

Inspection Report

21 April 2022



Meadowview Care Home

Type of service: Residential

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

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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 Ltd	Registered Manager: Miss Lisa Gray
Responsible Individual: Mr Stuart Johnstone pending registration	Date registered: 21 November 2021
Person in charge at the time of inspection: Miss Lisa Gray	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: 44
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 residents. The home is divided over two floors, each having communal lounges and a dining room. Residents have access to a nicely appointed garden.	

2.0 Inspection summary

This unannounced inspection was conducted on 21 April 2022, from 9.20am to 3pm by a care inspector.

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.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two areas requiring improvement was identified during this inspection. These were in relation to fire safety drills and action plans in response to falls / accident audits.

Feedback from residents was all positive in respect of their life in the home and their relationship with staff. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Meadowview Care Home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection 25 residents were met with who confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities. Two comments from residents included the following statements; "This is a lovely home. The staff are all very good." and "All is very good. No complaints."

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support. No feedback was received from staff questionnaires following this inspection.

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 3 June 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis, as appropriate. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example with the provision of meals and social care needs.

Staff said 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.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. 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 seen to engage with residents' consent with statements such as "Would you like to..." and "How about..." when delivering personal care.

Review of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. However review of the monthly audits of falls and accidents found that there were no corresponding actions recorded in responses to trends or patterns identified. This was discussed with the management team and an area of improvement was made for this to be put in place. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

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 dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice including those residents who needed specialist diets. 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. One resident made the following comment: "The food is lovely. I always get what I like."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for residents to avail of.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 19 November 2021. This assessment has corresponding evidence recorded of the action taken in response to the one recommendation made from it. Fire safety training for staff and safety checks in the environment were maintained on an up-to-date basis. An area of improvement was made in respect of fire safety drills which was not being maintained on an up-to-date basis, with the last drill being on 29 September 2021.

Visiting arrangements were managed in line with Department of Health and infection prevention and control (IPC) guidance.

There was evidence that there were systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were seen to be comfortable, content and at ease in their environment and interactions with staff. Comments from residents included the following statements; "I am very happy here and everything is very good." and "It is grand here. I feel very comfortable."

There was a nice atmosphere and ambience with residents enjoying the company of one another and staff, relaxing and watching television.

The genre of music played and television programmes was appropriate to the age group and tastes of residents.

The impact of COVID-19 was discussed with the manager who explained the steps the home had taken to minimise the impact with residents in terms of visiting and social care needs.

5.2.5 Management and Governance Arrangements

Miss Lisa Gray has been the registered manager of the home since 21 November 2021. Staff spoke positively about the manager, saying that she was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen. The manager said that she received good support from the senior management team and worked well with the deputy manager and support team of staff.

The manager explained that expressions of complaint were seen as a forum for improvement and were taken serious and would be effectively managed. Records of complaint were recorded appropriately.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends. As detailed in 5.2.2 an area for improvement has been stated as there were no corresponding actions recorded in response to trends or patterns identified.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)** (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Lisa Gray, Manager and Miss Charlotte Brazil, Deputy 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(f) Stated: First time To be completed by: 21May 2022	The registered person shall ensure that all staff working in the home are in receipt of up-to-date training in fire safety drills. Ref: 5.2.3
	Response by registered person detailing the actions taken: Fire practical training has been completed by all current staff in Meadow View with compliance at 100%. Regular Fire practical training is scheduled to ensure continued compliance
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: 28 April 2022	The registered person shall record corresponding actions taken to findings of audits in respect of falls and accidents. Ref: 5.2.2 and 5.2.5
	Response by registered person detailing the actions taken: An actions section has been added to findings of audits. Appropriate actions and reflection/implementation of same is ongoing. Falls pathway in place and on display in all CTL stations

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