



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 25 February 2020 and 2 March 2020



## Meadowview Care Home

**Type of Service:** Residential Care Home  
**Address:** 2A Ashbourne Manor, Chanterhill,  
Enniskillen, BT74 4BB

**Tel No:** 028 6632 5500

**Inspectors:** Bridget Dougan and Paul Nixon

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

---

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 registered residential care home which provides care for up to 54 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Heather Johnston 25 January 2019
<b>Person in charge at the time of inspection:</b> Charlotte Bazil, Team Leader: 11.30 – 15.00 Heather Johnston: 15.00 – 16.00	<b>Number of registered places:</b> 54 A Maximum of 54 residents in Category RC-DE (Dementia)
<b>Categories of care:</b> Residential Care (RC) Dementia (DE)	<b>Total number of residents in the residential care home on the day of this inspection:</b> 32

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2020 from 11.30 to 16.00 and on 2 March 2020 from 09.40 hours to 13.15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 meals and meal times, the environment, governance arrangements, management of complaints and the provision compassionate care.

One area for improvement was identified in relation to funding for the provision of activities.

Residents described living in the home in positive terms. Those residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from residents, people who visit them and staff, during the inspection are included in the main body of this report.

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>	1	0

This inspection resulted in one area 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.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 7 May 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 7 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Two questionnaires were completed and returned from relatives. A poster was provided for staff detailing how they could complete an electronic questionnaire. .

The following records were examined during the inspection:

- duty rota for all staff from 26 January 2020 to 22 February 2020
- two residents' care records
- a sample of governance audits/records
- reports of the monthly quality monitoring reports from November 2019 to February 2020
- complaints records
- accident and incident records
- compliments received
- RQIA registration certificate
- selected policy documentation

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 the last care inspection dated 7 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time	The registered person shall put in place adequate provision of date memoir aids.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation of the environment evidenced that boards had been put in place in both lounges, showing the date and weather for each day.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements and care practice

The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. A review of the care staff duty rotas 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 them was sought.

Staff consulted confirmed that, in the main, they were satisfied that the staffing levels and skill mix were sufficient to meet residents' needs. Staff stated that it can be difficult at times to cover shifts when staff are absent at short notice. They stated that the manager endeavours to access bank staff and cover is also provided by their own staff.

The manager informed us that a number of bank staff had recently been recruited to provide cover for staff absence. The deputy manager's post had recently become vacant and two unit manager posts were being recruited to fill this vacancy.

Discussions with a number of residents and relatives during the inspection identified that the majority had no concerns with regards to receiving the appropriate care and support to meet their needs. One relative said, "Everybody's excellent and the care is great. The only thing is they could do with more staff especially at night time". The comment received from the relative was discussed with the manager who stated that the staffing arrangements would remain under review.

One resident said "The staff are exceptional. They couldn't do enough for you"

As part of the inspection we also asked residents, family members and staff to comment on staffing levels via questionnaires. We received two responses from relatives. Both relatives indicated that they were very satisfied with the staffing levels in place to meet the needs and expectations of their relatives.

Throughout the inspection residents' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Call bells were noted to be answered promptly. Interactions between staff and residents were observed to be compassionate and appropriate. Staff were observed taking time to chat to residents and provided care in a manner that promoted privacy, dignity and respect.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with residents and relatives provided assurances that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Residents and relatives stated that the manager and staff are very caring and approachable.

In discussion with the manager and staff it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2.

We were advised that the use of potential restrictive practices were limited to the use of a keypad system on both floors and sensor alarm mats when and where there is assessed need. We reviewed two residents' care records and evidenced that such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the residents' relatives and the multi-professional team, as required.

### **6.2.2 Environment**

We reviewed the home's environment undertaking observations of the dining rooms, lounges, and a sample of bedrooms, bathrooms, and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the residents and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, handwashing and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. There were no malodours detected in the home.

The lounge areas were observed to be clean, warm and welcoming; drinks were available for residents. A sample of residents' bedrooms was viewed and found to be clean, warm and well decorated and personalised to the individual interests and preferences of residents.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to residents' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, residents and their visitors.

### **6.2.3 Care records**

Care records are retained electronically; the review of care records for two residents identified that they were individualised to the needs of the person; they included details of resident's assessed needs, life histories, risks and likes/dislikes. The records viewed included referral information, pre-admission assessments, risk assessments and care plans.

Care plans viewed provided details of the care required by individual residents. Care is evaluated on an ongoing basis and staff record at least twice daily the care provided to residents. The registered manager stated that care plans and risk assessments are reviewed at least monthly.

We reviewed two residents care records in relation to the management of falls. There was evidence that care staff reviewed and updated the falls risk assessment and the care plan to ensure these were still appropriate and that any additional support available, from other healthcare professionals or from the use of equipment, had been considered or sought. Review of care records and discussion with the manager evidenced that falls were audited and analysed on a monthly basis. The manager informed us that falls risk assessment training for care staff has been planned for April 2020.

#### **6.2.4 Dining experience**

We observed the serving of the mid-day meal. The atmosphere in both dining rooms was calm and relaxed. We saw that adequate staff were available in the dining rooms during the serving of the meal. We observed residents being offered the choice of having their meal in the dining room or in their own bedroom. Food served was noted to be appetising and well-presented and portion sizes were noted to be adequate. Food was covered when being transferred from the dining rooms to residents who were eating in the bedrooms. Some residents required staff support when eating their meal and we observed staff providing support in a discrete and sensitive manner. A number of residents we spoke with stated that the food was good and they are always given a choice as to what they would like to eat.

One resident told us “the food is fabulous. It is much improved from the last time I was here. We always get a choice of what to eat”.

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 the meal.

#### **6.2.5 Activities**

Activities are planned by staff on a daily basis depending on what residents’ state they would prefer. Activities are a mixture of small group and one to one activity. There was a range of activities available for residents including board games; quizzes; exercise classes and one to one pampering. The home partners with the Alzheimer’s Society in a ‘side by side’ project, where volunteers come into the home once a week and provide a range of activities for residents. Staff also informed us about their ‘tools down’ initiative, where staff in all departments stop work for 30 minutes at various times throughout the day and spend this time talking with residents.

With regard to the spiritual needs of residents, staff informed us that some residents watch religious services on television daily and a minister of religion visits the residents weekly. The home has a designated activities leader who manages the activities programme.

Staff informed us that whilst some of the residents go out with their families on a regular basis, there is currently no opportunity for other residents to go out into the wider community, for example to cafes or shopping. The home does not have their own transport and funding for activities is raised by staff through fund raising events. Staff stated that relatives and the local community were very supportive in providing resources for activities, however a wider range of activities could be provided if there was dedicated funding.



A resident told us “I would like some more games and activities. I would go to bingo if it was on. I haven’t heard any live music in here since I came. The volunteers who were in last week were very energetic and it was good to see them”.

A relative told us “I think there could be more available to encourage my XXX to come out of his room”.

The comments received from staff, residents and relatives were discussed with the manager for action as appropriate. An area for improvement has been identified.

#### **6.2.6 Residents, relatives and staff views**

Residents who could verbalise their views provided positive feedback in relation to the care provided by staff. Residents who could not verbalise their feelings in respect of the care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from residents during inspection were as follows:

- “This is a great place, its very well kept”
- “Staff are all very good”
- “The food and everything is fantastic. It’s like a hotel”
- “The food is of a very good standard.”

Two relatives who completed questionnaires indicated that they were very satisfied that the care was safe; effective; compassionate and the home was well led. Comments received from relatives were as follows:

- “It looks a brilliant place. The staff are lovely”
- “I’m very impressed, after observing! The staff are lovely”

We viewed a number of thank you cards received from residents and or their representatives. The comments written were very complimentary and included:

- “This home is second to none. The home is spotlessly clean and the residents get three meals a day and the staff are fantastic and treat my mum as they would treat their own”
- “My mother spent some time in Meadowview for respite. I was extremely impressed by the cleanliness of the home and I was put at ease straight away, as was my mother. I can’t thank the staff enough”.

Comments received from staff during inspection were as follows:

- “I really enjoy my job. This is a great place to work”
- “This is a challenging job but I enjoy it”

Staff felt the staffing arrangements were generally satisfactory and that there was good teamwork in the home. Staff were asked to respond to an electronic survey. At the time of issuing this report no responses had been received.

Any questionnaire or survey responses received after this report is issued will, if required, be discussed with the manager.



### **6.2.7 Governance arrangements**

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Areas audited included for example; the environment, accidents, incidents, complaints and care records.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed. The reports included the views of residents, relatives and staff, a review of records, for example accident reports, complaints records, safeguarding and a review of the environment. The reports of these visits were available in the home.

Discussion with the manager and review of records indicated that any complaints received by the home since the previous inspection had been managed effectively.

A review of adult safeguarding information and discussion with the manager provided evidence that any safeguarding concerns had been referred in accordance with regional policies and procedures. A record is retained of actions taken and outcomes of referrals made.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Residents and relatives who spoke to us could describe the process for reporting any concerns they may have in relation to care provided; they indicated that the manager and staff are approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

### **6.2.8 Medicines management**

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided in the last year.

Audits performed on a sample of medicines indicated that the residents were receiving their medicines in accordance with the prescribed instructions.

There were satisfactory procedures in place to ensure the safe management of medicines during a resident's admission to the home.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics had been received into the home without delay.

Medicine records were generally well maintained and facilitated the audit process. Personal medication records were updated by two members of staff; this safe practice was acknowledged. However, handwritten entries on medicine administration records were not always updated by two members of staff; the manager gave an assurance that this would be rectified.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The medicine refrigerator was checked at regular intervals.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. A care plan was maintained. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The administrations were appropriately recorded; however, the reason for and the outcome of administration were not always recorded; the manager gave an assurance that this would be rectified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain, and a pain tool was used as needed. A care plan was maintained.

For a resident prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administrations were recorded and care plans and speech and language assessment reports were in place.

Practices for the management of medicines were audited on a monthly basis by the management. Any practice deficits were recorded in an action plan and were followed up at the next audit.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to meals and meal times, the environment, governance arrangements, management of complaints and the provision of compassionate care.

### **Areas for improvement**

One area for improvement was identified in relation to funding for the provision of activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Johnston, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18 (2) (n)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2020	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.  Ref: 6.2.5  <b>Response by registered person detailing the actions taken:</b> The Dementia Services Manager holds a budget where items can be purchased for activities when required.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**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)