

# Inspection Report

15 April 2024



## Meadowview Care Home

Type of service: Residential Care Home

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

Telephone number: 028 6632 5500

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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> Mr Gareth Frew – registration pending
<b>Person in charge at the time of inspection:</b> Mrs Lisa Grey, deputy manager and Ms Charlotte Brazil, deputy manager	<b>Number of registered places:</b> 54
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 52
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides care for up to 54 persons who are living with dementia. The home operates over 2 floors with 27 residents accommodated on each floor. All residents have single bedrooms with ensuite facilities and have access to communal sitting and dining areas as well as secure outside spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 April 2024 from 10am to 4.30pm by a care inspector.

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.

In addition, RQIA received information on 12 April 2024 which raised concerns in relation to the staffing arrangements at night, a lack of pest control, low staff morale and a lack of management presence in the home. These matters were reviewed as part of this inspection and were found to be either appropriately actioned or unsubstantiated.

The home was found to be warm and welcoming. The environment was clean and maintained to a good standard. Bedrooms were tastefully personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were able to participate in activities of their choice throughout the day and appeared to enjoy this very much.

Staffing arrangements were found to be satisfactory and there was enough staff on duty to meet the needs of the residents. Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

There were no areas for improvement 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 spoke positively about their life in the home. They described the staff as being "good" and "kind" to them and that they were well looked after. One resident stated that the home was "life saving and a great place." Residents commented that the food was very good and advised that the dinner was "lovely."

Staff commented that the care provided to the residents was of a good standard and that residents were safe and well cared for. Staff reported that there was good communication across the entire staff team and this was evidenced during the 'flash' meetings which take place daily. Staff further reported that staff morale was good and that there was good teamwork. Positive comments were made by staff in regards to the manager in terms of the level of support provided to them and that they were approachable and proactive.

One relative spoken with stated that this was a great place and commented on how much their loved one had improved since coming to the home. They further stated that the food was good and the staff were very kind.

During discussion with one visiting professional they commented that the staff were genuinely kind and caring. They further stated that there was a lovely atmosphere in the home and that staff knew the residents well.

## **5.0 The inspection**

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

The last inspection to Meadowview Care Home was undertaken on 9 November 2024 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Review of records and discussion with staff confirmed that a comprehensive induction was provided to staff upon commencement of employment in the home.

There were systems in place to ensure staff were trained and supported to do their job. There was a range of mandatory training provided to staff as well as additional bespoke training. Such training completed by staff included the management of falls and fluids and nutrition. Review of these records confirmed that there were good levels of staff compliance with training. Staff were also provided with regular supervision and an annual appraisal.

Competency and capability assessments were completed 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. These were completed on a monthly basis.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis and the manager's hours were recorded.

Review of the duty rota and discussion with staff evidenced that, at present, there were some challenges in relation to short notice sick leave. The manager was aware of this. Staff confirmed that when this occurs, cover is sought where possible. It was noted that overall the staffing levels were maintained both day and night.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

Discussions with staff confirmed that they were knowledgeable in relation to the needs 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.

Residents were happy with the care provided to them and did not express any concerns in seeking support from staff.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and taking appropriate actions. Staff were skilled in communicating with residents, including those residents who had difficulty expressing their wishes; they were found to be 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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. The staff team also met during the day to ensure that any changes to the residents are communicated across the team and that appropriate action is taken.

Resident care records were maintained and accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

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.

Staff were found to be reassuring to residents in encouraging them to come to sit in the dining room. However, residents could choose to eat where they were most comfortable. In addition, the choice of dishes was presented to the residents at the point of service so that they could make their choice depending on which they preferred; this is good practice.

Residents' weights were checked at least monthly to monitor weight loss or gain. Monthly audits of resident weights were completed with action plans in place to encourage improvement.

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 person centred, detailed and contained specific information on each residents' 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.

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**

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were found to be personalised and contained items which were important to them.

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.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 4 November 2023. No recommendations were made as a result of this assessment.

Discussion with the staff confirmed that arrangements were in place if/when pest control measures were required.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff 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 a small group activity making smoothies. The residents commented that the smoothies were lovely. In addition, there were music and singing activities and playing bingo. Residents were supported and encouraged to participate in activities to whatever level they wished.

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 no change in the management of the home since the last inspection. Mr Gareth Frew is the manager of this home; registration with RQIA was in progress

There was evidence that a robust 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. Examples of such audits included, accidents, falls, care records and mealtimes.

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. There was a system in place to track any safeguarding in the home.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of 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.

## **7.0 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, Deputy Manager and Charlotte Brazil, Deputy Managers, as part of the inspection process and can be found in the main body of the report.





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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care