



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Meadowbank Care Home (1141)
Date of Inspection: 15 January 2015
Inspector's Name: Laura O'Hanlon
Inspection No: IN016964

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of Home:	Meadowbank Care Home
Address:	2 Donaghane Road Omagh BT79 0NR
Telephone Number:	028 8224 2868
E mail Address:	meadowbank@ageni.org
Registered Organisation/ Registered Provider:	Age NI Ms Linda Robinson
Registered Manager:	Ms Bernadette Conway-McDaniel
Person in Charge of the home at the time of Inspection:	Ms Shelley Logue, Acting Manager
Categories of Care:	RC – DE
Number of Registered Places:	25
Number of Residents Accommodated on Day of Inspection:	25
Scale of Charges (per week):	£461.00
Date and type of previous inspection:	13 June 2014
Date and time of inspection:	15 January 2015 9.45am – 6.20pm
Name of Inspector:	Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Discussions with relatives
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	25
Staff	4
Relatives	3
Visiting Professionals	2

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	8	1

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Meadowbank Care Home is situated on the outskirts of Omagh and is within easy distance of local facilities.

The home is owned by Apex Housing and leased by Age NI for the purpose of providing residential care. Ms Shelley Logue is currently acting manager since November 2014.

Accommodation is provided in single en-suite bedrooms.

Three main communal areas are provided with one additional lounge designated as a smoking area for residents.

The home is registered to provide care for 25 persons with dementia.

8.0 Summary of Inspection

This primary announced care inspection was undertaken in Meadowbank Care Home by Laura O'Hanlon on 15 January 2015 between the hours of 9.45am and 6.20pm. Ms Shelley Logue acting manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The ten requirements and four recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that seven requirements have been addressed. Three requirements are being stated for the second time. The four recommendations have also been fully addressed. The detail of the actions taken by Ms Shelley Logue can be viewed in the section following this summary.

Prior to the inspection, in June 2014, Bernie Conway McDaniel (previous home manager) completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Bernie Conway McDaniel in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with all the residents, staff, relatives and visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy in place in relation to behaviour which challenges staff. A recommendation has been made to review this policy to reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights legislation and ensure that RQIA is notified on each occasion when physical restraint is used.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used within the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. A recommendation has been made to

ensure care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge staff. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records.

The acting manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. A recommendation has been stated to review the Statement of Purpose to include the restricted access areas and types of restrictive practices used in the home.

The evidence gathered through the inspection process concluded that Meadowbank Care Home was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy relating to the provision of activities.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed.

The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are undertaken by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained.

Training in activities and dementia has been completed by 14 staff members, this practice is commendable. The evidence gathered through the inspection process concluded that Meadowbank Care Home is compliant with this standard.

Resident, representatives, staff and visiting professionals consultation

During the course of the inspection the inspector met with residents, relatives, staff and visiting professionals. Questionnaires were completed and returned by one member of staff.

In discussions with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. Relatives advised that there is good communication between staff and relatives.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. A recommendation has been made to address the floor covering in one bathroom area.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting, visits by registered provider and fire safety. Further details can be found in section 11.0 of the main body of the report.

Five requirements and four recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, visiting professionals, the acting manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified door frames and skirting boards as marked and paintwork chipped • Repair the identified bed headboard as broken • Address the weeds present in patio area, sensory garden and flower beds • Deep clean / replace the laundry floor covering as stains present. 	<p>An inspection of the environment confirmed that:</p> <ul style="list-style-type: none"> • The identified door frames and skirting boards have been repainted • The identified bed headboard has been repaired. • Weeding has taken place in patio area, sensory garden and flower beds • A deep clean has taken place of the laundry floor covering. The acting manager confirmed that the laundry room is due to be refurbished and will include replacing the floor covering. 	Compliant
2	20 (1)(c)(i)	<p>It is required that staff as appropriate are trained / updated in the following areas:</p>	<p>Examination of staff training confirmed that:</p>	Substantially compliant

		<ul style="list-style-type: none"> • Infection prevention and control • Safeguarding vulnerable adults 	<ul style="list-style-type: none"> • Infection prevention and control training took place on 22 September 2014, attended by 3 staff members. Subsequent training was undertaken in October and November 2014 by 14 staff. Further training has been arranged for 15 staff on 24 January 2015 and 25 February 2015 • Nineteen staff completed Safeguarding vulnerable adults training in November and December 2014. Eleven staff are scheduled for this training in January 2015 	
3	27 (4) (e)	The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.	<p>Examination of fire training records evidenced that fire safety training was carried out on 30 July 2014, attended by four staff. Fire safety training was completed twice in 2014 by four staff with 18 staff having only completed one session in 2014. Eleven staff had no fire safety training in 2014.</p> <p>The registered person must submit dates of the planned fire training for the incoming year to the inspector with the return of the QIP. This matter is referred to the estates inspector for further validation. This requirement will be stated for the second time.</p>	Not compliant
4	27 (4) (f)	The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of	<p>Examination of fire training records confirmed that a fire drill took place on 30 July 2014 attended by four staff.</p> <p>The acting manager must establish regular unannounced fire drills to ensure that all staff are proficient in the evacuation procedures.</p>	Not Compliant

		fire, including the procedure for saving life.	This requirement is stated for a second time.	
5	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff. Ensure that the following issues are appropriately addressed:</p> <ul style="list-style-type: none"> • Provide pedal operated waste disposal bins in toilet areas, the kitchen and kitchenettes • Seal the laundry self as exposed wood cannot be effectively cleaned. 	<p>Inspection of the environment confirmed that:</p> <ul style="list-style-type: none"> • Pedal operated waste disposal bins are provided in toilet areas, the kitchen and kitchenettes • A seal has been placed on the laundry shelf. 	Compliant
6	16 (1)	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident’s representative as to how the resident’s needs in respect of his care, health and welfare are to be met.	The inspector viewed the identified care plan and verified that this was updated on 20 June 2014.	Compliant
7	13 (1) (a)	It is required that the registered manager requests an urgent review of the identified residents’ needs through the trust care manager and relevant multi-	A review took place on 20 June 2014. This review was attended by the trust care manager, relevant multi-disciplinary professionals including the residents’ representative. The outcome of this review was that this gentleman required a nursing	Compliant

		disciplinary professionals including the residents’ representative to ascertain the appropriateness of these residents continued placement in the home.	home placement.	
8	20 (1) (c) (i)	The registered person shall ensure that the persons employed to work at the home receive annual appraisal.	The inspector confirmed that appraisals have been completed for all staff in 2014 and a plan is in place for completion in 2015.	Compliant
9	30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Examination of accidents /incidents records and care records evidenced that RQIA is not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. This requirement will be stated for the second time.	Moving towards compliance
10	14 (2) (c)	The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.	The trip hazard was removed and was not present on the day of inspection.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24.2	It is recommended that staff should have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.	Discussion with acting manager confirmed that supervision has been completed with all staff in 2014. The inspector reviewed three supervision records completed in January 2015 which are scheduled again for July 2015.	Compliant
2	8.2	It is recommended that the recording of accident records be improved upon to include a detailed account of the accident and any action taken following the accident.	The inspector reviewed the accident records and verified that records have been improved to include a detailed account of the accident and any action taken following the accident.	Compliant
3	25.4	It is recommended that a review is undertaken of the laundry staffing levels to ensure that these are adequate to provide the laundry arrangements in the home.	The acting manager confirmed that the laundry staffing levels have been reviewed. One laundry assistant has been employed on a full time basis. The acting manager confirmed that an application is being processed for a second laundry assistant.	Compliant
4	19.6	The registered organisation / registered manager should review how residents or their representatives, where appropriate, could be involved in the recruitment process.	The acting manager confirmed that the recruitment policy has been reviewed to include how residents or their representative can be involved in the recruitment process. This was verified on the day of the inspection.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
A comprehensive care plan is compiled when someone is admitted to Meadowbank and this information is shared with all care staff via hand over periods and staff meetings. Training is provided. If there are changes with a residents behaviour infection/delirium is ruled out, G.P advises district nurse to obtain bloods and a referral may be made to the challenging behaviour nurse.	Compliant
Inspection Findings:	
<p>The inspector can confirm that the home had policies in place named Understanding behaviour in dementia that challenges, dated October 2014 and a policy on restraint and service user behaviours dated November 2011. A review of these policies identified that they did not reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) or Human Rights legislation. A recommendation has been made in this regard.</p> <p>These policies included the need for HSC Trust involvement in managing behaviours which challenge but did not detail that RQIA must be notified on each occasion when physical restraint due to aggression is used. A recommendation has been made to address this.</p> <p>Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that 27 out of 33 staff had received training in behaviours which challenge staff in 2014 which included a human rights approach. Training has been scheduled for the</p>	Substantially compliant

<p>outstanding six staff members on 24 January 2015.</p> <p>A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>If there are changes to a residents behaviour staff endeavour to understand the reason for this behaviour. Firstly staff rule out any physical causes such as urinary tract infection, constipation, chest infection. We work closely with G.P and district nurses. If an infection is present we administer antibiotic therapy as per G.P's instruction. Pain relief is administered. Staff are aware of the Abbey Pain Scale however the majority of our residents can vocalise when in pain. If all physical causes for the change in behaviour are ruled out a referral can be made via the G.P to the challenging behaviour nurse specialist. In the interim staff will endeavour to offer diversional stimuli via a person centred activities programme. Staff are in regular contact with the residents next of kin and thier social worker/C.P.N (documented in daily logs) and if necessary a review by the Consultant Psychiatrist will be arranged.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policies in place named Understanding behaviour in dementia that challenges and restraint and service user behaviours included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records 	Compliant

<ul style="list-style-type: none"> • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the HSC Trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors and professionals confirmed that they had been informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All residents in Meadowbank have a diagnosis of dementia. Consent in relation to information sharing is agreed pre-admission.</p> <p>A comprehensive person centred care plan is devised and shared with care staff at handover periods, staff meetings and training. We work in partnership with the resident, thier representative, social worker/C.P.N, G.P, district nurse (where appropriate) and any other discipline involved in the care plan.</p>	Compliant
<p>Inspection Findings:</p> <p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>A recommendation has been made to ensure that care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Substantially compliant

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment We have past experience of working in partnership with the challenging behaviour nurse specialist who uses the Newcastle Model - she also provided training to the staff around a specific care plan.</p>	Compliant
<p>Inspection Findings: The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment The challenging behaviour nurse specialist provides the relevant training as and when required</p>	Compliant
<p>Inspection Findings: A review of staff training records evidenced that 27 out of 33 staff had received training in Behaviours that challenge staff, Human Rights and Restrictive practices in 2014. Further training in this area has been scheduled for the remaining six staff on 24 January 2015. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the management of behaviours that challenge.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL

Provider’s Self-Assessment	
All incidents managed outside the scope of a resident's care plan is recorded in their daily log, accident/incident report, Statutory Notification of Events Forms 1 and 2 and reported to the residents representative and social worker/C.P.N. Care plans are revised and updated, staff are informed of changes via handover periods, staff meetings and training. Depending on nature of incident a care management review will be scheduled.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from October 2014 and discussions with staff identified that residents’ representatives, HSC Trust personnel had been appropriately notified. A requirement has been stated for the second time to ensure that RQIA are notified of any accident or incident within the home. Further non-compliance of this requirement may lead to enhanced enforcement action.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the HSC Trust personnel and relevant others.</p> <p>Relatives, professionals and staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider’s Self-Assessment	
Meadowbank operates a no restraint policy.	Compliant
Inspection Findings:	
<p>Discussions with staff, visitors, professionals, staff training records and an examination of care records confirmed that physical restraint is not used within this home.</p> <p>Relatives confirmed during discussions that they were aware of decisions that affected the care of the resident and they had given their consent to the restrictive practices in place.</p>	Compliant

<p>A recommendation has been made to review the home’s Statement of Purpose to include the restricted access areas and types of restrictive practices used in the home.</p>	
---	--

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Based on residents likes and past hobbies and interests and also their current level of cognitive abilities we have a developed a programme of activities and events, which outings, art therapy, music, reminiscence, life story work.	Compliant
Inspection Findings:	
The home had a policy dated November 2011 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
We have a varied activities programme taking into account individual preferences, cultural and spiritual needs	Compliant

<p>such as Clergy visitations and services, celebrating birthdays, calendar events e.g halloween, Christmas, Easter. It promotes healthy living by encouraging arm chair exercises, walks, movement to music and reflexology. We take into account each individuals mental well being on the day and encourage participation.</p>	
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Meadowbank are currently participating in a research project in conjunction with UNISON and 2 other Care Homes.</p> <p>As part of this a working group has been set up to look at our activity programme and what individual residents want to do hence residents will be participating in the review and design of weekly activity programme.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident/relatives meetings and one to one discussions with staff.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL

Provider's Self-Assessment	
The activity programme is displayed on notice boards in each unit.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the main hall. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and relatives confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are enabled to participate in the activity programme by being supported by staff on unit. We have recently purchased new activity equipment, we use loan boxes from the Ulster American Folk Park, we fund raise for comfort fund to provide outings e.g Ulster American Folk Park.	Compliant
Inspection Findings:	
Activities are provided for one-two hours daily by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included art and craft materials, board games and reminiscence activities. The acting manager confirmed that confirmed that activity provision is financed through the comfort fund within the home.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL

Provider's Self-Assessment	
Due to the diagnosis of dementia attention span may be impaired. There may be episodes of restlessness and agitation, noise levels may affect some individuals. Staff have to be aware of and sensitive to residents needs and if need be make adjustments where necessary.	Compliant
Inspection Findings:	
The care staff, acting manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The registered manager has attended activity sessions provided by an outside source e.g art therapy, music matters, hairdressing and is satisfied that they have the necessary skills required.	Compliant
Inspection Findings:	
The acting manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
On entering the building the person contracted in to do an activity are met by senior member of staff and given a	Provider to complete

verbal update from thier last visit.	
Inspection Findings:	
The acting manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion. The acting manager confirmed that visiting entertainers or church groups who visit the home would be advised of any change in residents' needs which would affect their participation in the planned activity and would be supervised by care staff at all times.	Not applicable
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record of all group activities is held centrally in the office. The format is as above.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. Photographs were on display of activities undertaken in the home. There was evidence that appropriate consents were in place in regard to photography and other forms of media.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our activity programme shall be reviewed as part of the above mentioned research project. This is a new venture and once up and running will be reviewed bi-annually	Moving towards compliance
Inspection Findings:	

<p>A review of the programme of activities identified that it had last been reviewed on 4 November 2014 at a residents/relatives meeting. The records also identified that the programme had been reviewed at least twice yearly. The acting manager confirmed that the programme of activities will also form part of the annual quality review.</p> <p>The acting manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>
--	------------------

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with four residents individually and with the other residents as part of a group. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities all residents indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Good attention to personal detail was noted. No concerns were expressed or indicated.

Comments received included:

- "Staff are great, I am happy here."
- "I love the music and there is always plenty going on."

11.2 Relatives/representative consultation

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "Staff are very attentive, everything is dealt with promptly. There is good communication between staff and relatives. The home is clean and always plenty of staff around. Staff are knowledgeable about my relative and are tuned in to her needs."
- "Couldn't fault it, our relative is only here a short time and they know her needs so well. Excellent communication with staff and anytime we visit there is always staff with our relative. We are delighted with the activities. There are always plenty of staff on and the home is always warm and comfortable."

11.3 Staff consultation

The inspector spoke with four staff of different grades and one staff member completed and returned questionnaires. A review of the completed questionnaire and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "Good quality of care is provided, everyone does their best."
- "Staff are always good at passing on information when someone is unwell."
- "I have completed recent training and mandatory training is up to date."

11.4 Visiting professionals' consultation

During the inspection two visiting professionals spoke with the inspector. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. They both reported that there is good communication with staff and staff are friendly and welcoming.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. Good detail was recorded.

11.8 Environment

The inspector viewed the home accompanied by the current home manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

Décor and furnishings were found to be of a satisfactory standard. The current home manger confirmed that a programme of redecoration is to commence soon. A recommendation has been made to replace the floor covering in one identified bathroom.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector confirmed that the home's most recent fire safety risk assessment was dated 26 November 2013. The acting manager confirmed that any recommendations raised have been appropriately actioned. A requirement has been stated to ensure that an updated fire safety risk assessment is carried out as a matter of urgency.

A review of the fire safety records evidenced that fire safety training was carried out on 30 July 2014, attended by four staff. Fire safety training was completed twice in 2014 by four staff with 18 staff having only completed one session in 2014. Eleven staff had no fire safety training in 2014. This requirement has been stated for the second time.

Examination of fire training records confirmed that a fire drill took place on 30 July 2014 attended by four staff. The acting manager must establish regular unannounced fire drills to ensure that all staff are proficient in the evacuation procedures. This requirement has been stated for a second time.

The records identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

This matter is referred to the estates inspector for the home for further review.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Bernie Conway McDaniel (previous home manager). Bernie Conway McDaniel confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by Registered Provider

Examination of these visits confirmed that they are not consistently undertaken monthly. A requirement has been made to ensure that these unannounced visits are undertaken on a monthly basis and recorded in the appropriate report format. The inspector has required the registered person to submit the completed regulation 29 report to RQIA within five days of the beginning of each new month. This should continue until further notice.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Shelley Logue, Acting manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Quality Improvement Plan
Primary Announced Care Inspection
Meadowbank Care Home
15 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Shelley Logue acting manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p> <p>The registered person must submit a copy of the training dates planned for the incoming year to the inspector with the return of the QIP.</p> <p>Further non-compliance may result in enhanced enforcement action.</p> <p>Ref: Section 11.10 (Additional Areas Examined)</p>	Two	<p>Fire Safety, Evacuation & Fire Extinguisher Training carried out 9th & 12th February. Scheduled again for 1/04/15 @ 14:00, 27/05/15 @ 14:00, 3/06/15 @ 11:00. Training provided by CHUBB - Raymond Moore & Rodney Balmer.</p> <p>These dates will ensure rolling programme for staff to attend</p>	27 February 2015
2	27 (4) (f)	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>The registered person shall ensure that;</p> <ul style="list-style-type: none"> • Fire drills are undertaken at various times and days throughout the week 	Two	<p>9th & 12th February @19:00 Practical, fire panel & evacuation in training - Rodney Balmer CHUBB 4/03/15 - new fire drill log book implemented @12:30</p>	From the date of this inspection

		<p>to ensure that all staff are practiced in the methods of evacuation to be deployed in the home.</p> <ul style="list-style-type: none"> Records of fire drills held, staff attending and the effectiveness of the drill should be maintained for inspection. <p>Ref: Section 11.10 (Additional Areas Examined)</p>			
3	30 (1) (d)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: Section 10.8 (Additional Areas Examined)</p>	Two	All accidents/incidents reported as per procedure	From the date of this inspection and ongoing
4	27 (4) (a)	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	Risk Assessment carried out 12/02/15 Copy forwarded to Estates Inspector	Immediate and ongoing

5	29 (2) (3) (4) (c)	<p>The registered person shall ensure that these unannounced visits are undertaken on a monthly basis and recorded in the appropriate format.</p> <p>The inspector requires the registered person to submit the completed regulation 29 report to RQIA within 5 days of the beginning of each new month. This should continue until further notice.</p> <p>Ref: Section 11.12 (Additional Areas Examined)</p>	One	Registered visits recorded and logged in Meadowbank. Regulation 29 report of visit will be logged with RQIA	From the date of this inspection
---	--------------------	---	-----	--	----------------------------------

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). The need for RQIA to be informed of each occasion when restraint is used. <p>Ref: Section 10, Criterion 10.1</p>	One	<p>The Understanding Behaviours in Dementia that Challenge policy has been reviewed in February to include & reflect DHSSPS Guidance on Restraint and Seclusion in Health & Social Services (2005), the Human Rights Act (2005), the Human Rights Act and that RQIA must be informed of each occasion when restraint is used. Training has been completed for staff in this area of dementia</p>	27 February 2015
2	6.3	<p>It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: Section 10, Criterion 10.3</p>	One	<p>A cover page has been developed & implemented to accompany care plans. The resident or their representative, keyworker and manager sign same. This is held at the front of each residents care plan</p>	27 February 2015
3	20.5	<p>It is recommended that the registered person should review the Statement of Purpose to include the restricted access areas and types</p>	One	<p>The statement of Purpose has been reviewed to include the restricted access to the</p>	27 February 2015

		of restrictive practices used in the home. Ref: Section 10, Criterion 10.7		building, the use of a keypad system to exit units, half hourly night checks and the use of sensor mats/ramble guards	
4	27.1	It is recommended that the registered person replace the floor covering in one identified bathroom area as it is worn and stains present. Ref: Section 11.8 (Additional Areas Examined)	One	This work is in progress. We are currently awaiting a third quote for this job. When this is received job will be awarded.	31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Shelley Logue
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	linda robinson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lara O'Hara	11.3.15
Further information requested from provider			