

# Inspection Report

8 November 2023



## Meadowbank Care Home

Type of Service: Residential Care Home  
Address: 2 Donaghane Road, Omagh, BT79 0NR  
Tel No: 028 8224 2868

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Age NI	<b>Registered Manager:</b> Mrs Clare Lafferty
<b>Responsible Individual:</b> Ms Linda Robinson	<b>Date registered:</b> 27 April 2020
<b>Person in charge at the time of inspection:</b> Mrs Clare Lafferty	<b>Number of registered places:</b> 25
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b>	
<p>This home is a registered Residential Care Home which provides health and social care for up to 25 residents. The home is divided in three units over one floor. Each unit has its own lounge and dining communal areas and are connected by a central corridor.</p> <p>An enclosed garden is available and accessible for all residents in each of the units.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 8 November 2023, from 9.45 am to 4 pm by a care inspector.

The purpose of the inspection was to follow-up on progress with all areas for improvement identified in the home since the last care inspection on 8 June 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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 residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "Getting well cared for here", "Happy here", "No concerns" and "The staff are all nice and very friendly staff". There were no questionnaires returned from residents or relatives.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Brilliant induction" and a further staff member said: "I love working here". There was no feedback from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (c) (ii) <b>Stated:</b> First time	The registered person shall ensure that the manager has effective oversight of staff registration with NISCC and a record of monitoring checks is available within the home.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.1	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (f) <b>Stated:</b> First time	The registered person shall review the current process for completing fire evacuation drills to ensure they are suitable and sufficient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.4	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager during and after the inspection evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the manager and deputy managers hours are fully recorded within staff duty rotas.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3</p>	<p><b>Not met</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 22.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any record retained in the home which details resident information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that prescribed topical creams are stored safely and securely as per the manufacturers' instructions and safely disposed of at expiry.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and has been subsumed into a regulation.  This is discussed further in section 5.2.4</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the IPC deficits identified during the inspection are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager during and after the inspection evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Review of a sample of staff recruitment files evidenced that relevant pre-employment checks had been completed prior to commencing employment. A record of induction was also completed and available within staff recruitment files.

Records regarding registration checks with the Northern Ireland Social Care Council (NISCC) were not fully available during the inspection. This was discussed in detail with the manager and an area for improvement has been stated for a second time. Following the inspection written confirmation was received that all relevant staff were registered with NISCC.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

### 5.2.2 Care Delivery and Quality of life for Residents

Observation of life in the home and discussion with staff and residents established that staff engaged well with residents individually or in groups. During the inspection residents were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. A pictorial menu was displayed within each dining room.

Residents commented positively about the food provided within the home with comments such as: "The food is very good", "Plenty of choices" and "The food is great, it couldn't be better".

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Food and fluids were easily accessible within

cupboards and fridges in each of the unit kitchenettes. The potential risks were discussed with the manager for residents requiring a modified diet. Following the inspection, the manager provided written confirmation of the action taken to address this.

### 5.2.3 Care Records

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Care records were regularly reviewed and updated to ensure the assessed needs of the residents are being met. A number of entries within care records had not been signed/dated by the person making the entry and an area for improvement was identified.

Review of a sample of care records evidenced that a number of care plans required additional information. This was discussed with the manager who agreed to have these amended. Following the inspection written confirmation was received from the manager that these records had been updated.

An inventory of personal property brought into residents' rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff. A sample of residents' property records were reviewed. The records were not signed by two staff and were not checked at least quarterly. This was discussed with the manager and an area for improvement has been stated for a second time.

### 5.2.4 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

Corridors and fire exits were clear from clutter and obstruction. However, one fire door was observed propped open with a chair. When brought to the attention of the manager the chair was immediately removed. The manager discussed how she planned to address this and agreed to monitor for this type of practice during her daily walk around and to action where necessary.

Review of a sample of bedrooms identified that wardrobes were not secured to walls. The potential risks regarding free standing furniture were discussed in detail with the manager who agreed to have all wardrobes and free standing furniture reviewed and secured where necessary. This was identified as an area for improvement.

A number of maintenance related issues were identified requiring repair/replacement. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address these issues.



Observation of the environment identified that emergency call bells were only available with communal bathrooms. On discussion with the manager it was established that the call bell system for alerting staff when assistance is required had recently been removed within the Green Unit; RQIA had not been consulted regarding this. It was further identified that there was no call bell system within the other remaining two units with the exception of the communal bathrooms. This information was shared with the estates inspector and an area for improvement was identified to have the call bell system replaced within the Green Unit and to implement a system within the remaining two units to alert staff if/when assistance is required.

Prescribed creams, a thickening agent, wound care dressings and supplements were easily accessible to residents within identified areas of the home. A number of creams were not labelled and two items had reached the expiry date. This information was shared with the pharmacy inspector and as mentioned above in section 5.1 an area for improvement under the care standards in relation to ensuring prescribed topical creams are stored securely and safely disposed of at expiry has not been met and has been subsumed into an area for improvement under the regulations along with the other medicine management related issues.

There was unsupervised access to razors in identified areas of the home and a nail polish remover was not securely stored. Whilst RQIA acknowledge that these issues were addressed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement has been stated for a second time.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained. One notifiable event had not been submitted to RQIA. This was discussed with the manager who had this notification submitted retrospectively.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

## 6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	3*

\* The total number of areas for improvement includes two regulations and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clare Lafferty, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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 20 (c) (ii)  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 November 2023	The registered person shall ensure that the manager has effective oversight of staff registration with NISCC and a record of monitoring checks is available within the home.  Ref: 5.1 and 5.2.1  <b>Response by registered person detailing the actions taken:</b> People and development will ensure that NISCC registration is available to the manager, a record of this will be maintained monthly and the manager will have a record of the monitoring checks
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 November 2023	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.  Ref: 5.1 and 5.2.4  <b>Response by registered person detailing the actions taken:</b> The manager will ensure that all areas in the home which residents have access to will be free of hazards to their safety, keys have been sourced for all cupboards in kitchenettes and locks attached to fridge doors in all units. All areas will be monitored regularly to ensure that all areas are locked and free from hazards.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2023</p>	<p>The registered person shall ensure that a risk assessment is completed on all wardrobes and free standing furniture and secured for safety as necessary.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All free standing furniture has been risk assessed and new wardrobes have been ordered these will be delivered mid January 2024 and secured to the walls at this time.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2023</p>	<p>The registered person shall ensure that prescribed medicines are safely and securely stored in accordance with the manufacturer's guidance and are suitably labelled for use.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All prescribed medications will be checked on a regular basis and suitably labelled as per manufactures guidance, they will be securely stored and all areas will be checked.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 December 2023</p>	<p>The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The residents inventory has been updated and signed by two staff this will be regularly monitored and updated quarterly.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2023</p>	<p>The registered person shall ensure that all entries within care records are signed and dated by the person making the entry.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard E8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 January 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> Entries within care records will be signed and dated by the person making the entry all staff involved in care records have been made aware of this verbally and at all handovers and at staff meetings.</p> <hr/> <p>The registered person shall ensure that the call bell system is replaced within the Green Unit and a review of the other remaining two units is completed to ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The call bell system will be restored in the green unit and the same system will be provided within the other two units. A care plan and risk assessment has been added to each resident file, an environment risk assessment has been carried out in the interim and a poster displayed in each resident's bedroom for visitors to highlight the protocol to follow in event of an emergency until system is installed.</p>

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



The **Regulation** and  
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