



The Regulation and
Quality Improvement
Authority

Meadowbank Care Home
RQIA ID: 1141
2 Donaghane Road
Omagh
BT79 0NR

Inspector: Laura O'Hanlon
Inspection ID: IN022201

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**Unannounced Care Inspection
of
Meadowbank Care Home**

21 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 May 2015 from 10.00 to 16.00. Overall on the day of the inspection the home we found the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

We discussed the details of the QIP with Clare Lafferty, deputy manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Age NI	Registered Manager: Shelley Logue (registration pending)
Person in Charge of the Home at the Time of Inspection: Clare Lafferty	Date Manager Registered: Registration pending
Categories of Care: RC-DE	Number of Registered Places: 25
Number of Residents Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: 24

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection and notifications of incidents and accidents.

We met with 23 residents either individually or as part of a group, two relatives, five care staff, two ancillary staff and the deputy manager.

We inspected the following records: five care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to continence management and death and dying.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 15 January 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (e)</p>	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p> <p>The registered person must submit a copy of the training dates planned for the incoming year to the inspector with the return of the QIP.</p> <p>Further non-compliance may result in enhanced enforcement action.</p> <p>Action taken as confirmed during the inspection: Fire training was completed on 9 February and 12 February 2015. Fire training is currently up to date for all staff. Training dates were submitted with return of the last QIP.</p>	Met
<p>Requirement 2</p> <p>Ref: Standard 27 (4) (f)</p>	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>The registered person shall ensure that;</p> <ul style="list-style-type: none"> • Fire drills are undertaken at various times and days throughout the week to ensure that all staff are practiced in the methods of evacuation to be deployed in the home. • Records of fire drills held, staff attending and the effectiveness of the drill should be maintained for inspection. <p>Action taken as confirmed during the inspection: The most recent fire drill was completed on 1 April 2015 attended by seven staff. Written records were maintained.</p>	Met

<p>Requirement 3</p> <p>Ref: Standard 30 (1) (d)</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident</p> <p>Action taken as confirmed during the inspection: We reviewed care records and accident/incident records. We can confirm that RQIA are informed of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Standard 27 (4) (a)</p>	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> • The registered person shall ensure that an up to date fire risk assessment is completed. <p>Action taken as confirmed during the inspection: A fire safety risk assessment was completed on 12 February 2015.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Standard 29 (2) (3) (4) (c)</p>	<p>The registered person shall ensure that these unannounced visits are undertaken on a monthly basis and recorded in the appropriate format.</p> <p>The inspector requires the registered person to submit the completed regulation 29 report to RQIA within 5 days of the beginning of each new month. This should continue until further notice.</p> <p>Action taken as confirmed during the inspection: We reviewed the registered provider visits. We can confirm that these unannounced visits are undertaken on a monthly basis and recorded in the appropriate format. The regulation 29 reports have been submitted to RQIA.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.1	It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following; <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). • The need for RQIA to be informed of each occasion when restraint is used. 	Met
	Action taken as confirmed during the inspection: The policy has been amended and we confirmed that it references the above recommendation.	
Recommendation 2 Ref: Standard 6.3	It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Partially Met
	Action taken as confirmed during the inspection: We reviewed five care plans and can confirm that three out of five care plans were not appropriately signed. This recommendation will be stated for the second time.	
Recommendation 3 Ref: Standard 20.5	It is recommended that the registered person should review the Statement of Purpose to include the restricted access areas and types of restrictive practices used in the home.	Met
	Action taken as confirmed during the inspection: The statement of purpose was reviewed and includes the restricted access areas and types of restrictive practices used in the home.	

Recommendation 4 Ref: Standard 27.1	It is recommended that the registered person replace the floor covering in one identified bathroom area as it is worn and stains present.	Met
	Action taken as confirmed during the inspection: On the day of the inspection the bathroom floor had not been replaced. The deputy manager has confirmed to RQIA by email that this work has been completed.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days in the home unless there are documented health care needs to prevent this.

The home has a spiritual ethos. Clergy and lay ministers visit the home throughout the week on an organised basis.

In our discussions with the deputy manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We reviewed a sample of compliment letters and cards. Some of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the burial.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on death and dying.

We noted that end of life instructions had been put in place for each resident. This document details the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended. Care records also contained an advanced care plan which was signed by the GP and the resident or their representative.

In our discussions with the deputy manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. We noted within care records of ill residents, regular liaison with the multi-disciplinary team.

The deputy manager is currently in the process of sourcing specific training in this area of care.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the deputy manager they shared their recent experience of a death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement. This caring attitude was also noted by relatives during our discussions.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We reviewed five care records. We found that a needs assessment was completed and that care plans were in place. These are reviewed to reflect the changing needs of the resident. A care plan was in place for those with continence needs. A recommendation has been made for the second time as only two out of five care plans were appropriately signed.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

The deputy manager is currently sourcing training in continence management. In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available. A recommendation has been made to ensure that, in communal bathroom areas, pads are stored within enclosed, washable cabinets.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

One recommendation has been made to ensure that, in communal bathroom areas, pads are stored within enclosed, washable cabinets. A recommendation has been made for the second time to ensure that care plans are appropriately signed.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with twenty residents either individually or as part of a group. We observed residents relaxing in the communal lounge area. Residents were involved in activities. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Residents advised us that there was good communication with staff and they are respectful during care interventions. One resident commented on the 'superb' care which she receives in Meadowbank Care Home.

5.5.2 Staff Views

We spoke with three care staff members individually, in addition to the deputy manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

During our discussions with staff they advised us that due to the increased dependency levels of residents, there is insufficient staff on duty in the mornings. Therefore from our assessment a recommendation has been made to review the staffing levels in accordance with standard 25.1.

- "This is a very supportive staff group who are extremely attentive, they do their utmost for residents to meet their personal needs."
- "The staff are brilliant, good team players, a good standard of care is provided."
- "The level of care very good, everybody works as part of a team, the management are very approachable."

5.5.3 Relatives Views

We spoke with two relatives. Both relatives were praising of the care provided. One relative noted the dignified manner of the staff following a recent bereavement in the home.

5.5.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. However we observed lengthy leads from sensor mats in resident's bedrooms. This is potentially a trip hazard. A requirement has been made to ensure this is addressed.

5.5.4 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

5.5.5 Accidents / Incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.5.6 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 12 February 2015.

We reviewed the fire safety records and could confirm that fire safety training was carried out on 1 April 2015. Further fire training is scheduled for 27 May 2015 and 3 June 2015. The deputy manager confirmed that a fire drill took place on 1 April 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

Areas for Improvement

There were no areas of improvement identified within these additional areas inspected.

Number of Requirements	1	Number Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Clare Lafferty, deputy manager. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be Completed by From the date of this inspection</p>	<p>The registered person must ensure that unnecessary risks to the health, welfare or safety of residents are reviewed in that leads of sensor mats are stored away safely.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This has been highlighted at staff handover periods on a regular basis and is noted in our communication book. Responsibility has been given to senior care workers monitor on a daily basis, following completion of the medication round.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be Completed by: 30 June 2015</p>	<p>It is recommended that the registered person should ensure care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Registered manager and deputy manager to make contact with residents representatives who have still to sign care plans and agree a suitable time to meet. We are embedding this into the process for new residents once care plan has been completely developed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2015</p>	<p>It is recommended that in communal bathroom areas all incontinence products should be stored within enclosed, washable cabinets.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This has been highlighted at staff handover periods on a regular basis and is noted in our communication book. Responsibility has been given to senior care workers monitor on a daily basis, following completion of the medication round.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2015</p>	<p>It is recommended that the registered person should review the staffing levels given the increased dependency levels of the residents.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Week beginning 29th June we will be spending a week undertaking a review of staffing levels.</p>

Registered Manager Completing QIP	Shelley Logue	Date Completed	24 June 2015
Registered Person Approving QIP	Linda Robinson	Date Approved	25 June 2015
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	01.07.15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address