



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 January 2020



Meadowbank Care Home

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

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 registered residential care home which provides care for up to 25 residents with dementia.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager and date registered: Clare Lafferty – registration pending
Person in charge at the time of inspection: Clare Lafferty	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 10.10 to 15.15.

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.

Evidence of good practice was found in relation to the staff communication and teamwork in the home, the provision of activities and the management of accidents and incidents in the home.

One area requiring improvement was stated for the second time in relation to care plans. A second area for improvement was identified to ensure that care plans were reflective of the needs of the residents.

Residents described living in the home as being a good experience and in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	1	1*

*The total number of areas for improvement includes one under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Clare Lafferty, acting manager and Tina Rodgers, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- three residents' records of care
- complaint records
- compliment records
- accident/incident records
- reports of visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 9 July 2019

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 27 (4) (d) (v) Stated: First time	The registered person shall ensure that checks of the firefighting equipment are undertaken and recorded in accordance with the fire risk assessment.	Met
	Action taken as confirmed during the inspection: A review of the record of the fire safety checks confirmed this was undertaken in accordance with the fire risk assessment.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.3 Stated: Second time	The registered person shall ensure that AccessNI information is recorded and managed in line with best practice.	Met
	Action taken as confirmed during the inspection: A review of three records of staff recruitment confirmed that Access NI information was recorded and managed in line with best practice.	
Area for improvement 2 Ref: Standard 35.1 Stated: First time	The registered person shall ensure that the following matters are addressed in relation to the management of infection prevention and control: <ul style="list-style-type: none"> • staining on toilet roll holders • rust and staining on equipment for example shower chairs, raised toilet seats; • rust and staining on the laundry floor • staining on armchairs. 	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that the above matters had been addressed.	

Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that there is regular review of residents' care plans and risk assessments.	Not met
	Action taken as confirmed during the inspection: A review of the care plans confirmed that there were significant gaps in the review of residents care plans and risk assessments. This area for improvement was not met and has been stated for the second time.	

6.2 Inspection findings

Service User Feedback

Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in a caring and kind manner. We found that the atmosphere in the home was warm and calm with staff assisting and talking with residents in a friendly and respectful manner. Some residents' comments included:

- "It's a grand place, I am happy enough."
- "They are very good to me in here. The staff are very kind. I feel safe in here. The food is good."
- "The staff are excellent; they are so supportive to me."

Care Delivery

General observations of care practices throughout this inspection found that care was delivered in a person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes. Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring and compassionate manner.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Photographs were displayed of activities and events held in the home showing resident participation. The residents talked openly about the music activities in the home and how much they enjoyed this activity. On the day of the inspection the residents were engaged in singing and reminiscence activities. The residents' appeared to enjoy this very much.

Staffing

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time. We could see that the residents were well cared for and that the staff responded well to help and support the residents. Staff communicated well and demonstrated good teamwork in meeting the resident's needs. Staff comments included:

- "The home has really got better, the redecoration has helped. Nothing is a problem for the management. There is always enough staff on duty. We all help each other out."
- "There is great care provided here, the residents are well looked after. Everyone helps each other out."

Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. New bed linen and curtains were in place within bedrooms. We observed new murals on the walls which were meaningful to the residents. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

Care Records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. We noted that the care plans were not always reflective of the needs of the residents. For example, the moving and handling assessment for one resident was not up to date. Another care plan was not reflective of the recommendations from the relevant professional. This was identified as an area for improvement to ensure compliance with the regulations.

There was evidence that care plans were not reviewed on a regular basis. An area for improvement in this regard has been stated for the second time.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Governance and Management

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A visit by the responsible individual was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits were reviewed and found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staff communication and teamwork in the home, the provision of activities and the management of accidents and incidents in the home.

Areas for improvement

An area for improvement was identified in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	1	0

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, acting manager and Tina Rodgers, deputy 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 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.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 16 February 2020	<p>The registered person shall ensure that care plans fully reflect the needs of the residents.</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and now fully reflect the residents needs this will continue on a regular basis.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 16 February 2020	<p>The registered person shall ensure that there is regular review of residents' care plans and risk assessments.</p> <hr/> <p>Response by registered person detailing the actions taken: A review of care plans and risk assessments will be undertaken monthly. Senior staff have all careplans and risk assessments up to date. A senior care meeting was held 11th February and the importance of updating care plans was discussed.</p>

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



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