



Unannounced Care Inspection Report 13 December 2020



Meadowbank Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 25 residents.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager and date registered: Clare Lafferty - 27 April 2020
Person in charge at the time of inspection: Rose Campbell, senior care assistant then Clare Lafferty from 10.00	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 13 December 2020 from 09.20 to 14.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- safeguarding
- the environment
- Infection Prevention and Control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from residents throughout this inspection in accordance with their capabilities was all positive and complimentary.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Clare 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 18 residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no responses received from any of these questionnaires in time for inclusion in this report.

The following records were examined during the inspection:

- staff duty rota
- professional registration records
- IPC documentation and audits
- residents' care records
- fire safety risk assessment
- fire safety records
- Regulation 29 reports
- quality assurance audits
- accident and incident reports
- staff training records.

The findings of the inspection were provided to the Clare Lafferty, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that care plans fully reflect the needs of the residents.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of residents' care records confirmed this was in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 16 February 2020	The registered person shall ensure that there is regular review of residents' care plans and risk assessments.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of residents' care records confirmed this was in place.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The manager reported that any member of staff in charge of the home in their absence was assessed as competent and capable to do so. An inspection of a competency and capability assessment confirmed this was appropriately in place. One staff member's induction records was also inspected and this was comprehensive in detail and in line with the staff member's roles and duties.

Staff recruitment records are maintained at the organisation's human resource department. An area of improvement was made to maintain a checklist at home level from the human resource department detailing and confirming that staff are recruited in accordance with Schedule 2(1-7) of The Residential Care Homes Regulations (Northern Ireland) 2005.

Staffing levels at the time of this inspection were in keeping with residents' dependencies and the size and layout of the home.

Inspection of the professional registration register for staff confirmed that all staff employed in the home had up-to-date registration with the Northern Ireland Social Care Council (NISCC).

Staff spoke positively about their roles and duties, staffing levels, teamwork, training and managerial support. Staff stated that residents received a good standard of care and were treated with dignity and respect.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Staff training records confirmed that training in safeguarding was in place for all staff on an up-to-date basis.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable and tastefully furnished with some personalised through choice. Bathrooms and toilets were clean and hygienic.

There were good time and date memoirs in place to assist with residents' orientation.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There also was good documentation in place pertaining to information and management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed good IPC measures were in place. Staff were knowledgeable in relation to best practice guidance with hand washing and the use of Personal Protective Equipment (PPE). Staff were observed to wash their hands and use alcohol hand gels at appropriate times.

Personal protective equipment was readily available in the home and there were good supplies of same. Alcohol based hand sanitisers were available to the entrances and throughout the home. Signage displayed in accessible areas, providing information and guidance on COVID-19 and handwashing.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff attended to residents' needs in a kind, caring manner and their interactions with residents was warm, friendly and supportive. Residents were engaged with each other and with their environment.

Staff sought consent when assisting with tasks such as personal care, mobility or dietary needs through statements such as "Would you like to..." Proposed tasks were also clearly explained with kindness and thought.

In accordance with their capabilities, residents spoke with praise and gratitude about the provision of care, the kindness and support received from staff and the provision of meals.

Some of the comments made included statements such as;

- "This is very good here. I am glad to be here. It is very good, as far as I see."
- "There's no complaints here. The staff are fantastic."
- "The care is very good here and so are the meals. I honestly couldn't find any faults."
- "The staff are brilliant. I like every one of them."
- "I am very happy here. Everyone is very good. You couldn't ask for better."

The Sunday dinner time meal appeared appetising and nicely presented, with a good provision of choice. The dining rooms were facilitated well and there was a nice ambience in place for residents to enjoy their meal.

6.2.6 Care records

An inspection of three residents' care records was undertaken. A holistic assessment of needs was in place, supported with assessment tools pertaining to dietary care, moving and handling and falls. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

One resident's care records identified an assessed need for spiritual care but had no corresponding care plan of interventions or clergy contact details recorded. This has been identified as an area of improvement to address.

Evidence was in place to confirm that the resident or their representative was included in the care planning process.

Progress records were well recorded and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home's most recent fire safety assessment was dated 30 December 2019. There were five recommendations made within the assessment which all had corresponding evidence recorded of actions taken.

Fire safety training was in place for all staff and fire safety drills had been maintained on a regular and up-to-date basis, as were fire safety checks throughout the environment.

6.2.8 Governance and management

The home has a defined management structure.

Inspection of the previous Regulation 29 monthly monitoring reports (28 September 2020, 12 October 2020 and 24 November 2020) found these to be well maintained and demonstrated some examples of robust governance.

Staff training records were well maintained and gave good oversight of training received. The records contained evidence that mandatory training for staff and areas of additional training were being maintained.

The accident and incident reports from 1 June 2020 to the date of this inspection were inspected. These reports were found to have been managed appropriately and reported to the relevant stakeholders.

Quality assurance audits pertaining to the NISCC registration of staff, the environment, IPC, staff training, and accidents and incidents were robustly completed with corresponding action plans in place for any issues identified. An area of improvement was identified to ensure that any issues identified with audits have corresponding evidence recorded when addressed and by whom.

Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, interactions with residents and the dining experience.

Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to establishing confirmation of a regulatory recruitment checklist in the home, spiritual care assessments and confirmation of actions taken in respect of any findings from any quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Residents were seen to be cared for well and were at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried, person centred manner. The manager who made herself available for this inspection acted with competence to assist and had good knowledge of residents' needs and care interventions.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 13 January 2021	The registered person shall ensure a checklist is maintained in the care home from the human resources department detailing and confirming that staff are recruited in accordance with Schedule 2, 1-7 of The Residential Care Homes Regulations (Northern Ireland) 2005. Ref: 6.2.1 Response by registered person detailing the actions taken: People and development were contacted and have sent down a recruitment checklist for each staff member in accordance with Schedule 2 1-7 of The Residential Care Homes Regulations
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 13 January 2021	The registered person shall ensure that residents' spiritual care needs have corresponding interventions recorded and contact details of clergy. Ref: 6.2.6 Response by registered person detailing the actions taken: Residents care plan updated with spiritual care needs 14/12/2020.
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 13 January 2021	The registered person shall ensure that any issues identified with quality assurance audits have corresponding evidence recorded when these have been addressed and by whom. Ref: 6.2.8 Response by registered person detailing the actions taken: This has been addressed and person carrying out audit will ensure any issues identified will have corresponding evidence be signed off when complete.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)