



# **Unannounced Care Inspection Report 22 September 2020**



## **Meadowview Care Home**

**Type of Service: Residential Care Home (RCH)**  
**Address: 2a Ashbourne Manor, Chanterhill, Enniskillen,  
BT74 4BB**  
**Tel No: 028 66325500**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 54 residents.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Runwood Homes Ltd<br><br><b>Responsible Individual:</b><br>Gavin O'Hare-Connolly | <b>Registered Manager and date registered:</b><br>Heather Johnston – 25 January 2019                             |
| <b>Person in charge at the time of inspection:</b><br>Heather Johnston   | <b>Number of registered places:</b><br>54<br><br>A Maximum of 54 residents in Category RC-DE to be accommodated. |
| <b>Categories of care:</b><br>Residential Care (RC)<br>DE – Dementia.  | <b>Number of residents accommodated in the residential home on the day of this inspection:</b><br>38             |

### 4.0 Inspection summary

An unannounced inspection took place on 22 September 2020 from 09.30 to 14.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 26 residents, eight staff and one visiting healthcare professional. The inspector provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster giving details to staff to respond to a questionnaire was also left with the manager. No responses were received from these questionnaires in time for inclusion to this report.

The following records were examined during the inspection:

- duty rota
- IPC records and audits
- fire safety risk assessment
- fire safety records
- care records
- Statement of Purpose
- Regulation 29 monthly reports
- complaints and compliments records
- accident and incident reports
- staff training records
- quality assurance audits.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2020; an unannounced medicines management inspection was also undertaken on 2 March 2020 and formed part of the final care inspection report.

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 18 (2) (n)<br><br><b>Stated:</b> First time  | The registered person shall ensure adequate funding is provided to ensure the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The manager confirmed that this is readily put in place. The provision of activities is discussed further in section 6.3.6.                                   |                          |

## 6.2 Inspection findings

### 6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. The duty rota evidenced that the planned staffing levels were met each day and that if a staff member was unable to work their planned shift then 'cover' for this was sought. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence.

Observations of care practices found these to be organised and unhurried. Throughout the inspection, residents' needs and requests for assistance were observed being met by staff in a timely, respectful and caring manner. Call bells were noted to be answered promptly. In addition, a senior care assistant was observed managing the discharge of a resident to hospital in a calm and competent manner.

Staff spoke positively about their roles and duties; staffing; the provision of training; managerial support; teamwork and morale. Staff stated that they felt residents received a good standard of care and were treated with respect and dignity.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a regular basis to ensure that these registrations were in place and valid.

### **6.2.2 Safeguarding patients from harm**

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral should be made to the aligned health and social care trust, who should be contacted, what documents should be completed and how staff should co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy with a high standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and tastefully furnished with many nicely personalised. Communal areas, including the dining rooms were comfortable and spacious with appropriate furnishings. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

### **6.2.4 Infection prevention and control**

Effective IPC protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. An unannounced senior management audit was also recently undertaken on 17 August 2020 in relation to IPC and COVID-19 protocols. This is good practice. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment (PPE). Staff were observed to wash their hands and use alcohol gels appropriately.

Signage was in place outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Staff were knowledgeable of the need for social distancing and isolation of residents, when appropriate.

### 6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated 24 October 2019. The three recommendations made from this assessment had corresponding evidence recorded in response to actions taken.

Fire safety checks on the environment were maintained on a regular basis. Fire safety training and fire safety drills for staff was also maintained on an up-to-date basis.

### 6.2.6 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. Staff spend time to talk with residents and showed interest in their well-being and comfort. Residents were at ease in their environment and interactions with staff. Staff were attentive to residents' needs and requests for assistance. Consent was sought with care interventions through statements such as "Would you like to..." and tasks such as assistance with mobility were explained clearly.

Residents were dressed well with staff giving attention given to residents' personal hygiene and care needs.

A planned programme of activities was in place for residents. Feedback from those residents who participated in the programme evidenced that they found the activities enjoyable and fulfilling.

Feedback from residents in accordance with their capabilities was positive in respect of the provision of care, their relationship with staff, the provision of meals and activities. Some of the comments made included the following statements:

- "It's very good here. I'd have no complaints at all."
- "I'm very happy here. It's very good. There are no problems."
- "It's a lovely place."
- "Everything's alright."
- "It's great here. I have no worries."
- "There are good facilities and good staff here."
- "I'm happy here and very comfortable. I couldn't complain about a thing. The staff are all very nice."

A visiting healthcare professional spoke positively about the home, saying "It's an excellent home, very professional."

The dining rooms were observed to be clean, organised and well presented. Tables were nicely set with napkins and condiments. Staff were observed to be wearing appropriate protective clothing in accordance with good food hygiene practice when serving foods. Food served was noted to be appetising and well-presented with appropriate portion sizes.

### 6.2.7 Care records

An inspection of four residents' electronic care records was undertaken. Care assessments and care plans were person centred and holistic. Care plans were well recorded and up-to-date. They included referral information received from a range of Health and Social Care Trust



(HSCT) representatives and, in addition, included risk assessments and care plans. Records of residents' daily progress and well-being were recorded in informative detail.

There was evidence that the care planning process included input from residents and/or their representatives, as appropriate. Discussions with staff and observations made provided assurances that care is provided in an individualised manner.

### 6.2.8 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager assisted in this inspection with competence and good knowledge of her role and responsibilities.

The two most recent Regulation 29 monthly monitoring reports on the behalf of the responsible individual were inspected. These reports were detailed and included clear evidence of governance arrangements. The manager also completes out of hours visits to the home, primarily to meet night staff and audit the night time routines. Records of these visits were maintained. This is good practice.

Records of complaints were well maintained with good evidence that expressions of dissatisfaction were taken seriously and managed appropriately. Three recent records of compliments made the following comments:

- "Thank you from the bottom of our hearts for the fantastic care you provide to our Mum."
- "Your hard work doesn't go unnoticed."
- "We cannot thank you enough for the care and patience you have shown to .... Over the past five years."

An inspection of accident and incident reports from 25 February 2020 was undertaken. These events were found to be managed and reported appropriately and audited on a monthly basis to identify any trends or patterns.

The matrix of mandatory and additional training received by staff was maintained on an on-to-date basis. Analysis of this found that staff training was being well maintained and there was good governance in place to address any deficits.

A selection of audits was inspected in relation to: accidents and incidents; hand hygiene; IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

### Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from residents and staff, the pleasant atmosphere and ambience of the home and governance.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |



### 6.3 Conclusion

Residents were comfortable, content and at ease in their environment and interactions with staff. Care tasks and duties were undertaken in an organised, unhurried manner with staff taking time to interact with residents in a kind, supportive, caring manner. The home was clean, tidy and with décor and furnishings well maintained. Regulatory documentation was well maintained with effective and competent managerial oversight of the home.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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