

Inspection Report

9 November 2023



Meadowview Care Home

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Registered Person/s OR Responsible Individual: Tracey Anderson (registration pending)	Registered Manager: Mr Gareth Frew – not registered
Person in charge at the time of inspection: Ms Charlotte Brazil, deputy manager	Number of registered places: 54
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 49
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 and all residents are accommodated in single en suite bedrooms. Residents have access to communal spaces, dining areas and secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 9 November 2023 from 10am to 5.30pm by a inspectors.

The inspection assessed progress in the home 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.

Evidence of good practice was found in relation to care delivery and the resident dining experience. There were examples of good practice found in relation to the provision of activities and compassionate interactions between staff and the residents.

The home was found to be clean, tidy, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents were observed to be relaxed in their surroundings and at ease in their interactions with staff. The residents were involved in activities of their choice throughout the day.

No areas requiring improvement was identified during this inspection.

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 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.

4.0 What people told us about the service

Residents and staff spoken with provided positive feedback about Meadowview Care Home. Residents commented that this was a lovely place and the staff were all good. One resident stated "I have met so many wonderful people." Other residents described the staff "very helpful" and they were well looked after and the food was good.

Staff advised that there was a good staff team in place and they were well supported by the manager. Staff further reported that they all worked well together and there was enough staff on duty. They confirmed that they had no issues or concerns in relation to the care provided and were confident any issues raised would be addressed by the manager.

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 17 April 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.4 Stated: First time	The registered person shall ensure the staffing arrangements in the home are reviewed so as to provide adequate provision of domestic staff.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 20.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 12.13 Stated: First time	The registered person shall ensure that there is a three weekly meal planner in place for residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 4 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 10 Stated: First time	The registered person shall ensure that detailed care plans are in place for residents prescribed medicines for the management of distressed reactions	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that a review of the falls care plan and risk assessment is completed in a timely manner following a fall.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that risk assessments are explicit in regards to the specific modified dietary requirements for residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for two staff members evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job including staff appraisals and supervision which were appropriately completed. Competency and capability assessments were in place for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Examination of the staff duty rota confirmed that the staffing levels were maintained.

Residents spoken with reported staff were responsive to their needs and did not express any concerns in seeking support from staff reporting, "Staff are very good to me, I am well looked after" and there is "great staff in here."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff also attend a daily flash meeting during the day to ensure updates are communicated and appropriate action taken, where required. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Examination of records confirmed that the risk of falling and falls were well managed.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that 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 observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Evidence was displayed throughout the home of activities completed with the residents and the staff were working with the residents to decorate the home for Christmas.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was due for review in November 2023. The deputy manager advised that review of this was completed on 4 November 2023 and they had not yet received the written assessment. Confirmation was provided that any recommendations made as a result of this assessment will be actioned.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, gloves and aprons were available throughout the home. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

During the inspection residents were involved in small group activities such as crafts, music and singing and armchair exercises. The activity therapist was knowledgeable of the individual strengths and preferences for each resident in involving them in activities of their choosing. A number of residents were supporting the staff to put up Christmas decorations; it was noted that these residents were enjoying this activity and interaction very much.

Staff were observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Staff recognised the importance of maintaining good communication between residents and their relatives.

5.2.5 Management and Governance Arrangements

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. Staff said that the manager was approachable and accessible.

There had been a recent change in the management of the home since the last inspection. Mr Gareth Frew is the manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed. Such audits completed included: analysis of falls, resident weights, mealtimes and infection prevention and control.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. All relevant documentation was retained centrally so that the manager could maintain oversight of this.

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

Review of the record of complaints evidenced that systems were in place to ensure that complaints were managed appropriately and that good records were maintained. Records of compliments were also retained in the home. Examples of such compliments were "many thanks for your kind care" and "sincere thanks for all your care and support."

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lisa Grey and Charlotte Brazil, deputy managers, and Leanne McGaffin, Operations Director, as part of the inspection process and can be found in the main body of the report.



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