

# Unannounced Care Inspection Report 3 May 2018



## Meadowbank Care Home

**Type of Service: Residential Care Home**  
**Address: 2 Donaghane Road, Omagh. BT79 0NR**  
**Tel No: 028 8224 2868**  
**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with twenty five beds registered to provide care to people with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Linda Robinson	<b>Registered Manager:</b> Claire Lafferty (acting)
<b>Person in charge at the time of inspection:</b> Claire Lafferty	<b>Date manager registered:</b> Acting manager
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced care inspection took place on 3 May 2018 from 10.00 to 16.00.

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 any areas for improvement identified during and 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 staff training and communication between the staff and the residents.

Areas requiring improvement were identified in regards to the environment and staff meetings. One area for improvement in regards to care plans was stated for the second time.

Residents and/or their representatives that they were happy with the care provided in the home.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Claire Lafferty, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, any correspondence with the home and the notifications of accidents and incidents.

During the inspection the inspector met with 24 residents, two residents' representatives, seven staff of various grades and the manager.

A total of six questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Two staff competency and capability assessments
- Staff training schedule
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 28 October 2017

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall ensure that the fire safety risk assessment is reviewed on an annual basis. Any recommendations arising from this assessment should be actioned and signed off when completed.  Ref: section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the fire risk assessment confirmed this assessment was reviewed on 27 October 2017 and any recommendations were signed off, when completed.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> First time	The registered person shall ensure that all staff members complete fire safety training twice annually.  Ref: section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of fire safety training confirmed that staff training was completed twice annually.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time	The registered person shall ensure that care plans are signed by the person completing them, the resident and/or their representative and the registered manager.  Ref: section 6.5	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that these were signed by the person completing them. However they were not signed by the resident and/or their representative or the registered manager.  This area for improvement will be stated for the second time.	

**6.3 Inspection findings**

**6.4 Is care safe?**  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents’ representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of two completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The manager was able to provide two recruitment checklists which ensured that there was oversight of this process.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy was reviewed at a previous inspection and found to be consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably the use of sensor alarm mats and keypad entry to the home. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents' guide identified that restrictions were adequately described.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example fire safety.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Discussion with staff established that they were knowledgeable and had understanding of Infection Prevention and Control (IPC) policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand

gels and disposable towels wherever care was delivered. Notices promoting good hand hygiene were displayed in ensuite bathrooms.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and was found to appropriately heated. Malodours were identified in a number of areas. This was discussed with the manager and identified as an area for improvement to ensure compliance with the standards.

During the inspection of the environment it was noted that a fire exit door whilst it was closed securely, it was not properly sealed. This was discussed with the manager during the inspection and identified as an area for improvement to ensure compliance with the regulations.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 27 October 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Comments made by staff during the inspection were:

- "The staffing levels are good. We have completed a range of mandatory training and adult safeguarding training is planned for next week."
- "There is sufficient staff on duty each day. We always have a floating staff member on duty and this works well. The environment is homely."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

### Areas for improvement

Two areas for improvement were identified in relation to the environment.

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



## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

A review of three care records confirmed that these were signed by the person completing them. However they were not signed by the resident and/or their representative or the manager. This area for improvement will be stated for the second time.

Discussion with staff confirmed that a person centred approach underpinned practice. This was demonstrated through the staff knowledge of individual residents.

Records were stored safely and securely in line with data protection.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. However it was noted that the last staff meetings were convened in August 2017. This was identified as an area for improvement to ensure that staff meetings take place quarterly.

The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Comments made by staff during the inspection were:

- "There is good communication among the staff team. It's a good team and the morale is good."
- Information is passed on if a resident is unwell and shift handovers take place at the beginning of each shift."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

## Areas for improvement

Two areas for improvement were identified in relation to care plans and staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example; care plans were in place for management of pain.

The manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Examples of such systems included daily discussions with the staff, residents' meetings, annual reviews and the visits by the responsible person.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the residents were involved in music activities in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family were welcome to visit any time.

Comments made by residents during the inspection were:

- “I am getting on very well in here: everyone has been lovely.”
- “The care is excellent. The staff are excellent. If you had a problem you could go to any of the staff, but the main one would be the manager (Claire). My dignity is always respected.”
- I love it in here. The staff are all very good. We are just like a big family.”
- “This place is fantastic, the staff are all wonderful.”

Comments made by residents’ representatives during the inspection were:

- “This is a good home. The staff are very quick to address issues and there is good follow up. We are so blessed to get (our relative) in here. The staffing levels are good. When I arrive I am always offered a cup of tea. (Our relative) is safe and content in here.”
- “The communication with the home has improved. The staffing levels are satisfactory.”

Comments made by staff during the inspection were:

- “I have adequate time to undertake my duties. There are daily schedules in place. I have no concerns about the care of the residents; it’s just like a big family.”
- “It’s a nice home and a good environment where the residents come first. The daily needs of the residents are met. The staff morale is good.”
- “I like here and the care provided to the residents is good.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure displayed in resident's bedrooms and on the main notice board.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made by staff during the inspection were:

- “I feel well supported by Claire (manager).”
- “In terms of the management, I like them. Claire is doing really well. She is very approachable and I am confident that any issues raised would be addressed.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 Claire Lafferty, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2018	The registered person shall ensure that the identified fire exit door is repaired as it was not properly sealed.  <b>Ref:</b> section 6.4  <b>Response by registered person detailing the actions taken:</b> Apex housing was contacted 04/05/2018 and job logged for fire door to be fixed. Maintenance officer from Apex inspected fire door and he is in the process of obtaining quotations for door to be replaced.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 June 2018	The registered person shall ensure that care plans are signed by the person completing them, the resident and/or their representative and the registered manager.  <b>Ref:</b> section 6.2  <b>Response by registered person detailing the actions taken:</b> Careplans will be all be signed off by the person completing them, the resident or representative and the manager by 03/06/2018.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 3 June 2018	The registered person shall ensure that the malodours are addressed in the identified areas.  <b>Ref:</b> section 6.4  <b>Response by registered person detailing the actions taken:</b> Malodours have been addressed, I have spoken to the domestic staff and each room will be cleaned and mopped twice daily battery operated air freshners have also been placed in each of the rooms identified.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018	The registered person shall ensure that staff meetings take place quarterly.  <b>Ref:</b> section 6.5  <b>Response by registered person detailing the actions taken:</b> Staff meetings have been arranged for 30/05/2018, Kitchen staff at 11am, Domestic and laundry staff at 12 midday and care staff at 2pm.

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



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