

Inspection Report

8 June 2023



Meadowbank Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Registered Person/s OR Responsible Individual: Ms Linda Robinson	Registered Manager: Mrs Clare Lafferty Date registered: 27 April 2020
Person in charge at the time of inspection: Mrs Clare Lafferty	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 23
Brief description of the accommodation/how the service operates: <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 June 2023, from 9.50am to 4.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

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

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.

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: "I have everything I need here", "Brilliant place", "Very happy here" and "The staff are excellent". 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: "I love it here. It's brilliant" and a further staff member said "The manager is very good". There was no feedback from the staff online survey.

One relative spoke positively about the care provided, communication, the manager and the staff. Comments included: "Very happy with the care (relative) is receiving". "My (relative) is getting well cared for" and "I couldn't say a bad word about this place".

Comments received during the inspection were shared with the manager.

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 15 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time	The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how the recommendations from the fire safety risk assessment, dated 28 December 2021, will be addressed.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that the person centred spiritual care needs are assessed in detail, including contact details and interventions as appropriate. This needs to be done in consultation with the resident or their representative.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

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 was identified.

Review of two staff recruitment files evidenced that not all relevant pre-employment information was available within the home. It was further identified that the second reference for one employee had not been received until after commencing employment. Details were discussed with the manager who advised that these records are held by human resource personnel at head office and acknowledged the importance of a more robust oversight of the recruitment process to ensure that appropriate safety checks have been completed. An area for improvement was identified.

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

Whilst 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; the manager and deputy manager's hours were not fully recorded and an area for improvement was identified.

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.

The inspector reviewed a sample of staff competency and capability assessments for the person in charge in the absence of the manager and found these to have been completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Whilst 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. Bedroom doors throughout the home were observed to have a small section to enable staff to glance through. This was discussed in detail with the manager who agreed to have these covered. Following the inspection written confirmation was received from the manager confirming 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. 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 menu was not displayed within any of dining rooms. This was discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

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).

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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. Three 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 identified as an area for improvement.

Care records were regularly reviewed and updated to ensure the assessed needs of the residents are being met. A number of discrepancies were identified and discussed in detail 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.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

Whilst most care records were securely stored, confidential care records were easily accessible within an area of the home. This was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were clean, neat and tidy, a number of environmental deficits were identified and discussed in detail with the manager to address. Following the inspection written confirmation was received from the manager that relevant action had been taken to address the issues identified with ongoing monitoring to ensure sustained compliance.

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 staff the chair was immediately removed. This was discussed with the manager who agreed to monitor for this type of practice during her daily walk around and to action where necessary.

Whilst there was evidence that regular fire drills were being completed, the process was not sufficient. Details were discussed with the manager and an area for improvement was identified.

A number of windows within identified areas of the home were not fitted with the appropriate type of restrictor. This was discussed with the manager who agreed to have these reviewed as a matter of urgency. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

Observation of the environment identified that two electrical cupboards were unlocked and items such as scissors and a razor were not securely stored in two areas of the home. It was further identified that a cleaning chemical was not clearly labelled. The importance of ensuring that all areas of the home are hazard free and that chemicals are suitably labelled was discussed with the manager and an area for improvement was identified.

Prescribed topical creams were accessible within a communal kitchenette cupboard; one of which had reached its expiry date. This was discussed with the manager who had these removed during the inspection. In order to ensure sustained compliance an area for improvement was identified.

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 management and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including inappropriate storage of resident's personal belongings and equipment within communal bathrooms. Details of these and any other IPC issues identified during the inspection were discussed with the manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. One resident commented: "Always plenty to do here to keep us occupied" and a further resident said: "The staff are great".

Residents commented positively about the food provided within the home with comments such as: "Great food", "Plenty of food and choices" and "The food is great".

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. However, several notifiable events had not been submitted to RQIA. This was discussed with the manager who agreed to have these notifications submitted retrospectively and an area for improvement was identified.

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. However, the audits completed did not include an action plan, the person responsible for addressing the action, a time frame or a follow up to ensure that the necessary action had been taken. It was further identified that accident and incident audits were not being completed to review patterns/trends. This was discussed with the manager and an area for improvement was identified.

The home was visited each month by 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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	4	7

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: NISCC registrations database is accessible to all managers. People and Development team carry out a monthly audit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall review the current process for completing fire evacuation drills to ensure they are suitable and sufficient.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The current process for completing fire drills has been updated to ensure they are suitable and efficient, a new format for fire drill audits has been devised.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All parts of the home to which residents have access are checked regularly throughout the day to ensure they are free from hazards to protect their safety.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref: 5.2.5</p>

<p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken: Going forward all notifiable events will be submitted to RQIA without delay.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: People and development will add dates of both references and past employment history and reasons for leaving previous employment on recruitment check list.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the manager and deputy managers hours are fully recorded within staff duty rotas.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Manager and deputy managers hours are now added to the off duty.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</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: 5.2.2</p>

	<p>Response by registered person detailing the actions taken: All residents possessions are recorded on admission, this will now be signed by two staff and a quarterly audit has been devised.</p>
<p>Area for improvement 4 Ref: Standard 22.6 Stated: First time To be completed by: From the date of inspection</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>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All residents records are locked away inline with GDPR. Old documentation will be collected and archived in a timely manner.</p>
<p>Area for improvement 5 Ref: Standard 32 Stated: First time To be completed by: From the date of inspection</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>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Prescribed tropical medications are locked away securely in treatment room and an monthly audit has been devised to ensure medications are disposed of at expiry.</p>
<p>Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the IPC deficits identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All IPC deficits identified have been addressed and an ongoing review of same will be carried out.</p>
<p>Area for improvement 7 Ref: Standard 20 Stated: 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>Ref: 5.2.5</p>

To be completed by: 29 July 2023	Response by registered person detailing the actions taken: A new format for Quality assurance audits has been carried out and now in place going forward.
--	---

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care