

Inspection Report

16 and 17 April 2023



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

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

Organisation/Registered Provider: Kathryn Homes Registered Person/s OR Responsible Individual: Mr Stuart Johnstone	Registered Manager: Leanne McGaffin not registered
Person in charge at the time of inspection: On 16 April 2023 – Lauren Boyle, Care Team leader On 17 April 2023 – Leanne McGaffin, Acting 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: 37
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 persons living with dementia. Care is provided across two floors with each resident having their own single bedroom with en suite facilities. Residents have access to communal and dining areas with secure outside spaces.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 April 2023 from 7pm to 9pm and on 17 April 2023 from 09.35am to 3.30pm, by two care inspectors.

Following information received from Western Health and Social Care Trust (WHSCT) RQIA decided to undertake an inspection which focused on the concerns raised.

We found that the home was clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents advised us that they were safe and well cared for in the home. Staff interactions with residents and relatives were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents. Staff told us that they were well supported in their roles by the management team and they were all approachable.

Two new areas requiring improvement were identified during this inspection and five areas were carried forward for review to the next inspection. These are discussed in the main body of the report and detailed in the quality improvement plan.

RQIA will be assured that the delivery of care and service provided in Meadowview will be safe, effective, compassionate and well led in addressing the 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.

4.0 What people told us about the service

We spoke with residents who told us that they were happy living in the home. Residents stated "It's a good place; I am happy enough in here." Residents described the staff as being approachable and helpful; "they are very good; I can't say anything bad about the staff." The residents praised the food provision in the home saying that it was "nice." We observed compassionate interactions between staff and the residents.

Staff told us that there was a good staff team in Meadowview and they all worked well together. Staff commented on the positive changes that were recently implemented in the home which enabled good communication. We found staff to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when

required. Staff reported that the care provided to residents was “excellent” and they could easily raise any issues to the management team.

We spoke with two sets of relatives during the inspection. They commented that the care provided to their loved one was to a high standard. They stated that the staff were “kind, accommodating and helpful.” One matter raised in relation to communication was discussed with the management team.

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 1 and 2 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19.5 Stated: First time	The registered person shall ensure that confidential information relating to residents and staff is safely secured.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed this area for improvement was met	
Area for Improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time	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. 	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed this area for improvement was met	

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 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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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	

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
--	--	---

5.2 Inspection findings

5.2.1 Staffing Arrangements

We reviewed the staffing arrangements in the home. The staff duty rota accurately reflected the staff on duty in the home and the manager's hours were recorded. The duty rota identified the person in charge in the absence of the manager. Competency and capability assessments were completed for any person who is given the responsibility of being in charge of the home when the manager is not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. Staff reported that at times it can be difficult in the instance of short notice sick sickness; but alternative cover is usually sourced. We spoke with a member of agency staff on duty in the home and they were very complimentary in relation to the comprehensive induction provided. They further confirmed that this home was "well run" and "the staff know the residents inside out."

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. We observed that there was enough staff on duty to respond to the residents' needs. Staff reported that this was a supportive team and they all work well together. Staff advised that they could easily approach any of the management team and would be confident this would be addressed.

Staff informed us of recent training completed and further training scheduled. This included updated adult safeguarding training and first aid, moving and handling, care planning and falls prevention..

Residents commented that they "felt safe and well cared for" in the home; "things are excellent, everything is excellent, they are very helpful and I enjoy the food."

Relatives spoken with praised the care provided to their relative and advised that the staff knew the residents well.

5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Compassionate interactions were observed between residents and the staff.

We observed the staff handover at the beginning of the night shift which outlined any changes to the needs of the residents. During discussion with the manager and staff they commented

positively on the introduction of a staff handover sheet. Staff advised that it has enhanced communication in the home.

We observed the 'flash meeting' which occurs mid-morning. This discussion involves a staff member from all areas of the home and a brief overview is provided in relation to residents, any follow up required, activities, maintenance issues, staffing deficits, domestic and catering issues. This provided the management with an up to date position of the situation in the home.

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. 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 skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. We observed staff reassuring residents who were distressed or upset; this was undertaken in a compassionate and caring manner.

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. Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience with adequate staff supervision in place. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents and staff spoke highly of the of the food provision within the home. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments and the daily menu was displayed.

We reviewed care records and found that residents' individual likes and preferences were reflected throughout the records. 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. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

When we looked at completed resident dependency assessments we noted that these records were not dated and signed. We spoke with the manager during to feedback and advised that these records need to be signed and dated by the person completing them.

A review of records in relation to the management of falls identified that falls care plans and risk assessments were not reviewed in a timely manner following a fall. This was identified as an area for improvement.

Care plans were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. However, this information was not explicit within choking risk assessments. This was identified as an area for improvement.

We reviewed the records of body maps and noted that while these were completed there was no regular system for review of these. This was discussed with the manager who confirmed that these will be updated on a weekly basis going forward.

There were some residents in the home who required the completion of close observation checks in order to ensure their safety. While these were being completed; the records reviewed were not time specific and were not signed by the person completing them. We discussed this with the manager who advised that they were already aware of this and had implemented a new record which reflected these recommendations.

We also noted within the care records that two of the records required to be updated to reflect recent changes in the residents; condition. This was discussed with the manager who agreed to ensure that these records were updated immediately.

Residents and relatives 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 well maintained. Resident bedrooms were found to contain items which were important to them. The home was fresh smelling. We observed that residents were able to move around the home freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

We could see that fire exits and corridors were clear and free from obstruction.

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 and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

We noted that where residents preferred to have a lie in or stay up late this was supported by staff who knowledgeable in relation to individual habits and preferences.

Staff were seen to be attentive to residents needs including their social well-being. While we did not observe an activities planner; the manager confirmed this was in place. We observed the activity coordinator and staff completing activities with residents which mostly involved one to one time with residents or in small groups. We observed some residents going out for a walk, while others preferred to read their daily papers. We also witnessed some residents having their nails painted.

5.2.5 Management and Governance Arrangements

There was a recent change in the management arrangements since the last inspection, an acting manager was in post; Ms Leanne McGaffin.

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

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.

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 incidents and residents' weights.

Relatives and some residents spoken with said that they knew if they had any concerns that they could speak to the staff or the manager of the home. During our discussions with staff it was evident that they 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.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* the total number of areas for improvement includes five areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Leanne McGaffin, Acting Manager, 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 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: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Standard 20.3 Stated: First time To be completed by: With Immediate effect	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. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 3 Ref: Standard 12.13 Stated: First time To be completed by: 15 March 2023	The registered person shall ensure that there is a three weekly meal planner in place for residents. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: With Immediate effect	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. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 5</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<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: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2023</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents care plans have been audited throughout Meadow View Care Home and associated actions completed. A new falls pathway has been developed and supervisions in relation to this pathway have been completed with Care Team Leaders (CTL's). All CTLs have attended falls management training. The Home Manager and Deputy Manager oversee all post falls documentation to ensure compliance is achieved with the reviews.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that risk assessments are explicit in regards to the specific modified dietary requirements for residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All choking risk assessments have been amended to include specific modified dietary requirements. This information has been updated on all communication pathways and handover reports.</p>

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



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)

Assurance, Challenge and Improvement in Health and Social Care

