



Inspection Report

Name of Service: Meadowbank Care Home

Provider: Age NI

Date of Inspection: 26 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Age NI
Responsible Individual:	Ms Linda Robinson
Registered Manager:	Mrs Clare Lafferty
<p>Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 25 residents with dementia. The home is divided into 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 26 September 2024, from 9.40 am to 4.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; infection prevention and control (IPC), care records and the oversight of modified diets.

It was evident that staff promoted the dignity and well-being of residents. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Great care here", "The staff are fantastic", "I love it here", "This place is like a hotel" and "If you need anything you only have to ask the staff and they are very helpful".

One questionnaire was received from a resident who was very satisfied with the overall provision of care. Comments included: "The care is great", "Staff are brilliant", "I feel very safe, don't know where I would be if still living at home".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that whilst safe systems were in place to safeguard residents and to manage this aspect of care, a small number of residents did not have relevant Deprivation of Liberty Safeguards (DoLS) forms in place. Following the inspection, the manager provided written confirmation that relevant action had been taken to address this.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, written consent for the use of some specialist equipment had not been obtained. Following the inspection, the manager confirmed that relevant action had been taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a pictorial menu on display within each dining room offering a choice of two meals.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. A mealtime co-ordinator was allocated to oversee the correct delivery of meals to residents, however, one resident's meal and fluids were not in accordance with the speech and language therapist (SALT) recommendations. Details were discussed with the manager and an area for improvement was identified.

Residents commented positively about the food provided within the home with comments such as: "The food is excellent", "Good food", "The food is better than a hotel" and "The food is lovely and plenty of choices".

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display within the home offering a range of individual and group

activities such as bingo, board games, gardening, music, hairdressing, relaxation and armchair exercise.

Care assistants completed activities within each of the units and were observed positively engaging with residents and encouraging them to participate in activities. Country music was provided in the morning with board games and cards in the afternoon; residents appeared to enjoy the activities provided.

Some residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff. One resident said: "Plenty of activities. Something different every day" and another resident said: "Excellent staff here. Always willing to help".

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. However, review of one resident's care records on return from hospital evidenced that their care plans had not been updated to reflect the changes made to their care whilst in hospital. Details were discussed with the manager and an area for improvement was identified.

Whilst most care records were person centred, well maintained, regularly reviewed and updated, a number of care plans required further information to direct the necessary care, for example; residents' preference for male/female staff assistance with personal care; the frequency of urinary catheter renewal and the person responsible for renewing the catheter; the monitoring of blood sugar readings and the action to take if outside of the normal range. Areas for improvement were identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A small section of floor covering in one unit was discussed with the manager as requiring repair. Following the inspection, written confirmation was received that relevant action had been taken to address this.

There were homely touches throughout the home, such as flowers, magazines, and photographs of residents partaking in various activities throughout the year.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, a number of staff were not bare below the elbow and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Clare Lafferty has been the Registered Manager in this home since 27 April 2020.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	5

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The Registered Person shall ensure that residents are provided with the correct diet/fluids in accordance with SALT recommendations. Ref: 3.3.2
To be completed by: 26 September 2024	Response by registered person detailing the actions taken: All staff ensure that residents are provided with the correct diet and fluids in accordance with SALT. Resident on modified diet is being reassessed on 28 th October. Staff are reminded of the importance of SALT recommendations for residents at each hand over, supervisions and team meetings.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 26 September 2024	The Registered Person shall ensure that relevant care plans and risk assessments are updated for any resident being admitted back into the home from hospital, to reflect the resident's current needs. Ref: 3.3.3 Response by registered person detailing the actions taken: All residents careplans and risk assessments are updated on return from hospital, to reflect their current needs.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 3 October 2024	The Registered Person shall ensure that care plans are person centred to state residents' preference to male/female care assistants when assisting with personal care. Ref: 3.3.3 Response by registered person detailing the actions taken: All residents careplans have been updated with their preference to male or female care workers assisting with personal care.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 3 October 2024	The Registered Person shall ensure that residents who require a urinary catheter have a detailed care plan in place with the person responsible for renewing the catheter and the frequency of catheter renewal. Ref: 3.3.3 Response by registered person detailing the actions taken: Residents with an indwelling catheter have had their careplans updated to state the person responsible for renewing the catheter and the frequency of when this should be carried out.
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by:	The Registered Person shall ensure that residents requiring blood sugars to be monitored have a detailed care plan with the recommended frequency of obtaining blood sugars and the action to take if a blood sugar reading is outside of the normal range. Ref: 3.3.3

3 October 2024	<p>Response by registered person detailing the actions taken: Residents that need their blood sugars monitored have had their careplans updated to reflect this, continuous advice will be sought via the diabetic nurse and GP. Action will be taken if blood sugar readings are outside the normal range either by contacting diabetic nurse, GP or seeking urgent medical attention via 999 or out of hours GP service. Training on diabetes and blood sugars will be provided to all senior staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2024</p>	<p>The Registered Person shall ensure that the IPC issues identified during inspection are addressed. With specific reference to ensuring that staff are bare below the elbow.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been informed of being bare below the elbows whilst working in Meadowbank, no jewellery, false nails or nail polish to be worn. All IPC issues have been addressed with staff and are reiterated at every handover period. Aprons to be worn when assisting residents to eat and good hand hygiene must be adhered to.</p>

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