

# Unannounced Care Inspection Report 16 December 2016



## Meadowbank Care Home

Type of service: Residential care home  
2 Donaghane Road, Omagh  
Tel No: 028 8224 2868  
Inspector: Laura O'Hanlon

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Meadowbank Care Home took place on 16 December 2016 from 08.30 to 15.30.

The inspection was undertaken in response to whistleblowing information received by RQIA from an agency member of staff who had worked in the home. The individual raised a number of concerns which are outlined in section 4.3.

Therefore the environment, activity provision, staff induction, staff views, residents' views, relatives' views and care records were reviewed.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shelley Logue, registered manager and Claire Lafferty, deputy 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 November 2016.

## 2.0 Service details

<b>Registered organization/registered person:</b> Age NI, Linda Robinson	<b>Registered manager:</b> Shelley Logue
<b>Person in charge of the home at the time of inspection:</b> Shelley Logue	<b>Date manager registered:</b> 23 November 2015
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 25

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and QIP, and the accident/incident notifications.

During the inspection the inspector met with 23 residents, two relatives, five members of the care staff, the laundress, one member of the domestic staff, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Record of the hot water temperature checks
- Three resident's care files
- Staff training schedule/records
- Programme of activities
- Record of activities
- Monthly monitoring report

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection Dated 10 November 2016

The most recent inspection of the home was an unannounced care inspection. This QIP will be validated by the care inspector at the next care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection Dated 10 November 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2016</p> <p><b>Carried forward for review at next inspection.</b></p>	<p>The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This recommendation was not reviewed at this inspection and will be carried forward for review at the next care inspection.</p>	<p><b>Carried forward for review at the next care inspection</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2017</p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reference the current regional guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This recommendation was not reviewed at this inspection and will be carried forward for review at the next care inspection.</p>	<p><b>Carried forward for review at the next care inspection</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 December 2016</p>	<p>The registered provider should ensure that working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and to promote continuous quality improvement.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This recommendation was not reviewed at this inspection and will be carried forward for review at the next care inspection.</p>	<p><b>Carried forward for review at the next care inspection</b></p>

### 4.3 Inspection findings

Concern was raised by an agency staff member who worked in the home regarding the following issues:

- The lack of induction both to the home environment and residents' care needs
- The lack of gloves, face cloths and towels for residents
- No hot water in the home
- The presence of silverfish in residents' bedrooms
- The lack of heat in the home; residents complaining of being cold
- Poor moving and handling techniques and no sliding sheets in the home
- The lack of support from other staff members during the shift
- The presence of sweet food in one resident's bedroom who had diabetes
- The lack of activity provision in the home
- Unsure who was the manager of the home

Therefore, the environment, activity provision, staff induction, staff views, residents' views, relatives' views and care records were reviewed.

#### Environment

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

One relative, on arrival to the home commented that the home environment was very warm. Discussion with the registered manager confirmed that the heating is self-regulated by the

temperature outside. Discussion with the staff on duty confirmed that the home is very warm. There were no residents observed to be cold on the day of the inspection. There was an adequate supply of bed linen, duvets and additional blankets observed in the laundry cupboards.

An inspection of the environment confirmed that there was hot water available in the en suite bathrooms and there were adequate supplies of gloves, face cloths and towels for residents. The staff on duty were able to describe how separate coloured face cloths were used for the upper and lower body. Discussion with the staff confirmed that these were in plentiful supply.

On the day of the inspection there were no silverfish observed in residents' bedrooms. Discussion with the domestic staff and the registered manager confirmed that they were aware that a small number of silverfish were witnessed in the home and there were systems in place to resolve this issue.

Discussion with the registered manager and staff and inspection of the environment confirmed that there were sliding sheets present in the home. Discussion with the registered manager and a review of the staff training records confirmed that mandatory training was completed by staff in 2016 in regard to moving and handling.

It was noted in the bedroom of one resident who has diabetes that there were sweets and buns present. This was discussed with registered manager who advised that the family had not wanted this restriction of a specific diet put in place. A review of the care records confirmed this. The registered manager explained that these sweet foods were only occasionally consumed by the resident.

During the inspection the door to one resident's bedroom was propped open. This practice was addressed during the inspection due to the fire safety risk. A requirement was made to ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.

### **Activity provision**

On the day of the inspection a list of activities associated with the Christmas festivities was displayed in the hall and on the notice board of each unit. Discussion with the residents confirmed that the planned activity for the previous day had taken place. On the day of the inspection there were musical activities under way in the home.

In addition a notice board was in place in the main hallway outlining the general activities in the home such as nail therapy, music therapy etc. Discussion with the staff and relatives visiting the home confirmed that such activities occurred in the home.

The record of activities undertaken was reviewed during the inspection. This was not recorded on a daily basis nor did it reflect the level of resident participation. A recommendation was made to review the format for the recording of activities to include; the activity that takes place, the person leading the activity and the residents who participate.

## Staff induction

Discussion with the registered manager and the staff on duty confirmed that an induction was provided upon commencement of employment in the home. This included familiarisation with the environment, review of care plans, shadowing other staff and the completion of mandatory training. The staff confirmed that they were able to access the residents' care records at any time and they were stored securely.

Further discussion took place with the registered manager in regard to the induction provided to the agency staff member. The registered manager confirmed that this induction was of a verbal nature. This consisted of a verbal familiarisation with the environment and a verbal discussion about the residents. Such discussions were not recorded. A recommendation was made to formalise agency staff inductions and ensure a written record is retained.

## Staff views

Discussion with all staff on duty in the home at the time of inspection confirmed that a shift handover takes place and there is good communication among the staff team. The staff advised that there is good team work in place and everyone works well together.

No concerns were raised regarding the staffing levels in the home during discussions with staff. The staff reported that when an agency member of staff is working in the home; the senior care assistant will remain in that unit. The staff confirmed they were familiar with the manager of the home and found them to be approachable. Comments made by staff during the inspection included:

- "I have no concerns. The staff all have time to spend with the residents. There are daily schedules in place."
- "The staffing levels are good, this is a good staff team. The manager is approachable, she has always helped me. I love it here; there is proper teamwork."
- "I think the home is doing a good job. Both of the management are approachable."
- "We have a shift handover every morning. Generally the staffing levels are good. We have enough full time and bank staff. There are enough staff on duty."

## Residents' views

The inspector met with all the residents in the home. The residents were observed to be appropriately dressed with good attention to detail. Warm interactions were observed between staff and residents. Duties were undertaken at an unhurried pace. Residents were observed eating a nutritious meal during the inspection.

One issue identified during the inspection in regard to a resident who spends long periods in bed, was addressed immediately by staff on duty. Some comments made by residents included:

- "It's nice and warm in here."
- "I am very happy it's always warm in here."
- "Brilliant, it's really great. I have no qualms about being here, not even from the first time I came here. We had a great show yesterday; I thought it was brilliant."
- "The food is good and plentiful, it's always warm and my bed is comfortable."
- "I like it here, I am very happy."

## Relatives' views

During the inspection the inspector met with two relatives. Both the relatives spoke in complimentary terms about the care provided for their relative. Comments made included:

- “It is absolutely perfect, I have no issues. The home is very warm and there are always plenty of staff around. There is good communication with me if my relative is unwell and prompt action is taken to contact the GP. I have seen the residents involved in baking and music activities. I meet with the care manager every 12 months and any actions are always addressed.”
- “Everyone is very pleasant and well dressed. I have no concerns. I am aware of and have observed activities in the home.”

## Care records

Three care records were reviewed as part of the inspection. Care records contained 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. The care records also reflected the multi-professional input into the residents' health and social care needs.

Issues were identified in regard to the care records of two specific residents who for the purpose of this report will be referred to resident A and resident B. These issues were discussed during feedback with the manager of the home.

### Resident A

- The Malnutrition Universal Screening Tool (MUST) assessments which were completed monthly and care plans both stipulated that weekly weights were to be recorded due to a history of weight loss. These weekly weights were completed five times since the 8 October 2016. A requirement was made to ensure that weekly weights are undertaken where it is indicated.
- There was no care plan in place for the management of skin breakdown as this resident is at increased risk due to spending long periods in bed. A requirement was made in the regard.
- The falls prevention tool kit had indicated that the resident is at high risk of falls and therefore should have checks undertaken every 30 minutes. Whilst there was a record of these checks maintained, the care records and care plans reviewed did not reflect that the need for these checks. A requirement was made to ensure that the care plans and care records accurately reflect the care provided to the resident.
- Following a review of the care records and observations of the resident in the home, concern was raised with the registered manager regarding suitability of the placement in residential care. Before the end of the inspection the registered manager had arranged a GP visit for 19 December 2016. Discussion took place with the district nurse regarding appropriate pressure relieving equipment and a referral previously made to dietetics was followed up. A requirement was made to ensure a review is undertaken to confirm that the placement continues to appropriately meet the identified needs of the resident.

### Resident B

- Review of the MUST assessments, which were completed monthly, reflected continued weight loss. There was no care plan in place for the management of this issue and a requirement was made in this regard.

## Areas for improvement

Seven areas for improvement were identified. Five requirements were made in relation to fire safety, care practices, care records, undertaking reviews, and care plans.

Two recommendations were made in relation to recording activities and agency staff inductions.

<b>Number of requirements</b>	5	<b>Number of recommendations</b>	2
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shelley Logue, registered manager and Claire Lafferty, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.



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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.</p> <p><b>Response by registered provider detailing the actions taken:</b> The practice of propping the door open in the residents room was addressed immediately by all staff and explained fully to the resident.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider must ensure that weekly weights are undertaken where it is indicated by the outcome of a risk assessment tool</p> <p><b>Response by registered provider detailing the actions taken:</b> Weekly weights are undertaken where risk is indicated. If a resident refuses to be weighed or is asleep this is recorded and staff will revisit until a weight is obtained.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider must ensure that in regard to resident A; a care plan is implemented for the management of skin breakdown and the 30 minute checks required as part of the Falls Prevention Toolkit.</p> <p><b>Response by registered provider detailing the actions taken:</b> Careplan for risk of skin breakdown was implemented 16<sup>th</sup> December 2016. Thirty minute checks required as part of the Falls Prevention Toolkit was incorporated into the existing falls careplan for resident A 16<sup>th</sup> December 2016.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2017</p>	<p>The registered provider must ensure that a review of resident A's placement is undertaken to confirm that it continues to appropriately meet their identified needs.</p> <p><b>Response by registered provider detailing the actions taken:</b> A nursing assessment was carried out 13<sup>th</sup> January 2017 by community nurse she confirmed that resident A does not require nursing care and meadowbank is meeting her needs. She issued a medium grade mattress and cushion, received 20<sup>th</sup> January 2017. Nurse advised all other equipment needed was already in situ and working, she advised if resident has a day in bed give an extra supplement drink. District nurse to monitor monthly weight and skin.</p>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 December 2016</p>	<p>The registered provider must ensure that in regard to resident B; a care plan is implemented for the management of weight loss.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A care plan for management of weight loss for resident B was implemented 16<sup>th</sup> December 2016.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 January 2017</p>	<p>The registered provider should ensure that the format for the recording of activities is reviewed to include; the activity that takes place, the person leading the activity and the residents who participate.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Recording of activities is being held centrally within one folder with a template for one member of staff to complete on a daily basis.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 December 2016</p>	<p>The registered provider should ensure that agency staff inductions is formalised and a written record retained.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A formal induction record has been developed this includes information on residents, staff on duty and location of personal protective equipment and emergency procedures.</p>

<b>Recommendations from care inspection dated 10 November 2016</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2016</p> <p><b>Carried forward for review at next care inspection.</b></p>	<p>The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> An agreement is in place with Western Emergency Training Services to provide mandatory training as part of an induction programme. This will include AgeNi's policies and procedures.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2017</p> <p><b>Carried forward for review at next care inspection.</b></p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reference the current regional guidance.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The Adult Safe Guarding Policy has been reviewed referencing the current regional guidance - Adult Safeguarding, Prevention and Protection in Partnership - July 2015</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 December 2016</p> <p><b>Carried forward for review at next care inspection.</b></p>	<p>The registered provider should ensure that working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and to promote continuous quality improvement.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Along with existing audits, an Environmental Audit and Food Audit have been devised and will be carried out monthly.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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