

# Inspection Report

**Name of Service:** Meadowview Care Home

**Provider:** Kathryn Homes Ltd

**Date of Inspection:** 11 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Kathryn Homes Ltd
<b>Responsible Individual:</b>	Mrs Tracey Anderson
<b>Registered Manager:</b>	Ms. Charlotte Brazil
<b>Service Profile</b> – This home is a registered residential care home which provides health and social care for up to 54 residents. The home provides care for residents living with dementia. Accommodation is over two floors with a range of communal areas and access to an enclosed garden.	

## 2.0 Inspection summary

This unannounced inspection took place on 11 March 2025, from 9.50am to 2.20pm. The inspection was conducted by two care inspectors.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Residents said that living in the home was a good experience. It was evident that staff promoted the dignity and well-being of residents.

No areas requiring improvement were identified during this inspection.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Residents spoke positively about their experience of life in the home. Comments included: "It's a great place here. They (the staff) couldn't do enough for you," "It's peaceful. I am well looked after. No complaints. The staff are very good," and "I think it is lovely here."

Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that management was supportive and available for advice and guidance. Staff reported that there was a good staff morale in the home which facilitated good communication.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of the staff duty rota confirmed that it accurately reflected the staff on duty and that the staffing levels were maintained.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift and at flash meetings during the day, to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate. 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.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

It was established that there were safe systems in place to manage restrictive practices, such as alarm mats and use of secured doors.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. The importance of engaging with residents was well understood by staff. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were also in place to meet residents' religious and spiritual needs within the home. Advice was given in respect of developing these details and plans.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning, delivery and review of their own care.

### **3.3.4 Quality and Management of Residents' Environment Control**

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

### **3.3.4 Quality of Management Systems**

Ms Charlotte Brazil has made application to RQIA to become the registered manager of the home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## **4.0 Quality Improvement Plan/Areas for Improvement**

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



The Regulation and  
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Authority

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