management team agreed to review this practice to ensure that a more realistic fluid target is in place.

Residents' needs were assessed at the time of their pre admission to the home. Following admission, care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Care records were found to be detailed, written in a person centred manner and regularly reviewed. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. Residents' bedrooms were personalised and tidy. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction.

A room containing significant confidential information was left unsecured and accessible for a lengthy period. This was brought to the attention of the management team and actioned immediately. This was identified as an area for improvement.

Toiletries and denture cleaning products were accessible and unsecured in communal bathrooms. This was brought to the attention of the management team and actioned immediately. This was identified as an area for improvement.

Food was accessible to residents in a kitchen area. This was of concern given that this is a home for people living with dementia, and as some residents require a modified diet and are at risk of choking. This was brought to the attention of the management team and actioned immediately. This was identified as an area for improvement.

Personal protective equipment (PPE) and hand sanitisers were available throughout the home within each communal area. Staff carried out hand hygiene at appropriate times and used PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the dining room for meals. While other residents preferred to be in the communal lounge.

There was a sociable relaxed atmosphere in the home with residents seen to be content and at ease with one another and with staff. The genre of music and television programmes was in keeping with residents' age group and tastes.

Residents were observed enjoying listening to music, reading newspapers and puzzles, and watching TV, while others enjoyed a visit from relatives. We could see residents engaged in activities. Such activities included armchair music activities, nail therapy, balloon throwing and

foot spa's. We noted that the residents enjoyed this very much. For those residents who didn't wish to participate in group activities; one to one provision was in place.

When we spoke with a relative we were advised that the staff in the home had facilitated a birthday party for their loved one in the home. They stated "they (staff) can't do enough for you."

Two residents made the following comments; "I am happy in here; they do everything for me" and "They are kind to me; it's a good place."

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements since the last inspection.

Staff commented positively about the manager of the home and described her as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

We observed a range of staff members attending the daily 'flash meeting' convened by the manager. This meeting is a system in place to aid the communication of any resident, staff or environmental issues identified and the appropriate actions required. Daily records were maintained of these meetings.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of falls, infection prevention and control and the environment.

There was a system in place to manage complaints. The most recent complaints were viewed and this evidenced a good overall summary of the complaint, the actions taken and the outcomes.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Updated training in adult safeguarding was completed recently by all staff. Staff were able to demonstrate their knowledge and understanding of safeguarding and whistleblowing procedures.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were largely accurate and up to date. A small number of discrepancies were highlighted to the manager who provided assurances that the records would be updated immediately following the inspection. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of the medicines administration records was reviewed. The records reviewed were complete and accurate. Completed records were archived and readily retrievable for review.

The management of medicines prescribed on a “when required” basis for distressed reactions was reviewed for five residents. Staff knew how to recognise a change in a resident’s behaviour and were aware of the possible contributory factors. Directions for use of the medicines were clearly recorded on the personal medication records and administration records included the reason for and outcome of each administration. However, care plans directing the use of these medicines were not in place for all of the residents reviewed and some required further detail. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Several residents have their medicines administered in food/drinks to assist administration. Care plans detailing how the residents like to take their medicines were in place. Some of the practices followed by staff to assist administration mean that medicines are being administered outside the terms of their product licence. This means that the way the medicine is given has been changed to meet the need to the resident. While this is appropriate for most residents, this practice should be checked to ensure that the resident’s GP agrees. Staff and management were able to confirm that the prescribers had provided authorisation for each resident where this practice occurred.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of the medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed. There were satisfactory arrangements in place for the management of controlled drugs and for the safe disposal of medicines.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the

resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out including daily running stock balances of all medicines. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the medicines were being administered as prescribed. Medicines were available for administration when residents required them.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Lisa Grey, Registered Manager and Stuart Johnstone, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (5) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that confidential information relating to residents and staff is safely secured. Ref: 5.2.3
	Response by registered person detailing the actions taken: All areas with confidential information are locked and this is checked on managers daily walk-around and throughout day to ensure compliance with GDPR regulations.
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the following matters are addressed so as to prevent harm to residents: <ul style="list-style-type: none"> • Denture cleaning products should not be accessible to residents due to potential risk of ingestion • Resident toiletries should not be stored on communal bathrooms • Items of food belonging to staff should not be stored in resident communal areas Ref: 5.2.3
	Response by registered person detailing the actions taken: All food belonging to staff has been removed from communal areas. Denture cleaning products have been removed and are stored in locked CTL office if required. All toiletries in communal bathrooms have been removed and are now locked in Residents individual toiletry cupboards in en-suite bathrooms.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.4 Stated: First time To be completed by: 15 March 2023	The registered person shall ensure the staffing arrangements in the home are reviewed so as to provide adequate provision of domestic staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Domestic staff have been recruited to ensure no vacant posts. Deputy Manager has responsibility for the domestic rota to ensure adequate staff are on shift and this is reviewed and signed off by Home Manager.

Area for improvement 2 Ref: Standard 20.3 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that there is a robust system in place for the monitoring of staff registration with NISCC. This should include the completion of annual renewal dates and three yearly registration dates.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: New NISCC check template introduced and all staffs NISCC checks completed to ensure they are on register. New check now includes completion of annual renewal dates and 3 yearly registration dates. This check is completed at the beginning of every month.</p>
Area for improvement 3 Ref: Standard 12.13 Stated: First time To be completed by: 15 March 2023	<p>The registered person shall ensure that there is a three weekly meal planner in place for residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Four weekly menu in place and on display.</p>
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that care records fully and accurately reflect the modified dietary requirement prescribed by Speech and Language Therapists. Any contradictory and incorrect information should be removed from care files.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All those Residents prescribed modified diets have had care plans re-written to ensure accurate reflection of IDDSI requirement.</p>
Area for improvement 5 Ref: Standard 10 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that detailed care plans are in place for residents prescribed medicines for the management of distressed reactions.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: All Residents who are prescribed medication to manage distressed reactions have had their care plans reviewed and detailed care plans introduced for this need.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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